

**EXPLORING AUTHENTIC LEADERSHIP IN ORGANIZATIONS:  
A CASE OF PUBLIC HOSPITALS IN SWITZERLAND**



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A thesis submitted to the University of Gloucestershire

in accordance with the requirements of the degree of

Doctor of Philosophy

Gloucestershire Business School

July 2022

Word Count: 80,000

## **Author's Declaration**

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Doi: 10.46289/LL32Y7B7

## Abstract

This thesis aims to explore Authentic Leadership (AL) in organizations. The extant research suggests inter alia that AL should contain a social process (i.e., behavior, values, and collective capabilities) to form a reciprocal collaboration, which should maximize the engagement of stakeholders, toward the achievement of a goal. However, as an overarching category for positive leadership, AL and its strategies are scarcely researched. One area of inquiry that needs attention is to study the AL mechanisms whereby dysfunctional behavior between leaders can be resolved (Gardner et al., 2021).

Within this scope of inquiry, this thesis explores AL in Swiss public-sector hospitals that are often recognized as organizations where dysfunctional behavior results in asymmetric collaboration within the executive boards. Studying the social process of AL within executive boards, i.e., the transformation of asymmetric board collaborations into reciprocal authentic ones, reveals the contextual manifestation of AL as a dominant substantive AL strategy. Hence, the main research question of this thesis is *“How does Authentic Leadership manifest within executive boards of Swiss public-sector hospitals?”*

Constructivist Grounded Theory Methodology was adopted to answer this question, and the major concerns executive board leaders in Swiss public-sector hospitals face and how they resolve them were researched. Twenty in-depth formal interviews and thirty-five informal conversations were conducted. The exploration of “how AL manifests in this empirical context” led to the emergence of Power Channeling (PC), the dominant substantive AL strategy within executive boards.

PC is the authentic process of social impact to form reciprocal collaborations, which maximizes the engagement of executive leaders, toward the achievement of a goal. It contains the *triggers of asymmetries* sorted into *causes*: facing prima donna, goal setting dilemma, facing power; and *conditions*: facing regulations, facing momentous change. To continuously resolve asymmetries and ensure reciprocal collaboration to achieve common goals, five PC *tactics* were used: acclimatizing (i.e., PC to shape the “climate”); collaborating (i.e., PC to develop the behavioral dialect); committing (i.e., PC to commit for common goals), unifying (i.e., PC to transform from lone fighters to united members); and influencing (i.e., PC to sensitize employees for common goals). PC is characterized by *temporary, spasmodic, perpetual, and latent dynamics*. The emergent substantive theory of PC reveals new and original knowledge about AL mechanisms and enhances the discourse on AL.

## **ACKNOWLEDGMENTS**

I would like to thank the University of Gloucestershire for the opportunity to complete the Program Doctor of Philosophy (PhD).

During this program, Professor Romeo Turcan has become a vital mentor figure. Professor Turcan has always believed in the importance of my research and has always lured me out of the shallows to dig deeper. This thesis would not have been written in its present form had he not realized that this study would be treading new ground to interrupt traditions. Thank you, Professor Turcan, for encouraging and supporting me to undertake qualitative research that enabled me to remain faithful to my purpose and participants.

Special thanks to Dr. Andy Lowe, Fellow of the Institute of Grounded Theory in California, who mentored me by refining the emergent theory, and the overall thesis. Special thanks also to Dr. Philip Adu, Methodology Expert at the Chicago School of Professional Psychology. In addition, my gratitude to Professor Dr. Kenneth Molbjerg Jorgensen, my external examiner; Dr. David Dawson, my internal examiner; and Dr. Sue Williams, the Chair of Examination.

I am forever grateful to the participants in this study, the executive leaders and politicians of Swiss public-sector hospitals for both their leadership experience and for sharing that with me. I am grateful to know and have met each of you.

Finally, I am forever grateful to my son who encouraged me to continue this research through challenging times. He brings color and happiness to my life and inspires me.

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## List of abbreviations

AL	Authentic Leadership
ALQ	Authentic Leadership Questionnaire
C-level	Chief Executive Level
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CP	Chief Physician
CGT	Constructivist Grounded Theory
FRLT	Full Range Leadership Theory
GTM	Grounded Theory Method
MLQ	Multiple Leadership Questionnaire
PTTLM	Podsakoff's Transformational-Transactional Leadership Model
PCT	Power Channeling Theory
TLG	Transformational Leadership Questionnaire
TPC	Temporary power channeling
6Cs	First coding family of Glaser, 1978 (see page 74)

# **1 Introduction**

This thesis reveals the substantive authentic leadership strategy known as Power Channeling (PC). PC is the manner in which Authentic Leadership (AL) manifests within executive boards of Swiss public-sector hospitals. PC has emerged from the researcher's constructivist grounded theory (CGT) study into AL practices of executive board members. Furthermore, the study reveals how executive board members transform their asymmetric collaboration into a reciprocal authentic one by using this AL strategy. In addition, PC is the "basic social process" whereby these executive board members reconcile and resolve dysfunctional behavior by carrying out AL tactics (acclimatizing, collaborating, committing, unifying, influencing).

This introductory chapter presents the background to the development of PC as the substantive AL strategy and the structure for this doctoral thesis. It comprises ten sections.

The first (1.1) explains the substantive CGT of PC. This theory is the core of this doctoral thesis. The second section (1.2) introduces the researcher's motivation for the research and the third (1.3) the sensitizing concepts: the importance and background of this research. The fourth section (1.4) reveals the research question and objectives, whereas the fifth (1.5) explains the researchers' philosophical stance. The sixth section (1.6) outlines the research methodology and the reasons for choosing CGT as the methodology. The seventh section (1.7) presents the ethical considerations and the eighth (1.8) reveals how PC contributes and broadens the discourse on AL. The ninth section (1.9) presents the evaluation criteria, potential research bias and limitations, and the final section (1.10) outlines the structure of this thesis, helping the reader navigate the forthcoming chapters.

## **1.1 A brief Introduction to Power Channeling**

PC is the substantive AL strategy within executive boards of Swiss public-sector hospitals. It is the method by which executive boards transform their asymmetric board collaboration into a reciprocal authentic one to lead hospitals jointly. It exists because such executive boards have no official center of power, because their leadership structure is based on the so called "Primus Inter Pares" principle and causes collaboration asymmetries. Such collaboration asymmetries negatively affect their leadership dimension, the culture (Bellou, 2008; Degeling Kennedy and Hill, 2001;

Davies, Nutley, and Mannion, 2000), and the outcomes of such public-sector hospitals (Brunner, 2019; Medinside, 2019; Zweili, 2019; Nars-Zimmer, 2018; NZZ, 2018; SRF, 2018; Hudec, 2016; Aargauer Zeitung, 2015). The transformation mechanism of PC to resolve dysfunctional behavior between leaders corresponds with the theoretically suggested AL components *"to reconcile respectfully goal conflicts, tensions and clashes"* between leaders *"or, at a minimum, to tolerate them"* (Gardner et al., 2021:6; Gardner et al., 2005).

PC is the theoretical explanation of a substantive AL process within executive boards. It emerged as the theoretical core category by studying the major concerns of executive board members and how they resolve them. It is the main concern of those at the center of this thesis—executive board members that trigger PC.

**Short definition of Power Channeling:** PC is the authentic process of social impact to form reciprocal authentic collaborations, which maximizes the engagement of executive leaders and their stakeholders, toward the achievement of a goal. It is the dominant authentic leadership strategy executive leaders choose to transform their asymmetric board collaboration into an authentic, reciprocal one.

PC is an AL strategy; AL in this thesis is defined as: "a process of social impact, to form reciprocal authentic collaborations, which maximizes the engagement of stakeholders, toward the achievement of a goal."

PC contains the triggers of asymmetric board collaboration (20 lower-level concepts) delimited in two different major categories. The first is "taking-up challenges" delimited by the overall term dysfunctional behavior as the causes of PC: facing prima donna, facing power, goal setting dilemma. The second is "taking-up interventions," delimited as the conditions of PC: facing regulations, facing momentous change. PC reveals a group of five strategy steps; each of these is a theoretical subcategory of PC. In CGT, these theoretical subcategories are called contingencies. These five contingencies form a "basic social process" (i.e., AL process, possibilities to PC) describing the different ways that PC occurs. The context of PC is Swiss public-sector hospitals and the consequences are the reciprocal, authentic collaboration, which maximizes the engagement of executive leaders and their stakeholders, toward the achievement of a goal (i.e., performing AL).

This substantive AL strategy (i.e., PC) can be started by every executive board member and continued by different members. To continuously resolve the triggers of asymmetric board collaboration, the following five strategy steps are used: acclimatizing (i.e., PC to shape the “climate”); collaborating (i.e., PC to develop the behavioral dialect); committing (i.e., PC to commit for goals), unifying (i.e., PC to transform lone fighters into united members); and influencing (i.e., PC to sensitize employees for common goals). Performing AL helps the executive board to minimize asymmetries triggered by ongoing changes. PC is characterized by temporary, spasmodic, perpetual, and latent dynamics.

**Acclimatizing** is PC to shape the “climate” within the executive board. It is mainly characterized by the intensive exchange and communication of executive leaders with each other to shape the “climate” and reduce hostility among themselves. Connecting, lobbying, and getting buy-in are the characteristics of this step and are interrelated, as connecting makes it possible to again get in closer touch with one another, and lobbying is not possible in relationships where two persons on a board do not talk to each other outside formal meetings. To get the buy-in of critical executive leaders, there is a need for intensive and influencing communication, which is provided by lobbying.

**Collaborating** is PC to develop the behavioral dialect. This step is characterized by focusing on the mission and norming shared values i.e., to build a common code of conduct. The living quality of this code of conduct helps executive leaders over time to internalize it, which positively affects the behavioral dialect. The code of conduct functions like a compass for behavior. In problematic situations, it helps the executive board members align their own behavior with this compass to avoid the negative influence of potential dysfunctional behavior.

**Committing** is PC to commit to goals on the highest denominator. In this third step, the balanced interpersonal power structure becomes the goal-defining tool. The professional power of executive members is channeled into the goal dimension. It is characterized by captivating each other’s attention by sincerity, by orienting where the possible paths for coping with major changes in the public-sector hospital get aligned, and finally by convincing, which describes the ability of the executive board to cause, together, the board of directors and other management levels to believe that the chosen path to cope with change is the most appropriate.

**Unifying** is PC to transform lone fighters into united members. This transformation is carried out by pulling together, assimilating to common reality, and co-ownership-ing as a functional instrument. Unifying supports the living of the we-culture. It helps the executive board to channel their powers to push through the acceptance of the new goals to cope with changes across the public-sector hospital. This unifying step intensifies their perception by others as one unity. This strong perception of unity by others protects them like a barrier from instrumentalizing the issues of others.

**Influencing** is PC to sensitize employees for common goals, toward the same direction. In this step, the executive board prepares the public-sector hospital for common goals through campaigns. In such campaigns, the hospital's goals are associated and framed to get the employees familiar with these vital goals of the executive board. Such campaigns are implemented perpetually and held throughout the year to ensure sensitivity, even with high fluctuation. Such campaigns evolve the we-culture and help to resolve the socialization discrepancies; higher sensitivity for common goals channels the energy of the employees, toward the same direction.

Furthermore, based on this researcher's understanding of authenticity, AL and the emerged theory of PC, she proposes the redefinition and reconceptualization of AL as "authentic power channeling of the self" that is defined as: "*The 'inner reflection process' of a leader. This process encourages the inner self of a leader to channel the idealized self's power to acclimatize, collaborate, commit, and unify the 'other selves' (different identities) among the self to influence the external world.*" This, in turn, aligns the leader's professional role with their core values. In section 2.5.2, "Researcher's understanding of authenticity", this researcher explained that parallel personalities shape one's feelings and sense-making processes. These parallel personalities incorporate ideals of oneself, albeit "some [of these ideals] are more, and some are less dominant." Furthermore, when the one's idealized self (the dominant self), which builds the strong self-image in a particular moment, is violated by the other selves through the contextual requirements, one senses a gap and feel detached from oneself. Section 6.2, 'Combining both theories into "Authentic Power Channeling of the Self"' provides the reader with a further explanation of this topic.

## **1.2 Motivation to research Authentic Leadership within executive boards**

The motivation for this study is rooted in the researcher's experience as a CEO of public-

sector hospitals in Switzerland. During this period, AL workshops were organized for leaders as members of the executive boards to develop their “authenticity” and to reconcile clashes and conflicts by acting together (i.e., authentic collaboration). During this period, AL practice within executive boards in Swiss public-sector hospitals was understood as the “original lived leadership collaboration”, with a value dimension to lead and achieve a goal jointly. Every leadership body has its own authenticity and leadership collaboration style (i.e., substantive AL collaboration).

The ongoing transformation of fundamental regulatory conditions of the Swiss healthcare market has resulted in numerous personnel changes at the executive board level of many Swiss public-sector hospitals. These changes have led to asymmetric executive leadership collaboration, and such asymmetries have negatively affected the hospital culture (Bellou, 2008; Davies, Nutley, and Mannion, 2000; Degeling Kennedy and Hill, 2001) and the outcomes of such public-sector hospitals (Aargauer Zeitung, 2015; Brunner, 2019; Hudec, 2016; Medinside, 2019; Nars-Zimmer, 2018; NZZ, 2018; SRF, 2018; Zweili, 2019). Due to such asymmetries in executive board leadership, the public-hospital sector has focused on AL approaches, i.e., tactics to resolve dysfunctional behavior by transforming an asymmetric board collaboration into a reciprocal authentic one.

An early literature review for the Project Approval Form of this doctoral thesis confirmed that the tacit pattern of AL approaches had not been explored at that time within executive boards in Swiss public-sector hospitals (see Gardner et al., 2011), so the researcher was interested in investigating them by using the CGT methodology. In CGT, the researchers study a tacit pattern of behavior, process, event or phenomenon to discover it in its natural settings (Charmaz, 2014; Glaser, 1978).

<b>Research method</b>	<b>Main purpose of the method</b>	<b>Main goal of the data analysis</b>	<b>Potential coding strategy</b>	<b>Potential categorization strategy</b>	<b>Primary presentation of findings structure</b>
Constructivist Grounded Theory	Explain a process, behavior, event, or phenomenon	Develop a statement, model or theory to explain a process, behavior, event or phenomenon	Interpretation-focused and presumption-focused coding	Presumption-focused coding strategy or individual-based sorting strategy	Theme-driven format (specifically, synthesized theme-driven format)

Table 1: Constructivist Grounded Theory (Adu, 2019: 370-371)



By studying the transformation of asymmetric board collaborations into reciprocal authentic ones, the manifestation of AL within the executive boards of Swiss public-sector hospitals can be revealed.

**Central presumption 1:** This researcher believed that asymmetric board collaboration is triggered by the dysfunctional behavior of the executive board members and such tacit asymmetries and its tacit triggers emerge and can be discovered by studying the executive leaders' major concerns and how they continuously resolve them (i.e., a substantive AL strategy).

**Central presumption 2:** Furthermore, the tacit mechanism of AL and its manifestation can be discovered best when leaders act and behave to resolve difficulties to carry out their main task.

**Central presumption 3:** Regarding executive board members, their main task is to lead the hospital jointly and achieve common goals to cope with the ongoing changes.

**Central presumption 4:** Without resolving the asymmetries in their board collaboration executive board members cannot carry out their main leadership task "to lead jointly the hospital and achieve common goals."

One of the first and vital studies on AL by Avolio and Gardner (2005:332) states that *"When the focus shifts to authentic leadership, however, it shifts to the leader's relations with others because all leadership is relational at its core."* In other words, AL is AL collaboration as the set of reciprocal interactions between two leaders or a group (i.e., executive board) define and determine their relation and how their collaboration occurs. How their collaboration occurs is how AL manifests in such natural settings. To explore the major concerns of executive board leaders and their continuous resolution should provide insights about their relations because AL is, at its core, about having balanced and trustful relations with the other executive members (i.e., reciprocal authentic board collaboration). To explore how executive board members collaborate reciprocally to maximize their engagement, toward the achievement of a goal can shed light on unresearched and tacit mechanism of AL, in particular authentic board leadership collaboration.

**Therefore, in this thesis, AL is defined as follows:**

"Authentic Leadership is a process of social impact, to form reciprocal collaborations, which maximizes the engagement of stakeholders, toward the achievement of a goal."

These central presumptions and explanations impact the design of the research questions and objectives, its theoretical grounding in the AL field and the choice of CGT for this thesis.

### **1.3 Sensitizing concepts: importance and background of this research**

In CGT methodology, the literature review and the pre-understanding (i.e., presumptions and prior knowledge) of the researcher is summarized under the term “sensitizing concepts” (see Charmaz, 2014). An initial survey of the literature established that AL is not only under-researched, but has not been investigated within executive boards of the Swiss public-sector hospitals. A literature review of AL has been conducted to provide a current understanding of AL in organizations (Chapter 2).

As a relatively young concept, about two decades old, AL has been developed mainly abstractly and conceptually, without substantive, empirical data. Where AL has been implemented in organizations, local and institutional circumstances have varied considerably across organizations, resulting in scant empirical knowledge about its antecedents and mediating mechanisms (Gardner et al., 2011), and in lack of unifying definition (see Table 3). Although a number of attempts have been made to develop a conceptual or theoretical understanding of AL (Luthans and Avolio, 2003; Avolio and Gardner, 2005; Gardner et al., 2005; Gardner et al., 2011), the review of the literature revealed a scarcity of research in the field of AL, particularly when it comes to executive board leadership (executive board leaders and board of directors), including in the public-hospital sector. As a result, there were identified series of crucial gaps in the literature, including the need for more empirically-based qualitative research (inductive) to discover how AL manifests in natural settings to enhance the understandings of AL.

**The key strengths of AL over other normative leadership theories:** AL is not a leadership style, but rather an overall leadership theory that comprises other leadership styles (i.e., charismatic, transformational, ethical, servant) as it refers to a leader's authenticity (Gardner et al., 2021). Therefore, authentic leaders can combine qualities, behavior, and actions within a leadership strategy. In other terms, an AL strategy can compromise different normative leadership styles without leaving the field of AL theory.

The authenticity of a leader implies that the leadership behavior of an authentic leader is guided by his or her values and principles. Thus, an authentic leader (i.e., a genuine

leader) can simultaneously use a transformational, ethical, servant, or charismatic leadership style without leaving the domain of Authentic Leadership theory. This, in turn, aligns their professional role with their core values. By contrast, the theory of charismatic, servant, or ethical leadership does not focus on the authenticity of the leader (i.e., values and principles). This lack of focus is a gap in normative leadership theories compared to AL because values and principles directly influence the leadership behavior of a leader and can indicate the extent to which a leader can perform a leadership role to influence employees to achieve common goals.

The core strength of AL over other normative leadership theories is that, according to Gardner et al. (2021:6), AL suggests having "mechanisms whereby [...] goal conflicts, tensions and clashes" between leaders can be "respectfully reconciled or, at a minimum, tolerated." In addition, AL incorporates leadership strategies to transform asymmetric collaboration into reciprocal and authentic collaboration in accordance with context.

**Key findings:** AL is an overarching category and an umbrella term for other positive leadership styles (Gardner et al., 2005) and contains unresearched tacit AL strategies (Gardner et al., 2021). In other words, AL is similar to ethical, transformational and charismatic leadership topics (Walumbwa et al., 2008) and can manifest itself in many different ways as considered by the nature of leadership.

A core strength above other normative leadership styles is that AL suggests a mechanism whereby "goal conflicts, tensions and clashes" (dysfunctional behavior) between leaders can be "respectfully reconciled or, at a minimum, tolerated" (Gardner et al., 2021:6; Gardner et al., 2005). The reconciliation mechanism of goal conflicts, tensions and clashes transforms a collaboration (Gardner et al., 2005) and can be characterized as a substantive AL strategy. Therefore, a substantive AL strategy should contain the social process (i.e., behavior, values, collective capabilities) to form a reciprocal collaboration, which should maximize the engagement of stakeholders, toward the achievement of a goal.

The AL mechanism of reconciliation is core for this thesis because Swiss public-sector hospitals are often recognized as organizations where dysfunctional behavior results in asymmetric board collaboration. Studying such reconciliation mechanism of executive leaders within executive boards on the research site reveals how AL manifests in its natural settings.

Some empirical research shows the link between AL and certain positive factors. These are beneficial research outcomes to show that AL causes positive results in different dimensions. Nevertheless, they do not reveal how the main components of AL (see self-based model of AL by Gardner et al. 2005) are used to reconcile clashes and tensions between executive board members.

In AL, every leader is understood as original, genuine of itself and can only be him or herself as authenticity in AL is not understood as "*an either/ or condition, i.e., people are neither completely authentic nor inauthentic*" (Gardner et al., 2005:345). This indicates that the highest executives are themselves the person who they are (i.e., authentic) but cannot steadily remain true to themselves, which is why they are more or less authentic, as the carried-out behavior and the anticipated behavior to resist pressure can diverge from each other.

The state or term "*to be true to oneself*" (Gardner et al., 2005:345) is a sum of a person's values and the autonomy to act, choose and formulate self-determined personal goals and the realization of them (Csikszentmihalyi, 2004; Gardner et al., 2005).

According to Kernis (2013), authenticity happens by "*reflecting the unobscured operation of one's true, or core, self in one's daily enterprise.*" An explanation for being more or less authentic as a member of an executive board is that such members act in a field of potential tension as they have to consider the interests of all the different stakeholders. Simultaneously, they must correspond to the interest of the board of directors (delegation of the owners/ shareholders) and create a consensus with their colleagues in executive board collaboration, with whom they jointly lead such an organization. Furthermore, the study of the major concerns of the members of an executive board and the continuous resolution of them leads to the exploration of "*the utilization of their personal strengths, including their knowledge, skills, and abilities in a fulfilling fashion*" as such qualities incorporates "*being true to oneself*" (being authentic) or in other words "*sensing authenticity*" as an executive leader of an executive board (Gardner et al., 2021:5-6).

Additionally, the background of the Swiss healthcare system (see Appendix A3) is explored as the empirical part of this thesis has been analyzed regarding the executive leaders' main concerns in Swiss public-sector hospitals. In the Swiss healthcare sector, ongoing reforms have aimed to cap costs and, thus, stimulate competition in a fast-changing market. The sector as a whole has been experiencing immense pressure during this transformation, with Swiss public-sector hospital executive boards facing

seemingly contradictory performance goals and economic, social, and moral dilemmas, and disharmonious subcultures (Bellou, 2008; Degeling, Kennedy, and Hill, 2001; Davies, Nutley, and Mannion, 2000). In such a potentially overheated environment, incompetent leadership practices (asymmetric collaboration and dysfunctional behavior) have become evident, resulting in organizational conflicts and resistance among executive boards to transform their organizations (Liang et al., 2016; Bazerman et al., 2011; Bryman et al., 2011). The study of such asymmetries and its triggers, and how these asymmetries were continuously resolved by executive board members resulted in discovering the substantive AL strategy known as PC.

The position of the researcher as an active practitioner in the Swiss healthcare sector created a number of distinct opportunities as well as some potential barriers. Through unique access to research respondents (executive leaders), their leadership experiences, and their stories about what challenges and conditions they face, and how they act in those situations, this study revealed how they continually resolve their main concerns (i.e., the substantive AL strategy called PC). The researcher's presumptions and learnings from literature linked to her professional experience and her understanding of authenticity (i.e., preunderstanding) are highlighted in Chapter 2 as an integrative part of CGT.

The relative scarcity of empirical, particularly qualitative inductive, research on AL within executive boards of public-sector hospitals in Switzerland positions this research within the AL discourse. In its empirical part, this thesis reveals how AL manifests within executive boards by using the substantive AL strategy called PC. PC enhances the empirical understanding of AL mechanisms.

#### **1.4 Research question and objectives**

The overall purpose of this thesis is to explore AL in organizations, in particular how it manifests in the executive boards of public-sector hospitals in Switzerland. To do so, this doctoral thesis was designed to discover and analyze executive leaders' major concerns and their triggers and how these executive leaders continuously resolve them. Furthermore, exploring and discovering the major concerns of executive leaders enables this research to determine "dysfunctional behavior" and its triggers that hinder the executive leader from performing AL. Finally, exploring the resolution mechanisms leads to the discovery of how asymmetric board collaboration can be transformed into a

reciprocal authentic one by a process of social impact (i.e., a set of actions) delimited as a substantive dominant AL strategy that contributes to the AL field and enhances the understanding of AL practice.

In summary, this research considers AL as transformational and therefore focuses on analyzing how AL manifests within executive boards while executive board members attempt to transform their asymmetric board collaboration into a reciprocal “authentic” one. The AL concept (Gardner et al., 2005) is the kind of leadership that attempts to transform relations in a positive manner, recognizes the concerns and challenges associated with dysfunctional behavior (i.e., umbrella term) and aims to form reciprocal authentic collaborations, which maximizes stakeholders engagement, toward achievement of a goal. Although the AL concept is considered to be universal (Gardner et al., 2005; Gardner et al., 2021), it can be assumed that every manifestation of AL is contextual (own authenticity).

Given the lack of empirical and practical understanding of AL within executive boards of Swiss public-sector hospitals, the key research question of this CGT study is as follows:

**How does Authentic Leadership manifest within executive boards of Swiss public-sector hospitals?**

To answer this research question, the following objectives were defined.

Part 1: Aims for building the sensitizing concepts in this CGT research thesis.

- RO1: To understand the current state of knowledge on AL in organizations.
- RO2: To describe researchers’ contextual involvement, presumptions and personal understanding of authenticity and AL (pre-understanding).

Part 2: Aims to explore how AL manifests and to allow the substantive theory emerge.

- RO3: To explore the major concerns/challenges and conditions executive board leaders face in public-sector hospitals.
- RO4: To discover how executive leaders (executive board leaders and board of directors) in public-sector hospitals resolve major concerns/challenges.
- RO5: To theorize, based on data insights gained through this CGT study, the emergent substantive AL strategy.

Part 3: Aims to contribute to how the substantive theory that has emerged illuminates existing notions of AL.

- RO6: To discuss this emergent substantive AL strategy within the existing literature of AL.

Figure 1 below was introduced to exemplify how AL has become the main driver of this thesis.

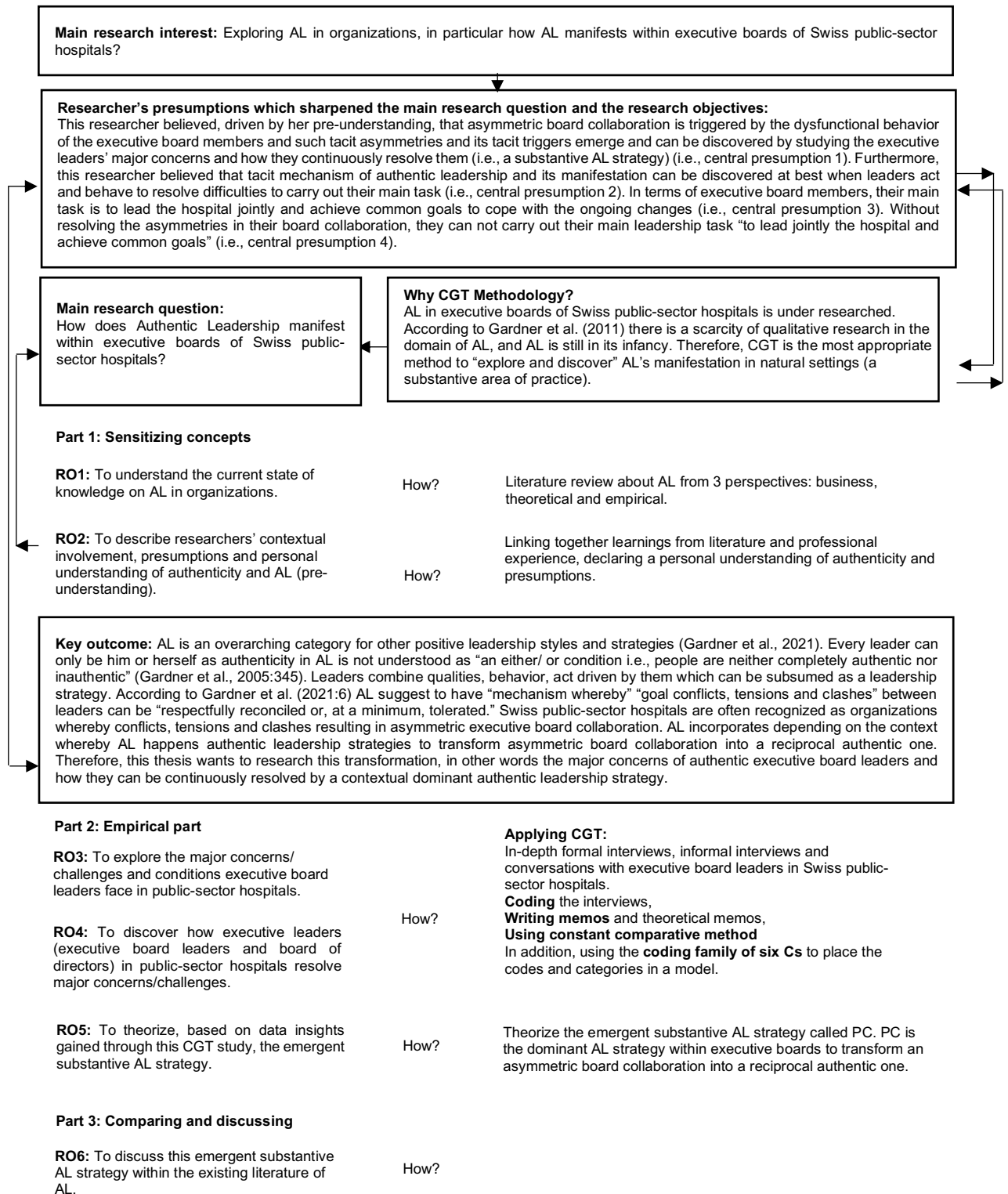


Figure 1 Authentic Leadership as the main driver of this research

## **1.5 The philosophical stance of the researcher**

Since the investigator of a social phenomenon always influences the content of her theory to a certain degree (i.e., the author constructs her findings), constructivist empiricism offers a viable epistemological standpoint for this research. This researcher rejects the idea that theories can be (100%) true (van Fraassen, 1980). When describing social actions, the subjective perspective of herself as an agent involved in social and economic activities needs to be highlighted due to the impossibility of finding general laws. Nevertheless, constructivists need to talk about their theories as if they were true. What they mean, however, is that constructivism is empirically adequate, though its findings cannot be considered valid from a positivist perspective (Rosen, 1994; van Fraassen, 1980).

While she categorizes her philosophical stance as a constructivist perspective, this researcher nonetheless assumes the existence of natural laws existing independently of human perception and without the presence of an observer. These assumptions do not contradict her stance incorporating constructivism glasses. The researcher assumes that the social world comprises multiple realities influenced by context. In the researcher's worldview, obtaining knowledge is an active and constructive process. An interaction between two people influences and affects each other's behavior in this specific context, such that interaction represents the co-constructed reality of both. The self-consciousness of each involved person can change even this constructed reality. Hayes and Oppenheim (1997) stated that social constructivism highlights the personal, interchanging relationship between researcher and respondents; they called this process of meaning formation "co-construction." According to Mills et al. (2006), constructivism demands that the interpretation of the so-called "co-construction" is presented transparently and reflectively through practices of reflexivity (Charmaz, 2014).

As a constructivist, it was essential for this researcher to describe why she presented a specific definition as real (Charmaz, 2014). Therefore, the research product does not exclusively represent the reality of the respondent, but is the reflection of one interpretation among many interpretations (Charmaz, 2014). In this way, Charmaz inspired this researcher, to experience a jointly-constructed reality in a specific context through interaction with respondents (Charmaz, 2014). It was, therefore, important that she recognized details to discover multiple truths and viewpoints (Charmaz, 2014).



According to Charmaz (2014), this interpretation is objective only when it aims to produce analyses that show how the respondents and the social scientist studying them construct these realities, without considering these realities as one-dimensional, universal, and unchangeable. *“By adopting a constructivist grounded theory approach, the researcher can move grounded theory methods further into the realm of interpretive social science consistent with a Blumerian (1969) emphasis on meaning, without assuming the existence of a unidimensional external reality”* (Charmaz, 2000:521-522).

Although reality does not determine constructions, their possibilities and durability are limited by it. This logic is central to the *“viability”* concept (von Glasersfeld, 2001:1-31). Viability is dependent on the human assumption of an existing reality/truth or life situation. Thus, the existence of actual reality is not denied, but only the possibility of its completely objective depiction (Kraus, 2017, 2000).<sup>1</sup>

This suggests that a particular thinking individual has no other substitute but to construct what this specific individual obtained as knowledge based on his or her own experience (von Glaserfeld, 2013a). Another important fact is that action, experience, and knowledge are synonyms in constructivist research. To capture the social world scientifically, we observe constructed realities of humans, and therefore we need a scientific instrument to analyze those observations. This fact implies that science is a constructed object with the primary goal of capturing and interpreting the lifeworlds of individuals in particular (micro-level) or the lifeworlds of a specific culture on an abstracted level (macro-level).

All of these standpoints fit the researcher’s thinking pattern and values and led her choose CGT methodology. According to Charmaz (2014:239), a *“constructivist approach theorizes the interpretive work that research participants do, but also acknowledges that the resulting theory is an interpretation. The theory depends on the researcher’s view; it*

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<sup>1</sup> Kraus (2017, 2000) and von Glasersfeld (2001) described two different realities when they wrote about viability. One is the lifeworld of an individual, and the other is the actual circumstances in which persons live. We have power over our lifeworld, but situational realities that we cannot control surround us. This phenomenon is explainable with the concept of mutual causality. A person, for example, can control his car but cannot control the other vehicles in traffic. When an accident occurs, he can construct a memory of that situation and how s/he experienced it, but s/he cannot say that the accident did not happen. In other words, the lifeworld of a person shows a relationship with her/his situation in the same way as truth shows a connection with reality: one is the inescapably (unavoidable) subjective experience constructed under the conditions of the other (Kraus, 2000; von Glaserfeld, 2013a).

Piaget (1977:14) as a Swiss psychologist explained: *“Or ces deux aspects de la pensée sont indissociables: c’est en s’adaptant aux choses que la pensée s’organise elle-même et c’est en s’organisant elle-même qu’elle structure les choses.”* “Now, these two aspects of thought are inseparable: it is by adapting to things that thought organizes itself, and it is by organizing itself that it structures things” (translated in English).

*does not and cannot stand outside of it*". Deploying thus a constructivist approach and conducting a qualitative inductive study was a fruitful avenue for discovering and constructing emergent theory based on the data in its social contexts and environments. As a constructivist, the researcher was able to explore the causes, conditions, and contingencies of executive leaders' resolution mechanisms to transform their asymmetric collaboration into a reciprocal authentic one, which maximizes their engagement, toward the achievement of a goal.

### **1.6 CGT methodology and the reasons for choosing it**

The research method selected for this thesis is CGT in line with Kathy Charmaz's (2014) version of the Grounded Theory (GT) method, and the overall research design is that of qualitative inquiry (Creswell and Poth, 2016). Constructivist GT aims to develop theory. Generally, a CGT study commences with the sensitizing concepts (literature review and preunderstanding). In its empirical part, it starts with inductive data collection and systematic data analysis, and then continues to develop theoretical concepts with the aid of inductive, deductive, and abductive thinking. Inductive analysis is the principal technique used in the GT method. CGT *"is inductive because the preliminary theoretical concepts"* are adopted based on the data, *"which, in turn, provide a space for the abduction of ideas"* (Khanal, 2018:3; Charmaz, 2014). The best possible option or assumption is made possible by the abductive thought process (Charmaz, 2014). This step, in turn, opens the way for deductive thinking (in the imagination of the researcher) to compare and test the proposed insights generated from the inductive process with further data and provisional categories.

The following main reasons have been identified for choosing CGT methodology. First, this thesis began by explaining and evaluating the extant theories of AL. This was followed by carrying out an empirical study, employing CGT methodology, within the context of AL on executive board leadership in public-sector hospitals. The choice of the CGT methodology then allowed the researcher to make a comparison between existing components of AL and the emerged substantive theory about the dominant AL strategy within executive boards of Swiss public-sector hospitals called PC.

Second, a methodology should be not chosen because it is preferred as the best methodology in the academic world or within a university. An applied methodology, instead, should be chosen because it is the most suitable method for the research

interest, research question, research objectives, and a researcher's philosophical stance, abilities, and skills. CGT methodology was the most applicable for the research questions and objectives of this study.

Third, a research methodology should be suitable to the philosophical stance of the researcher. The researcher's worldview could be classified as constructivist. Since CGT methodology is driven by the philosophical paradigm of constructivism and supports that stance, it was most appropriate for this thesis. CGT methodology leans on the assumption that the social world is constructed. Therefore, any interpretation of reality includes both the researcher and the respondent(s) in a specific constructed situation (Charmaz, 2014). In other words, the reality being researched cannot exist when we exclude the researcher.

Fourth, the aim of this thesis was to construct an emergent theory about how AL manifests based on data about executive board leadership gathered in the context of Swiss public-sector hospitals, which is an under-researched area. For this reason, there was a need for inductive exploratory research that would be able to construct a substantive theory from the data. The core value of theory generation is that it answers "how" questions (Charmaz, 2014). As the phenomena under research is based on "how questions," CGT methodology was the most applicable approach for this thesis. This methodology is fruitful because the emerging research area of AL, which is currently characterized by a lack of academic, empirical, and practical understanding in the context of executive board leadership in Swiss public-sector hospitals, has no well-developed qualitative theories i.e., strategies to transform an asymmetric collaboration into a reciprocal authentic one (Charmaz, 2006; Glaser and Strauss, 1967; Strauss and Corbin, 1998).

Fifth, this research is aimed at gathering rich qualitative data from multiple sources from the research context. Rich data, the foundation of CGT, allows the researcher to gather data using a broad range of methods, so that, in this study, the "living quality" of the AL process within executive boards could be researched in its natural settings.

Sixth, the departure point for gathering data was inductive, as the researcher collected the data in three phases in the form of formal and informal interviews to fit the "living quality" of the AL process.

Seventh, CGT was the appropriate methodology because research objective two was to analyze the researcher's presumptions and personal understanding of authenticity and AL experience and thus the study involved the researcher directly in the research process, as understood in a classical qualitative research context. Referring to CGT methodology, Charmaz (2014) encouraged researchers to analyze personal experience with the techniques of ethnography and give those experiences even greater attention than in classic GTM. The researcher's subjectivity plays a key role in CGT methodology (Charmaz, 2014). Therefore, her involvement, privilege, values, interactions, and perspective could not be excluded, avoided, or hidden (Charmaz, 2014; Clarke 2005). Reflexivity allows for the researcher's involvement in and interpretation of the resulting theory (which includes the researcher's assumptions, values, previously-acquired knowledge, and sensitizing concepts) and makes personal subjectivity inseparable from the social existence (external world) with which we all deal every day (Charmaz, 2014; Thornberg, 2012).

Eighth, the data for this research has no objective status. In other words, the gathered data could not be an original experience itself, as interview responses represent narrative constructions of respondents' experiences (Charmaz, 2014:239): *"Whether our respondents ply us with data in interview accounts they recast for our consumption or we record ethnographic stories to reflect experience as best we can recall and narrate, data remain constructions."* Hence, the emergent theory resulting from this research *"depends on the researcher's view; it does not and cannot stand outside of it"* (Charmaz, 2014:239). Exactly this characteristic of CGT makes the substantive theory grounded in the data, thus avoiding the passivity of the researcher (Charmaz, 2014).

Ninth, CGT methodology includes the use of "sensitizing concepts," which allows for conducting an initial literature review to reveal gaps in existing knowledge and to assess whether a research project can provide the originality intended (Charmaz, 2014). In addition, to highlight the background of the empirical scene of this research (Swiss Health Care Market) and to embed the substantive area (executive board leadership of public-sector hospitals) of interest into the project, so-called sensitizing concepts give researchers initial but provisional ideas, raise questions about the issues being addressed, and thus represent the starting point of the research, not the arrival point (Charmaz, 2014). This starting point, in the sense of general concepts, should only help researchers to sketch rough interests (Charmaz, 2014; Blumer 1969).

Tenth, CGT is constructed on “*flexible guidelines, not methodological rules, recipes, and requirements*” (Charmaz, 2014:16). Therefore, the researcher had leeway to develop her research skills and was encouraged to combine and modify the techniques by applying them to her research.

Eleventh, the researcher, in her daily professional life, trained in techniques similar to CGT methodology to generate concepts or to gather information grounded in data as the basis for making significant decisions. Furthermore, she was trained to deal with complexity, which is an important skill for success in using GT methods. The world of leadership, its patterns, and the process of leadership are complex, and researching it using a GT methodology requires strong abilities. Complex professional situations in public-sector hospitals emerge and influence different levels of the context-driven behavior of people. To solve such problems in a professional environment, the researcher was trained to embrace the complexity of situations by gathering the right information, sorting it into structure-like categories, and finding the properties of this information, which mostly describes social events. Usually, all of this information is written down in hand-written memos in her personal log, which summarizes the daily business information of all of the departments in the public-sector hospital she runs. She usually also notes her most important thoughts and questions about this information. The research techniques and guidelines used for this research are similar to those professional work techniques and skills in which she is experienced.

### **1.7 Ethical considerations**

This research was conducted in line with the protection of personal data according to Swiss and UK laws. Data collected in this research were not and will not be used in a commercial way, nor will these data be sold or made available to third parties that could use them commercially. The collection of data was conducted with the full and correct consent of the research respondents (Ittis, 2006). The participants were contacted by phone or e-mail to inform them about the interview process. The respondents participating in this research agreed to participate of their own free will. Before the interviews began, the researcher gave them the necessary information and instructed the respondents during the interviews. The protocols for confidentiality were clearly expressed toward respondents, which informed them that any information collected is confidential and will not be disclosed to third parties without the authorization of the respondents, unless required by law. Confidentiality included anonymizing participating

health institutions and interviewees (research respondents) through coding their names. Further, only aggregated data were utilized, without specific or individual reference to the institutions or interviewees involved. All digital recordings and transcribed documents are kept in a locked and secure box and remain there for the purpose of future publication of the research results in academic/practitioner outlets. As soon as the digital recordings and transcribed documents no longer have any academic and/or practical value, they will be destroyed in accordance with University of Gloucestershire regulations.

In addition to compliance with institutional and University of Gloucestershire requirements, the research was monitored by ethical reflection (Delamont, 2016; Furniss et al., 2014). The ethical guidelines used for this research were not violated through the researcher's conduct during the study (MacClancy et al., 2013) at any point. Every effort was made to conduct this research in a manner that was compliant with legal or legislative frameworks. The ongoing ethical reflection referenced above incorporated considerations of conscious or unconscious bias.

## **1.8 Contribution**

This research makes a relevant and original contribution to the AL domain and enhances the understanding about the mechanisms of AL through the substantive AL strategy called PC. PC emerged by gathering and analyzing the executive's narratives during empirical field research in public-sector hospitals in Switzerland: their major concerns and how they can be resolved. Their major concerns are the trigger of "asymmetric collaboration." Thus, how "asymmetric collaboration" is transformed into a reciprocal authentic one to maximize executives' engagement toward the achievement of a goal is how AL manifests within executive boards. The data analysis forms the foundation of the emergent theory, and the data generated the concepts constructed within the substantive theory (Charmaz, 2014). The emerged theory of PC allows for abstractly interpreting it in comparison with the sensitizing concepts about AL and transferring that knowledge to other sectors. This constructed emergent framework not only has an impact on the domain of AL in the context of public-sector hospitals, but new data will also emerge from other researchers' work over time that will continue to modify the understanding of PC as a substantive strategy of AL. This "living" quality of the emerged theory ensures originality and credibility, which results in resonance and usefulness. Gathering data in their social, local, and interactional contexts is a strengthening foundation of this emerged theory.

## **1.9 Evaluation criteria, potential research bias and limitations**

Glaser (2005), Strauss, and Corbin (1998) emphasized that grounded theory should satisfy the key criteria of *fit, understanding, credibility, workability, modifiability, and usefulness*. As this research was undertaken using constructivist GTM, the criteria of credibility, originality, resonance, and usefulness are also present in line with Charmaz (2014). These criteria are explained in detail in Chapters 3 and 6.

The notion of bias and the mitigation thereof in scientific research is a much debated and researched topic. It has been argued (Galdas, 2017) that the very nature of qualitative research, with its emphasis on reflection and self-analysis, provide an effective strategy for the management of bias. The concern for bias in research originates from the positivist paradigm (Pannucci and Wilkins, 2010), in which the researcher's freeness and concern for the contamination of research results through the researcher's subjectivity are givens. In line with Charmaz (2014), a memo journal allowed the researcher to self-assess for bias. The interaction between data and the researcher's interpretation of them cannot be judged with the criterion of positivist research, as there is no objective measure for the subjective components of interpretation. The propensity among scholars to question the rigor of qualitative research has resulted in reflective strategies such as memo-writing journals (Charmaz, 2014). These strategies, as specifically adapted to CGT methodology to provide a "*best fit*" (Charmaz, 2014:4) for the research presented here, are explored in detail in Chapters 3, 4 and 7.

One of the limitations of this research is that it emerged from a very specific context: AL within the executive boards of Swiss public-sector hospitals. Fifty-five executive leaders were interviewed and the results of this research cannot be used to construct a "formal theory" (Charmaz, 2014). Although the research participants were selected from various public-sector hospitals throughout Switzerland, the results cannot be directly generalized to other sectors. Due to the unique nature of the chosen context, the results are limited to that specific context; however, the original and relevant conceptual ideas within the emerged theory of PC can be transferred to other sectors. Further limitation is discussed in detail in Chapter 7.

## 1.10 Thesis outline

**Chapter 2** provides a review of what CGT refers to as “Sensitizing Concepts”. A review of AL literature, the researcher’s preunderstanding (i.e., presumptions and her professional experience linked to the learnings from the literature) and her understanding of authenticity. Additionally, an overview and analysis of the Swiss healthcare sector are the Sensitizing Concepts presented and discussed in Chapter 2 and Appendix A. This chapter contributes to RO1 and RO2.

**Chapter 3** presents the overall research methodology that is used for this thesis. Inter alia, it debates on Grounded Theory origins and its evolution, its weaknesses, and why this researcher pressed ahead with CGT despite its inherent weaknesses. This chapter then provides an overview of how the empirical data collection was designed for this study and its implementation (e.g., interviewed executive leaders, coding, memo writing, constant comparison method, and abduction). Also described within this chapter is an overview of the quality evaluation criteria of CGT. Additionally, a debate about quantitative and qualitative research is outlined in Appendix B2.

**Chapter 4** gives the reader an impression of the data and shows how the researcher made the transition from raw data to the emergent theory of PC by using CGT. The data are not presented as though offering proof but rather to reveal the line of argument which was induced from the raw data. The granular details of the initial, focused codes and how they are categorized by the use of the six Cs coding family are documented in this chapter, which presents the categories and their properties (the codes by highlighting them by raw data slices). In addition, it highlights the ever-repeating concepts on the basis of certain interview excerpts and elucidates the theoretical memos (25). For this doctoral thesis about PC (i.e., the substantive AL strategy), data containing confidential, sensitive, and probably recognizable pieces of information had to be anonymized, edited, and sorted out of this chapter. The chapter contributes to RO3 and RO4.

**Chapter 5** elucidates the emerging theory of PC (i.e., the substantive AL strategy within executive boards) and provides the model of PC with its five theoretical subcategories (acclimatizing, collaborating, committing, unifying, influencing), and two major categories (taking up challenges as causes; taking up interventions as conditions). Several major subcategories are presented on the theoretical level, including: facing prima donnas, facing power, goal-setting dilemma, facing regulations, and momentous change. The properties and the interrelationship between the major subcategories were elucidated.



In addition, the different dynamics of PC (temporary, spasmodic, perpetual, and latent) were revealed. This chapter revealed the main concerns of the executive leaders in this study on a theoretical level, namely: dysfunctional behavior, collaboration, and power and goal asymmetries. More important was the discovery of how they continuously resolved their main concerns by the use of the substantive AL strategy of PC. This chapter contributes to RO5.

**Chapter 6** discusses how PC as the substantive AL strategy within executive boards corresponds and diverges with the components of AL and how other scholars' ideas illuminate the theoretical categories of this AL strategy. In addition, it presents how PC "*extends, transcends, or challenges dominant ideas*" in the AL research area (Charmaz, 2014:305). In addition, by combining the dominant model of AL (a self-based model) in this research field with PC as the substantive AL strategy, a new concept "Authentic Power Channeling of the Self" emerges, which aims to support a leader to overcome inner struggles arising through incongruency of the "self" with the other selves and the professional role in a given context. This chapter contributes to RO6.

**Chapter 7** reveals the originality, creativity, and innovativeness of the emerged theory of PC (i.e., the substantive AL strategy within executive boards of Swiss public-sector hospitals) and its contribution to knowledge. It then highlights the implications for practice and research. In addition, this chapter addresses the inherent difficulties anyone would face if they used CGT. The chapter closes this thesis with the assessment of PC by the evaluation criteria of CGT. Furthermore, it provides a discussion about potential bias and the limitations of PC.

## 2 Sensitizing concepts

### 2.1 Introduction

The purpose of this chapter is to discuss the sensitizing concepts that, according to Charmaz (2014), give researchers initial but tentative ideas, raise questions about their topics, and thus represent the starting point of the research trip, not the arrival point. It is achieved in three ways, via:

- A review of Authentic Leadership literature
- Researcher's contextual involvement (pre-understanding and presumptions)
- An overview and analysis of the Swiss healthcare sector (see Appendix A3)

The review of AL literature, addressing RO1, was conceived of as broadening the researcher's understanding of AL and related leadership concepts to benchmark where current knowledge lies regarding the key themes of this research (Charmaz, 2014). It enabled the researcher to: identify gaps in the literature; refine the initial research design; and delineate conceptual/theoretical views of relevant leadership theories to AL (see Appendix A1). The literature review took place between 2017 and 2018 (before starting with the data collection in the CGT) and further adjustments were made in April 2021 (after completing data analysis) to actualize some information through new articles published in 2019-2020 and to complete the literature review. The literature review starts with the analyses of business scandals as they are identified as the motivational triggers of the AL phenomenon. It continues with a discussion of AL theories and a summary of the literature reviewed on different leadership types and the identified gaps. The different specific leadership (normative) theories related to AL are explained in detail in Appendix A1. As part of the literature review, 15 empirical studies were identified based on a search strategy and reviewed (see Appendix A2). The analysis of these empirical papers further contributed to the study of the RO1 of this thesis.

The RO2 has been addressed by declaring the researcher's contextual involvement (i.e., pre-understanding and presumptions). This declaration is vital for the study of CGT as the researcher is directly involved as a research instrument. The researcher's presumptions impacted the research design and her ability to understand the involved research participants. Understanding the research participants is vital as it enables the tacit pattern of a research subject in the data to be discerned. In addition, the involvement of the researcher is a strength of CGT and not a weakness (Charmaz, 2014).

It is pertinent at this stage to draw attention to the “Background of Swiss healthcare market” section in Appendix A3. It reviews the evidence underpinning the Swiss healthcare market across a range of factors, such as organizational, funding, structure, and management perspectives. This is important as it builds upon the findings from the literature review and is considered in the conclusions and conceptualization chapter as the second dimension, with the literature review being the first, that substantially and directionally informed the research conducted for this thesis. This chapter concludes with a conceptualization of the sensitizing concepts that could be argued moved along a helix structure in terms of this researcher’s growing understanding of different aspects and variations of AL, from theoretical, practical and personal viewpoints.

## **2.2 Business scandals as roots of Authentic Leadership**

The initial research identified that the motivational reasons of the respective researchers to develop a new leadership theory appeared to be rooted in business scandals (Avolio and Gardner, 2005; Gardner et al., 2005; Lorenzi, 2004; George, 2003; Treviño et al., 2003). Business scandals are generally caused by mismanagement (Hall-Smith, 2018; Matthews and Heimer, 2016; Cooper, Scandura, and Schriesheim, 20015; Abid and Ahmed, 2014). Stimulated by deeply-held concerns about the lack of ethical behavior in company executives, and the popularity of authors such as Bill George (2003; George et al., 2010), Cashman (1998; 2008), Luthans and Avolio (2003) and Seligman (2004) appeared to call for a new type of leadership which should be characterized by *authenticity* and a focus on values.

As noted by George (2007), he was prompted to undertake the research for his book on AL by inquiries from journalists following well-publicized scandals surrounding companies such as Enron, WorldCom, and Tyco (Abid and Ahmed, 2014). According to George (2003), the top executive level of companies should be characterized by individuals who are authentic executives. These are people with the highest integrity, who are committed to sustainable corporate development. Executive leaders should be faithful to their core values and therefore recruiters should hire authentic executive leaders for their character and not for their charisma, as stated by George (2003). This attitude inspired some academics and the concept of AL found its way into the academic literature (Avolio and Gardner, 2005; Cooper et al., 2005; Ilies et al., 2005; Avolio et al., 2004; Luthans and Avolio, 2003).

Looking at the highly-publicized company scandals to which some scholars referred (Gardner et al., 2005; Lorenzi, 2004; George, 2003; Treviño et al., 2003), one notices that all the scandals except the most recent ones, such as the VW exhaust scandal or the FIFA scandal, took place in the US. These corporate scandals showed the misconduct of executive leaders, the high expectations of the shareholders and the executive leaders' areas of conflicts, the impact of the companies on the market more generally, and the increasing societal challenges that public and private organizations were facing and continue to face.<sup>2</sup> A few recent scandals between 2015 and 2018 (Hall-Smith, 2018; Matthews and Heimer, 2016; Matthews and Gandel, 2015) that emanated from the US are presented in Table 2.

Description of Scandal	Company	Year	Source
"A company called Global Science Research gained access to millions of pieces of Facebook user data without their explicit consent. These details were later sold to Cambridge Analytica, who used it to create highly-targeted ads to encourage users to vote for Trump and Brexit."	Facebook	2018	Hall-Smith (2018)
"The Kobe Steel scandal started in October 2017 when the company revealed that it had falsified data about the quality of its aluminum, steel and copper products (...) The scandal led to a major dip in Kobe Steel's share price and the resignation of CEO Hiroya Kawasaki. The company's March 2018 report on the scandal found that it had 'a management style that overemphasized profitability, and inadequate corporate governance'."	Kobe Steel	2017	Hall-Smith (2018)
"In September 2017, the company became aware of a major security breach, which it said could affect around 145 millions of its US consumers plus many more around the world. The data stolen included names, social security numbers, birth dates and addresses — information typically used by banks and other financial institutions to confirm identities. Many of the consumers who were affected by the breach could therefore become victims of identity theft in the future, making this one of the most serious breaches of personal data in recent years."	Equifax	2017	Hall-Smith (2018)
"(...) it was ultimately accusations regarding Uber's 'bro' culture that proved to be the biggest scandal, and led to the resignation of CEO Travis Kalanick in June 2017. The allegations included complaints that senior members of staff had made sexist jokes, visited a brothel in Seoul, and even sought to discredit a rape victim by accessing her medical records. Even though some were not proven, the claims impacted on the company's reputation and share price."	Uber	2017	Hall-Smith (2018)

<sup>2</sup> Executive board leaders of public-sector hospitals in Switzerland are confronted with great challenges in the healthcare sector. Mismanagement by hospital executive boards, the vulnerability of these executive board members in terms of dysfunctional behavior, political mistakes, executives and politicians placing self-interest over the strategic interest of hospitals, collaboration and goal setting asymmetries, as revealed in Chapter 4, resulted, inter alia, in the worst case scenarios, in hospital closures and led to the unplanned loss of a large proportion of hospital staff.

Description of Scandal	Company	Year	Source
<p>“The biggest scandal to hit Apple in recent years is undoubtedly the ‘batterygate’ of December 2017. This started when a Reddit user reported that a software update had reduced the performance of their iPhone but that this had corrected itself when they replaced the battery. This post led to a lot of press coverage, with some commentators suggesting that Apple was trying to force users to upgrade by deliberately slowing devices as they aged (...) The company offered a discount on battery replacements as a gesture of goodwill for those affected.”</p>	Apple	2017	Hall-Smith (2018)
<p>“Executives sought to drive growth by putting undue pressure on its employees to hit sales quotas, and many employees responded by fraudulently opening customer accounts. In most cases these accounts were closed before customers noticed, but in other cases consumers were hit with associated fees or took hits to their credit ratings. The bank was forced to return \$2.6 million in ill-gotten fees and pay \$186 million in fines to the government. But the biggest hit Wells Fargo will take is to its reputation, as the media and government officials spent much of the year slamming the bank for its fraud. (The scandal also cost CEO John Stumpf his job.)”</p>	Wells Fargo	2016	Matthews and Heimer (2016)
<p>“The device EpiPen, which administers epinephrine, a crucial antidote for those suffering anaphylactic shock due to allergic reactions. Mylan has increased its price for EpiPen by 400% since in 2007. US Congress dragged CEO Heather Bresch in front of the House Oversight Committee to answer for her pricing decisions, and the bad publicity caused Mylan’s stock to drop precipitously.”</p>	Mylan	2016	Matthews and Heimer (2016)
<p>“The corruption part was the least remarkable aspect of the news, as FIFA officials had long been suspected of taking bribes in exchange for granting broadcasting rights for games and hosting rights for events like the World Cup. The FBI also indicted five sports marketing executives at the same time. And the scandal spooked some of America’s largest corporations, including Coca-Cola and McDonald’s-top FIFA sponsors. These firms called on the governing body to fire its leadership and enact tough reforms.”</p>	FIFA <sup>3</sup>	2015	Matthews and Gandel (2015)
<p>“When Volkswagen revealed in September that it had installed software on millions of cars in order to trick the Environmental Protection Agency’s emissions testers into thinking that the cars were more environmentally friendly than they were, investors understandably deserted the company. Volkswagen lost roughly \$20 billion in market capitalization, as investors worried about the cost of compensating customers for selling them cars that weren’t compliant with environmental regulations.”</p>	Volkswagen	2015	Matthews and Gandel (2015)
<p>“In September, electronics conglomerate Toshiba admitted that it had overstated its earnings by nearly \$2 billion over seven years, more than four times its initial estimate in April. CEO and President Hisao Tanaka resigned from the firm, and an independent investigators found that ‘Toshiba had a corporate culture in which management decisions could not be challenged’</p>	Toshiba	2015	Matthews and Gandel (2015)

<sup>3</sup> This researcher had some first-hand pieces of information about the FIFA scandal (which cannot be listed here because of legal reasons), and can thereby assert that the triggers and causes of this scandal could not have been resolved through the mechanism and mediating factors of how leaders treated their followers, whether they cared about their employees, whether they inspired their followers to be authentic, nor if they served the overall goals. The causes lay not in that the executives of FIFA were perceived as inauthentic, or not charismatic, or could not create a widespread social and desirable “work climate.”

Description of Scandal	Company	Year	Source
and 'Employees were pressured into inappropriate accounting by postponing loss reports or moving certain costs into later years'."			
"In October, short seller Andrew Left accused drug company Valeant of using a specialty pharmacy company Philidor to artificially inflate its sales. (...) Valeant (VRX) could still be on the hook if Philidor broke any laws. Valeant employees appear to have worked at Philidor under aliases to hide their identities. And Valeant had paid \$100 million for an undisclosed option to acquire Philidor for no additional dollars whenever it wanted, essentially giving Valeant ownership of the company. (...) Valeant said that Philidor sales never amounted to more than 7% of its total sales. Valeant's shares fell 75% in the wake of these revelations, to just over \$70 from a high of \$260."	Valeant	2015	Matthews and Gandel (2015)
"Shkreli (CEO) gained notoriety earlier this year for raising the price of Daraprim, a medicine used to treat the parasitic condition of toxoplasmosis (used by HIV-patients), from \$13.50 to \$750 though. In mid-December, the government arrested Shkreli on charges of stock fraud related to his activities while at Retrophin, the drug company he ran before Turing. The former hedge fund manager is accused of using shares of Retrophin to pay off investors who had lost money with a hedge fund he ran in the past. The government described Shkreli's alleged behavior as similar to a ponzi scheme."	Turing Pharmaceuticals	2015	Matthews and Gandel (2015)

Table 2: A description of recent scandals

Despite the abundance of academic papers in leadership over the last 70 years (see Figure 20), better tools to make predictions, and more integrative research into leadership theories (Antonakis and House, 2014; Rowold, 2014; Ladkin and Taylor, 2010; Wang et al., 2011; Burns, 2007; Gerring and McDermott, 2007; Avolio et al., 2004; Judge and Piccolo, 2004a; Russell and Stone, 2002; Avolio and Bass, 2001) business scandals still take place. Although the business world has better access to knowledge, a higher level of leadership education, continuously made more investments in employee development, and higher standards of compliance in the face of stricter regulations that can be observed, business scandals over the last decade have been occurring by and large (see Table 3).

Year	Company name
2018	Facebook
2017	Kobe Steel
2017	Equifax
2017	Uber
2017	Apple
2016	Wells Fargo
2016	Mylan
2015	FIFA <sup>[1]</sup>
2015	Volkswagen
2015	Toshiba
2015	Valeant

Year	Company name
2015	Turing Pharmaceuticals
2014	Glaxos's China
2011	Olympus
2011	Sino-Forest
2011	Securrency
2010	China Forestry
2009	Stanford Financial Group
2009	Satyam
2008	Lehman Brothers
2008	Bernard Madoff
2008	Royal bank of Scotland
2006	Siemens
2005	AIG
2004	Fannie Mae
2004	Parmalat
2004	Royal Dutch/ Shell
2003	Freddie Mac
2003	Health South
2003	Ahod
2003	Nortel
2003	Baninter
2003	Qwest
2002	Lemout and Hauspie
2002	Bristol Myers Squib
2002	Merril Lnych
2002	Imclone
2002	AOL
2002	Dynegy
2002	WorldCom
2002	CA Technologies
2002	Asea Brown Boveri
2002	Xerox
2002	Tyco
2002	Kirch
2002	Adelphia
2002	Peregrine Systems
2002	Global Crossing
2002	Andersen
2002	CMS
2002	Bank of China
2002	Vivendi
2001	Enron
2001	HIH Insurance
2001	SAirGroup
2001	Sunbeam
2000	Micro Strategy
2000	Aurora Foods Inc

Table 3: Business scandals 2000 to 2018

**Source:** Own knowledge about financial market (2000-2015); Hall-Smith(2018); Matthews and Heimer (2016); Matthews and Gandel (2015)

In response to such business scandals in organizations, the public called for greater accountability of organizational leaders (Stevens and Buechler, 2013; Dealy and Thomas, 2006). Such business scandals also showed that the popular leadership theories had failed, at least in those instances, which has aroused interest in authenticity and AL among leadership researchers. The goal of most leadership theories, as well as that of the different existing AL theories, is to develop a morally-conformed positive

leadership style (normative leadership styles), in order to instill a belief and trust across all levels of leadership (Copeland, 2014; Gardner et al., 2011; Brown and Treviño, 2006; Brown et al., 2005; Avolio et al., 2004; Lorenzi, 2004; George, 2003).

From the analyses of various business scandals the following gaps could be identified that would conclude this section. *One*, the proof that AL as a new leadership theory can prevent business scandals is elusive. Exploring the behaviors of leaders involved in such scandals might help address the question of whether AL strategies could have prevented such scandals. Therefore, research based on CGT—grounded in analyzing different business scandals, the major concerns of executives, and aligned with strategies that could resolve the scandals, or the concerns of the executive boards—might help develop AL strategies to prevent such scandals. *Two*, a collective perspective in leadership is scarce, as e.g., business scandals are not made by a single leader. The business scandals in Table 2 and 3 indicate that mismanagement is done by more than a single leader. Still, in leadership theories (e.g., AL), the focus is mainly on a single leader and not on a collective perspective of executive board leadership (e.g., executive board collaboration).<sup>4</sup> *Three*, a link is missing between the perception of a leader in behaving according to the predefined moral aspects (incl., in normative leadership theories discussed in the next section) and business scandals. Putting a moral perspective for more accountability on “AL” (and leadership theories) does not prove that a crisis or business scandals can be resolved. Predominantly, business scandals emerge at the highest levels in organizations (executive boards and board of directors). Therefore, it is vital to research the collaboration dimension of executive boards to suggest from its outcomes what “authentic reciprocal collaboration” (i.e., the AL process) should be like and what strategies should be used to resolve dysfunctional behavior. Dysfunctional behavior is an umbrella term that causes asymmetric collaboration and space for those who want to enrich themselves in a company without permission.

Before discussing AL theories in the next section, it is equally important to note that AL field is not without “scandals” either. Series of papers by leading scholars i.e., Fred O. Walumbwa with other authors in AL have retracted from top journals due to problems with data and findings.

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<sup>4</sup> For example, in Swiss hospitals as well as in other companies (regardless of type and size, whether profit-oriented or non-profit organizations), it is the executive boards who drive such entities forward with the people working in them, develop them further, and who are responsible for the economic prosperity, bankruptcy, closure, or demise. The executive board leadership of a company plays a role in the success or failure of a company and exerts a major influence on the continued existence and future of an economic institution.



## **2.3 The theory perspective of Authentic Leadership**

### **2.3.1 An overview**

The review on the theory perspective of AL aimed to trace the historic roots of AL and its evolutionary antecedents (see Appendix A1). It thus traces the emergence of the discipline and conceptualization on the theme of AL, and related aspects such as authenticity, authentic followership, and authentic leader that resulted in considerable research undertaken with specific foci. Follower perceptions of AL exercised by leaders, for example, is investigated from the angle of culture (Petan and Bocarnea, 2016), while Gardner et al. (2005) investigated AL and followership from a developmental perspective. Figure 20 in Appendix A1 shows the evolutionary development of leadership beginning from the last century to display which leadership theories have developed in which epochs and how they have influenced each other in their development. Through this process, the review identified the theoretical context in which AL can be situated, as well as its direct antecedents and most related leadership theories (incl., normative leadership theories discussed in Appendix A1). In so doing, the review identified the distinguishing features and characteristics, as well as key criticisms associated with different leadership theories. To clarify the comparison, the narrative is augmented by several tables (see Tables 5, 6 in Chapter 2 and Tables 40, 41 in Appendix A1) that chart the most related leadership theories, together with their key proponents.

As a relatively young discipline in terms of empirical and theoretical research in the wider leadership discourse, definitions for AL were presented in Table 4, aiming to draw connections and demarcations between different researchers' understandings and interpretations. This researcher, building on Avolio and Gardner (2005), further developed the list of AL definitions by expanding the time frame to the present day. This review on the theory perspective of AL concludes with identified gaps of AL, summarized in Table 5 and 6.

### **2.3.2 The evolution of the theory of Authentic Leadership**

AL could be said to be both a relatively new discipline within the leadership discourse, and an ancient one if one considers that it can be traced back to Greek philosophy in terms of its roots and, in light of this, parallels with transformational leadership, has similarities to other normative leadership theories (see Appendix A1), and has numerous

conceptualizations and definitions from the field of psychology. It could, therefore, be concluded that the underpinning principles of AL are not new, rooted as they are within the history of human interactions. The construct of authenticity has been addressed in psychology (Maslow, 1971, Rogers, 2012, 1959), developmental psychology (Erickson, 1995), and the existentialist philosophy (Heidegger, 2008; Sartre and Barnes, 1993; Heidegger, Macquarrie, and Robinson 1962). Religious studies and history, as well as art, have dealt with the subject of authenticity. Authenticity is literally related to the ancient word *Eudaimonia*, as the Greek *eu* means well and *daemon* means can be translated as spirit, soul, or true self (Norton, 1977). For this reason, it could be argued that authentic leading literature bases its understanding of authenticity on Greek philosophy and sets itself apart from the existentialist understanding of authenticity.

In 2003, Avolio and Luthans published a groundbreaking chapter in the book *“Positive Organizational Scholarship”* that thematized evolving patterns of normative leadership as authentic, which they referenced as a new form of leadership. Other authors such as Kernis (2003), Gardner et al. (2005) and Klenke (2003, 2007) all provided fertile ground through their earlier work or continued to work on this new paradigm. Avolio et al. (2004:4) defined *“authentic leaders as those individuals who are deeply aware of how they think and behave and are perceived by others as being aware of their own and others’ values/moral perspective, knowledge, and strengths; aware of the context in which they operate; and who are confident, hopeful, optimistic, resilient, and high on moral character”*. Avolio, who is considered one of the pioneering authors for exploring the new concept under the title *“Authentic Leadership”* (Avolio and Gardner, 2005; Gardner et al., 2005; Avolio et al., 2004), has also collaborated on this most widespread leadership theory of our time, e.g., transformational leadership.

According to Avolio and Gardner (2005), AL can be interpreted as closely relating to other forms of normative leadership, such as transformational, charismatic, servant, and ethical leadership. The authors referenced the concept of AL as emerging against the backdrop of a breakdown of values and ethical cornerstones in both leaders and followers in politics, the economies, and societies at large. Their systematic analysis of where and how a defined range of components of AL, extracted by Avolio and Gardner (2005) for the purpose, was dealt with by transformational, charismatic, servant, and spiritual leadership theories in turn. This systematic comparison not only showed the gaps, it also demonstrated the closest alignment of transformational leadership with AL.

Avolio and Gardner's (2005) construct explanation was developed further from Harter's (2002) conception of authenticity whose definition they cited as the "*richness of one's own personal experience*" (Harter, 2002:382). AL defined in these terms exemplifies acting in consonance with the true self and shows a person acting in a way that converges with the inner personal world (Avolio and Gardner, 2005).

Trying to identify the formal roots of AL research, the book "Authentic Leadership: Courage in Action" by Robert W. Terry (1993) was a significant starting point, and, this researcher would suggest, can be seen to be a significant antecedent in later researchers' writings on the theme. Terry (1993) was first in linking authenticity as a psychological and behavioral concept to that of leadership. In describing AL, Terry (1993) demonstrated the impact of taking into account the attributes of courage, vision, ethics, and spirituality in relation to leadership, and underpinned his view that leadership's central organizing principle is authenticity. Effective leadership becomes possible, according to him, through the cohesion of authenticity and action. Terry (1993) stated that authenticity was everywhere and meant that whichever roles were fulfilled, AL relies on that person being true to himself or herself and thus true to the world. Further, he argued that if the authenticity of a person was respected, it would be easier for that person to admit mistakes and not cover them up (Terry, 1993). Terry (1993) underlined that leaders should frame issues by questioning what is really going on in a given situation, which means that AL can be seen as providing evidence when leaders and followers come together to articulate their real concerns and determine how to address them in the correct way. The main and very important point is, that AL tries, according to Terry (1993), to determine which way is truly the right one to solve the real concerns for the leader, employees as followers, and organizations. In investigating and thematizing this concern, he was one of the first authors on AL. The central aspect of his definition of AL as being true to oneself was developed further by other scholars, such as Avolio et al. (2004), Luthans and Avolio (2003) and Walumbwa et al. (2008), and practitioners, such as George (2003) as can be seen in later sections. After Terry (1993), there appeared to follow a hiatus with regards to AL in the literature, until it later regained ground, particularly in the development of AL theory through researchers such as Kernis (2003), Avolio et al. (2004), Luthans and Avolio (2003) and Walumbwa et al. (2008) nearly 10 years after the publication of Terry's (1993) work on AL. Terry's (1993) book was met with mixed reviews (Parry, 1994; Chaffee, 1996). Reviews appeared to criticize Terry's (1993) book for the perceived imbalance between the psychological and developmental aspects. Terry's (1993) approach could be said to be practice-oriented inasmuch as he proposed the application of an authentic action wheel across which he

distributed six key diagnostic rubrics (meaning, mission, power, structure, resources, and existence) which enabled a leader to answer the key question of what was really going on in the organization (Terry, 1993).

Whether Terry's book (1993) was conceived and published before its time, it was George's (2003) publication, rooted in practice, that appeared to spark a renewed and prolific interest in AL. Just as in his later collaboration (George, Sims, and Gergen, 2010), George (2003) could be said to have drawn a line in the sand of leadership research at the time and categorically stated that what had been described in the literature up until that point, particularly from a leadership development perspective, was *"the opposite of authenticity"* (2003:11). By setting the scene thusly, he not only was able to define AL from his experience, which in essence required the leader to be true to himself, but also to invite theorists to underpin this practice-oriented concept theoretically.

George (2003) focused in his approach on five qualities which leaders should develop through a lifelong process to develop over time one's purpose, values, self-discipline, relationships, and compassion. These five pillars, he argued, have to be strongly developed in and by those who lead. Avolio and Luthans (2005), Avolio and Gardner (2005) and Gardner et al. (2005) added to that by concluding that authentic leaders' thoughts and actions are underpinned by their values and beliefs. In addition, authentic leaders display qualities and characteristics such as self-confidence, reliability, trustworthiness, and are genuine. As authentic leaders, they place much value on developing their followers' capabilities and skills. Anticipating subsequent research, Luthans and Avolio (2003:243) referenced AL in organizations as *"a process that draws from both positive psychological capacities and a highly developed organizational context, resulting in both greater self-awareness and self-regulated positive behaviors on the part of leaders and associates, thus fostering positive self-development"*.

Referring to the leader and their self-knowledge, Kernis (2003) defined authentic behavior as the basic behavior of the leader in the accomplishment of his leadership task so that it corresponds to his or her own values, motives, preferences, and feelings and is not perceived as artificial behavior that is painstakingly intended to suppress, or hide, his or her own true self. According to Ilies et al. (2005), Kernis' (2003) remarks had a significant influence on the development of the wider understanding of "Authentic Leadership" and his understanding of AL was shared by Avolio and Bass (2001), who contended that a leader remains authentic if he or she does not pretend to be able to solve all issues in a company immediately, but rather works out solutions with his or her

employees and takes advice from those who understand fully the company's business operationally.

Taking a slightly different approach, Walumbwa et al. (2008:94) defined AL as *"a pattern of leadership behavior that uses and promotes both positive psychological abilities and a positive ethical climate to promote greater self-confidence, an internalized moral perspective, balanced information processing and relational transparency on the part of leaders working with followers, and positive self-development"*. This interpretation, while related to antecedent thinking (Gardner et al., 2005; Ilies et al., 2005; George, 2003; Kernis, 2003; Avolio and Bass, 2001), makes explicit the link to other normative leadership theories, particular ethical leadership.

Some have argued that AL should not be interpreted as a discrete style of leadership (Luthans, Norman, and Hughes, 2006), rather that the paradigm of AL can be seen as a *"root construct"* for further leadership styles, strategies and leadership theories (Avolio and Gardner, 2005:329) such as the emerged theory of the empirical part of this thesis (i.e., PC). The fact that leaders sometimes carry out behavior and actions which correspond with different leadership theories could indicate the coexistence of different leadership traits (i.e., being a servant, authentic or transformational leader) and thus the overlap of synergies between various normative leadership theories. This notion was taken into account and compared with findings in the empirical research presented here, as can be seen in the discussion of the findings in Chapter 6.

Gardner et al. (2011) reviewed the literature on AL and found that there are various interpretations and definitions of AL (see Table 4). The most frequently cited works, which embody a substantial part of the AL literature, focus primarily on the processes of thought and action that link to *"the true self"* (Ladkin and Taylor, 2010:1). It is not the intention of this author to replicate Gardner et al.'s work (2011) nor to quote extensively from it. Rather, the review undertaken by Gardner et al. (2011) is featured centrally as it laid the foundations for a much greater defining of the understanding, and advancing of the academic discourse, on AL. Table 4 references the authors, the year of publication, a key definition in their own terms, any distinctive or differentiating feature(s), and criticism of this researcher.<sup>5</sup>

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<sup>5</sup> It is worth pointing to Shamir and Eilam (2005:396) who noted that "all definitions are arbitrary. They reflect choices and cannot be proved or validated", which was particularly salient here. While there was no absolute agreement in definitional terms, there appeared to be a noticeable absence of disagreement. Most alternative definitions appeared to present small deviations or enhancements, rather than fundamental differences, as can be seen in the Table 4. The table includes some definitions from empirical work, which

Author(s)	Definition in the words of the author(s)	Distinctive feature(s)	Key criticisms
Rome and Rome, 1967	<i>"A hierarchical organization, in short, like an individual person, is 'authentic' to the extent that, throughout its leadership, it accepts finitude, uncertainty, and contingency; realizes its capacity for responsibility and choice; acknowledges guilt and errors; fulfils its creative managerial potential for flexible planning, growth, and charter or policy formation; and responsibly participates in the wider community"</i> (p. 185)	In these terms AL is considered as an expression of the authenticity of the person of the leader and thus his or her style in leading an organization which is then equated to AL in a hierarchical institution. This is in line with other interpretations of authenticity at the time which related institutional authenticity to individual authenticity.	This approach may be timely to revisit at the point where leadership, and especially the failure thereof in the context of moral fiber and ethical decision-making and a growing demand for AL can be seen. It is linked, it could be suggested to the creation of authenticity in followers through AL (Avolio & Gardner, 2005)
Henderson and Hoy, 1983	<i>"Leadership authenticity is therefore defined as the extent to which subordinates perceive their leader to demonstrate the acceptance of organizational and personal responsibility for actions, outcomes, and mistakes; to be non-manipulating of subordinates; and to exhibit salience of self over role. Leadership inauthenticity is defined as the extent to which subordinates perceive their leader to be 'passing the buck' and blaming others and circumstances for errors and outcomes; to be manipulative of subordinates; and to be demonstrating a salience of role over self"</i> (p. 67-68).	Concept of genuineness in leaders and the fact that with this authenticity goes an institutional openness and an ability of leaders to openly address and confront their own weaknesses or mistakes. Because of the relationship building aspect here, authentic leaders would encourage followers to approach their own mistakes as openly.	The juxtaposition of genuine authentic leaders and their willingness to raise their heads above the parapet with inauthentic leaders who fail to take responsibility is somewhat simplistic (semantic).  Conflation between authenticity and sincerity.  This definition is integrated further in the literature (Avolio and Gardner, 2005; Ilies et al., 2005; Walumbwa et al., 2008)
George, 2003	<i>"Authentic leaders use their natural abilities, but they also recognize their shortcomings, and work hard to overcome them. They lead with purpose, meaning, and values. They build enduring relationships with people. Others follow them because they know where they stand. They are consistent and self-disciplined. When their principles are tested, they refuse to compromise. Authentic leaders are dedicated to developing</i>	Practice oriented and driven. Contextualized in the need for authenticity and values in the context of company scandals and failures.	As a practitioner, his writing is based not on theoretical or empirical research, but on a lifetime in the field. Could be seen to point to Shamir ad Eilam (2005) in terms of the impact of a biography on AL.  Not a clear differentiation between an authentic person and authentic leader.  Predefined ideals contradict authenticity of self-referential dimension.

can be seen to test and further develop earlier definitions. This was identified as a significant link to this researcher's understanding of authenticity presented here. Having analyzed definitions offered by the researchers that were drawn on for this thesis, the key aspects of truthfulness and self-reflection fed into this researcher's understanding of authenticity.

Author(s)	Definition in the words of the author(s)	Distinctive feature(s)	Key criticisms
	<i>themselves because they know that becoming a leader takes a lifetime of personal growth.” (p. 12)</i>		
Avolio as cited in Avolio et al., 2004	<i>“Authentic leaders are those individuals who know who they are, what they think and behave, and are perceived by others as being aware of their own and others' values/moral perspective, knowledge, and strengths; aware of the context in which they operate; and who are confident, hopeful, resilient, and of high moral character.” pp.802-803</i>	All-encompassing definition that, critically, includes a moral dimension and a focus on values.  Distinction through connecting their awareness of perception to others.	Predefined values and moral aspects contradict authenticity of self-referential dimension. The self should decide what values are appropriate to the self.  Not a clear differentiation between an authentic person and authentic leader.
Avolio and Gardner, 2005	<i>“Authenticity [...] involves being true to oneself, not others. When the focus shifts to authentic leadership, however, it shifts to the leader's relations with others because all leadership is relational at its core.” (p. 332)</i>	Focuses on relational and interactive notions of AL. Not new distinction features.	The distinction between authenticity and AL could be seen as a contradiction, as authenticity is evolved through interaction with others.
Ilies et al., 2005	<i>“Authentic leaders are deeply aware of their values and beliefs, they are self-confident, genuine, reliable and trustworthy, and they focus on building followers' strengths, broadening their thinking and creating a positive and engaging organizational context.” (p. 374)</i>	Shared characteristics with other definitions of authentic leaders; not new distinction features.	An explicit link to the focus of authentic leaders on building followers' strengths, skills, and competencies could link this interpretation more closely to servant leadership than others.
Shamir and Eilam, 2005	<i>“authentic leaders' implies that authentic leaders can be distinguished from less authentic or inauthentic leaders by four self-related characteristics: 1) the degree of person role merger, i.e., the salience of the leadership role in their self-concept, 2) the level of self-concept clarity and the extent to which this clarity centers around strongly held values and convictions, 3) the extent to which their goals are self-concordant, and 4) the degree to which their behavior is consistent with their self-concept.” (p.399)</i>	Based on self-knowledge and degree of congruence between self-identification and actions and behavior.  Use of authenticity concept in line with symbolic interactionism.	Not a clear differentiation between an authentic person and authentic leader.

Author(s)	Definition in the words of the author(s)	Distinctive feature(s)	Key criticisms
Walumbwa et al., 2008	<i>"We define authentic leadership as a pattern of leader behavior that draws upon and promotes both positive psychological capacities and a positive ethical climate, to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders working with followers, fostering positive self-development"</i> (p. 94)	Demarcation through the term "a pattern" and "promotes" which indicate a process.	Focus on the instrumental view of assessing AL (ALQ) is narrow. Similarly, their explicit link between AL and positive psychology could be considered prescriptive.  Predefined values and moral aspects contradict authenticity of self-referential dimension.
Whitehead, 2009	<i>"Authentic leader is one who: (1) is self-aware, humble, always seeking improvement, aware of those being led and looks out for the welfare of others; (2) fosters high degrees of trust by building an ethical and moral framework; and (3) is committed to organizational success within the construct of social values."</i> (p. 850)	Inclusion of characteristics from other leadership theories such as ethical leadership and espouses value-based system.	The definition is focused on moral aspects.  Predefined values and moral aspects contradict authenticity of self-referential dimension.
Azanza, Moriano and Molero, 2013	Building on Walumbwa et al. (2008) and the definition and validation of four categories defined by Gardner et al., 2005	Shared characteristics with other definitions of authentic leaders.  Not new distinction features.	Does not either validate or disprove previous definitions.  Not a clear differentiation between an authentic person and authentic leader.
Men, 2014	Drawing on previous definitions: <i>"authentic leaders are deeply aware of their values, beliefs, emotions, self-identities and abilities. They know clearly who they are and what they believe in; thus, they can stay 'true' to themselves."</i> (p. 258)	Shared characteristics with other definitions of authentic leaders.  Not new distinction features.	Does not either validate or disprove previous definitions.  Not a clear differentiation between an authentic person and authentic leader.
Milić, Grubić-Nešić, Kuzmanović and Delić, 2017	Milić et al. (2017) underpin the inconsistency of definitions and state <i>"cognition of one's authentic essence through self-exploration is problematic since individuals often submit themselves - even unconsciously - to external expectations"</i> (p. 13)	Shared characteristics with other definitions of authentic leaders. Provide new model of the interaction between the two concepts of AL & learning organization and their impact on employee commitment.	Does not either validate or disprove previous definitions.  Not a clear differentiation between an authentic person and authentic leader.

Table 4: Definitions of AL

Luthans and Avolio (2003) identified among the personal resources of AL aspects such as trust, hope, optimism, and resilience as the positive psychological abilities of the



leader, as linked to self-awareness and self-confidence. The self-awareness aspect develops when the leader is fully aware of his or her own existence and how it is embedded in the different contexts of life (Avolio and Gardner, 2005). According to Avolio and Gardner (2005), four sub-facets of self-consciousness are elementary for the development of AL: values, emotions, motives, and cognitions about identity. In the Avolio and Gardner (2005) construct, the self-regulation of leaders was defined as a process in which leaders harmonize their own values, thoughts, and experiences as well as feelings with their actions and can thus be perceived authentically. This part of the construct of Avolio and Gardner (2005) was based on Deci and Ryan's (1995, 2000) self-determination theory on the one hand and on the arguments of Kernis (2003) on the other hand. Building upon the aspects of self-determination, authenticity is brought about by internally-controlled regulation processes, without the inclusion of external norms or organizational consequences. Accordingly, authenticity includes balanced processing, relational transparency, and authentic behavior (Kernis, 2003).

In the AL concept of Avolio and Gardner (2005), special attention was paid on the one hand to the moral development of the leader (drawing on research by May et al., 2003) and on the other hand to the sensitization of the subordinates/followers/employees with regard to authenticity and the strengthening of "*authentic and sustained moral actions*" (Avolio and Gardner, 2005:324) in the daily work. The focus on the positive moral approach implies that the actions of the leader are oriented toward positive inner virtues and are based on a high moral character. However, these high moral character traits and their mechanisms of action are still under-explored today and have not been empirically investigated. It is also important to recognize that not all authors agreed on the emphasis on AL and its encompassing psychologically-underpinned positive characteristics (Cooper et al., 2005; Shamir and Eilam, 2005; Sparrowe, 2005).

Avolio and Gardner (2005:317) coined the term "*relational transparency*" as a dimension explaining the relationship between authentic leaders and authentic followers and the principles on which it is based. Further, authentic leaders were said to be aware of their strengths, their knowledge, their convictions and values, to encounter everyday situations in the company with a portion of openness, and react to these accordingly with the presupposed openness, according to Avolio et al. (2004). A further dimension highlighted by Avolio and Gardner (2005:317) described "*balanced processing*" as a form of reflected thinking and acting, which involves objective thinking and weighing of different points of view and, among other things, listening in order to process information and make decisions. According to Ilies et al. (2005), another definitive dimension of AL

stands for the transparent way in which leaders can talk about their own weaknesses, limits, and personal values as well as their personal feelings toward third parties and their own employees. In the new concept of AL *“leaders are able to enhance the engagement, motivation, commitment, satisfaction, and involvement required from followers to constantly improve their work and performance outcomes through the creation of personal identification with the follower and social identification with the organization (Kark and Shamir, 2002)”* (Avolio et al., 2004:804).

Building on the conceptualizations by Avolio and Gardner (2005), Ilies et al. (2005) and Walumbwa et al. (2008) took the development of AL theory further by focusing on important components found in social psychology and authenticity research such as Deci and Ryan (2000) and Kernis (2003). Furthermore, subsequent research showed a clear internalized moral perspective of the leader and included not only the development of authentic leaders but also the authentic development of collaborators (Avolio and Luthans, 2005; Luthans and Avolio, 2003). These facets were declared by Walumbwa et al. (2008) as important principles for the consolidation and further development of the theory into AL. In order to provide a tailored tool for empirical research, Walumbwa et al. (2008) developed the Authentic Leadership Questionnaire (ALQ) which they based on a four-factor construct, designed to *“predict relevant organizational outcomes beyond closely aligned measures of other recognized forms of leadership”* (Walumbwa et al., 2008:91).

AL focuses on aspects such as transparency, integrity, morality, and self-reflection in the field of leadership research. According to Gardner et al. (2011), the development of the two measuring instruments of the ALQ and the Authenticity Inventory by Kernis and Goldman (2005, 2006) for researching AL has led to an increase in empirical studies on AL in operation. The publication by Gardner et al. (2011) focused on the outcomes of empirical research on the precursors, results, and mediators of AL, emphasizing in particular the positive influence of AL on performance, health, satisfaction, and the positive experience of working life.

An interesting explanatory model of AL was developed by Klenke (2007). Klenke (2007:68) claims that her model was *“based on a single explanatory concept - identity - that specifies three interrelated identity systems: the self-identity system, the leader-identity system, and the mental identity system, which in turn consist of several sub-identities containing cognitive, affective, and congenial elements”*. Interestingly, its construct definition of AL was based on *“humanistic psychology, existential philosophy*

*and social identity, as well as self-categorization theory, leadership modeling and spiritual leadership theory*" (Klenke, 2007:68). Klenke (2007) emphasizes that both spirituality and spiritual identity are at the center of her work on the AL. She relied on William James in Schiller, 1928 for the conceptualization of identity development, and builds on earlier work in developing an identity-based model of AL. Specifically, she referenced the development of new elements of the identity of a person that relates to the leadership role.

Avolio et al. (2004) argued that exercising AL means to place the focus on transparency, positivity, and high ethical standards, which they considered the most important aspects. In addition, authentic leaders are expected to awaken the self-understanding of followers to recognize that they not only have similar values as the leader but can thus see that a trusting cooperation can be shaped in the long term. Further research is certainly needed to develop and validate the construct of AL and to differentiate it more clearly from other normative leadership concepts. Avolio et al. (2004) saw as the most important characteristic of AL differentiating it from other related forms of leadership the fact that in the center of their theory was modeled a deeply positive leadership.

Furthermore, Avolio and Gardner (2005:332) stated that *"When the focus shifts to authentic leadership, however, it shifts to the leader's relations with others because all leadership is relational at its core."* In other words, AL is authentic collaboration as the set of interactions between two leaders define their collaboration dimension. This suggest that AL is contingent on the type of collaboration between leaders and the natural settings where these interactions occur.

Another core statement of AL is about a *"mechanism whereby"* *"goal conflicts, tensions and clashes"* between leaders (i.e., dysfunctional behavior, asymmetric collaboration) can be *"respectfully reconciled or, at a minimum, tolerated"* (Gardner et al., 2005; Gardner et al., 2021:6). The set of actions and behavior (as a substantive AL strategy) taken by leaders to reconcile such asymmetric aspects in their interactions with another (relationship, i.e., collaboration) could explain how AL manifests in different contexts, what kind of mechanism are used (or set of actions are carried out) to transform an asymmetric collaboration into an authentic reciprocal one. The transformation of a problematic collaboration into a reciprocal one reveals AL in a particular context.

Avolio and Gardner (2005) called on other researchers to conduct more qualitative research on AL to identify the sub-mechanisms and characteristics of AL on the one hand and to map the understanding of AL more fully on the other.

With George (2003), Gardner et al. (2005) and Shamir and Eilam (2005) referencing the importance of trigger events, more often than not challenging or negative ones, that individuals experienced as precursors to developing AL, this researcher considers the biographical and life story aspects of AL to be most significant. They, she would posit, lead to a fundamental belief in the strength and power of self-awareness and resilience in thought and action, which are then externalized in manifestations of AL to followers. In turn, followers are inspired by the modeling of AL by the leader, and, in application of the self-determination theory (Deci and Ryan, 2000), choose to act as authentic followers. In the age of “fakeness” permeating society, and social media encouraging the continual creation of idealized and filtered identities, AL and followership must be increasingly appealing. As a construct, however, AL is not without criticism, which presents the focus of the following section.

### **2.3.3 Criticisms of Authentic Leadership**

The review of AL literature revealed 12 main categories of criticisms which are listed and explained below:

- Insufficient demarcation and interrelationships of the sub-factors of AL
- Self-deception of leader and idealized self-impression
- Excessively optimistic perspective
- The elevation of the self above others
- A narrow and isolated view of the self
- Insufficient attention to triggers of life stories
- Insufficient analysis as to what extent the leaders can share his/her feelings with others
- Presupposed moral components to the concept of authenticity
- Lack of construct maturity
- Insufficient methodological focus on qualitative studies on AL
- Insufficient explanation of influence of a leader toward followers
- Unrealistic manifestation of full authenticity

### *Insufficient demarcation and interrelationships of the sub-factors of AL*

Banks et al. (2016) and Steffens et al. (2016) pointed out the inadequately researched interrelationships and interactions as well as the combination of the sub-factors of the AL concept (van Knippenberg and Sitkin, 2013; Gardner et al., 2011), and recommended further research into these factors so that the respective characteristics and dimensions of this new leadership category can be more clearly differentiated from related normative leadership concepts.

Banks et al. (2016) stated that the ALQ showed a high degree of agreement with transformational leadership's measurement instrument, the MLQ, such that further research will have to show to what extent AL can be distinguished from transformational leadership through the application of the respective tools.

Since the greater emergence of research on this leadership paradigm, very few publications on AL's antecedents have been published, which in part prompted Gardner et al. (2011) to issue a call for papers for a special edition of the *Leadership Quarterly* on AL which created renewed interest and activity. Avolio et al. (2004) and Gardner et al. (2005) focused on the mechanisms of action and impact of AL, without conclusively providing broadly-anchored answers to questions about how the authenticity of leadership could evolve. Therefore, Steffens et al. (2016) provided in their conceptualization of social identity an additional theoretical possibility to observe the visibility of AL variables (the self and the interaction with the collective self-image, etc., and their underlying norms, values, and goals) in relation to their effects.

Analogous to Cianci et al. (2014), the investigation of concrete ethical and unethical behavior of leaders and their employees in challenging, inadequate, and very complex procedural situations could provide information about the AL construct and model the unknown determinants of this concept.

### *Self-deception of leader and idealized self-impression*

It is noteworthy that there was some doubt over the authenticity of research on AL that is based on the ALQ, because, as Randolph-Seng and Gardner (2013) explained, leaders of the self-evaluation part (questions based on self-perception) were at risk of falling victim to their own self-deception. The study by Gray and Densten (2007) also took up this point and put forward that some leaders reflect on romantic or idealized self-images, which led to the production of positive self-images and may have made itself felt in the assessment. One explanation could be that, when leading others, and in trying to

motivate them and portray a sanitized and positive self-image, this is then re-absorbed as a slightly distorted self-image by those leaders on self-reflection, even if this does not correspond to the reality. This can be said to be rooted in the notion of the romance of leadership from a leader-centered perspective (Gray and Densten, 2007). In order to find out whether leaders romanticize their leadership, the influence of self-deception and impression management on the perception by leaders of their leadership was investigated by Gray and Densten (2007). The results of this study, which were analyzed using a multi-method factor approach, found that leaders glossed over their self-representation in order to reflect idealized images of their leadership (Gray and Densten, 2007). These results, seen in the context of AL, stated that AL in the context investigated by Gray and Densten (2007) was an idealized reflected notion of leaders that may not have corresponded to the perceptions of others.

Criticism was raised of AL's developmental perspective, as Ford and Harding (2011) feared that subjectivity could be removed from the self of the person in educational training, so that it became an object shaped by and corresponding to, the organization. Furthermore, Cooper et al. (2005:483) stressed *“that authenticity cannot be acquired through traditional training programmes and that AL training must be original and genuine”*. Instead, it could be argued, AL development needs to focus on the self-reflective capabilities and skills of the leaders.

#### *Excessively optimistic perspective*

Algera and Lips-Wiersma (2012:118) explained that *“Authentic Leadership (AL), as currently theorized, runs the risk of not achieving its stated goals”*. The study included four central authenticity themes: *“1) inauthenticity is inevitable; 2) authenticity requires the creation of one's own meaning; 3) authenticity does not imply goal and value congruence; 4) authenticity is not intrinsically ethical”*. As a result of this study, it could be suggested that the focus was no longer on the leaders and their specific circumstances, but that an understanding of the circumstances and contexts was developed in which all members of the organization can behave in an authentic manner. The key message could be said to be that AL cannot be framed exclusively as a message of all-round positivity. Sparrowe (2005) drew attention to the aspect of consistency (self-constancy), narrative self and its dynamics in everyday leadership life, and that one's own self tends to be influenced so that an AL behavior would also have to be questioned here.

Diddams and Chang (2012), because the essence of AL involves the non-defensive recognition of weaknesses and strengths, argued that scientists rarely observed the role weaknesses play in further strengthening the efficacy of authentic leaders. They examined the possible unintended consequences of an extremely positive, strength-based view of AL and concluded as follows:

*“We then propose that there are weaknesses associated with cognitive abilities, motivation, social cognition and group dynamics that spring from the need to belong that are part and parcel of human nature such that their integration into one's sense of authenticity not only enhances the authentic leadership attributes of self-awareness, balanced processing, moral identify and relational transparency but also benefits those who are led”.* (Diddam and Chang, 2012:593)

#### *The elevation of the self above others*

In the AL theory, as has been shown here, the core of an individual, the self, is elevated above others. It is this very point that seemed to lead to criticism in Sparrowe (2005) because, according to him, it lost the focus on how important it is to look at the self in relation to others. Sparrowe (2005) explained that authenticity from the moral perspective, as described in AL theory, was based on the concept of narcissism and therefore made its own proposal of authenticity from the narrative perspective, which excluded morality. Therefore, it was criticized that the emphasis was on self-confidence; this implied that the authentic lies in the inner nature of the leader (Sparrowe, 2005). Authenticity in AL theory is strictly based on the idea of ownership of who one really is. Therefore, it seemed contradictory that individuals can only know their true self by withdrawing from others (Sparrowe, 2005).

In the view of Sparrowe (2005), the self is shaped by the interaction with others, the experiences in this world and everyday life, and is nourished by mutual influence on each other. For this reason, Sparrowe (2005) declared in the context of AL theory that other individuals, groups, external influences, and organizations could be regarded as conceivable sources of disbelief. This was because AL theory assumes that the first step on the path from non-authenticity to authenticity is based on finding one's own purpose rather than being influenced by external wills (George, 2003), or on expressing oneself with one's own voice through which the self is shown (Sparrowe, 2005; Kouzes and Posner, 2003, 2010, 2017). Therefore, the common AL theory, based on the above, would demonstrate that values, or one's own voice (even if it is a voice that one has assumed to be one's own) cannot be one's own, since they are not free from external influence (Sparrowe, 2005).

Similarly, Sparrowe (2005), by referring to Ricoeur (1992), suggested that the true self is not discovered without others, but is related to others.

#### *Narrow and isolated view of the self*

Self-respect, according to the narrative theory of self, is thus not achieved through an inner manifestation of self-awareness to study one's own fundamental values and goals, but through interaction with others (Sparrowe, 2005). Self-respect is not the balance of an inner struggle, but the recognition of oneself in relation to another. Just as respect for others is discovered in the appreciation, they have for themselves (Sparrowe, 2005). The esteem that leaders show to their followers and the esteem that they have for themselves are firmly linked and form the positive frame of reference for principles and values (Sparrowe, 2005). Self-esteem can only exist if the self is subject to being valued as much as, or in relation to, others (Sparrowe, 2005; Ricoeur, 1992). Respect for others is discovered in appreciation, even with the self-esteem that results from the recognition of oneself in relation to others. Starting from Erickson (1995), authenticity implies not only loyalty to oneself, but also loyalty to one's relationships.

#### *Insufficient attention to triggers of life stories*

In focusing on another aspect of the narrative and life story elements of AL, Shamir and Eilam (2005) further asserted that inner struggle and its triggers in the life story of a leader form the core elements of the AL understanding, as built on by Turner and Mavin (2008). Negative drivers influence the self-confidence, motivation, values, and emotions of leaders and guide the development of their personality. These triggering events shape the identities of older leaders and help create alternative versions of oneself (Turner and Mavin, 2008; Lord and Brown, 2003) on the path of their respective leadership development.

In the retelling of vital events, reflection on one's own leadership takes place and enables not only researchers but also leaders to gain important insights (Turner and Mavin, 2008). Trigger events would link internal regulatory processes so that leaders become immune to losing their values in challenging situations (Turner and Mavin, 2008; Erikson 1995).

The authors pointed out that some highly-positioned leaders have a strong sense of authenticity that helps them to maintain their values without deviation or compromise, while for others, regulation means a struggle, depending on the situation. The authors



also reported on the emotions and vulnerabilities of leaders that resurfaced during their narratives and stated that these emotions could be suppressed as soon as they emerged as leaders.

*Insufficient analysis to what extent the leaders can share his/her feelings with others*

However, it has not been examined whether the leader shares these feelings and vulnerabilities with others. Therefore, it could not be investigated to what extent the leader can show these emotions in his or her everyday leadership life without their careers being potentially compromised (Turner and Mavin, 2008). Shamir and Eilam (2005:15) wrote that a “*biographical approach*” to AL development was an important tool for achieving “*self-knowledge, clarity of self-understanding*”, and the “*internalization of the leader’s position*” in the self-concept through the production of biographies. By returning to a specific experience and analyzing this situation and comparing it with new experiences, the leader effectively utilizes a good learning situation which can help to draw new information from it (Turner and Mavin, 2008). Craig, George, and Snook (2015) also recommended reflecting on one’s own life history and driver events in order to draw new lessons from them.

*Unrealistic manifestation of full authenticity*

Ford and Harding (2011) and Shaw (2010) advanced the assumption that loyalty to oneself is a prerequisite for authenticity because they believed that the idea of a true self is unrealistic. In relation to the narrative theory, Shaw (2010) and Sparrowe (2005) pointed out that the narrator of a story is involved in the construction of the narrative, potentially resulting in a deviation of the narrative. Relating to AL and the leader, the life story of this person and his or her guidance by others can deviate from one’s own variant, so that the deviation can be subsumed as a result of experiences and memories that favored certain mechanisms of meaning in its reconstruction. In contrast to the previous view of AL theory, Shaw (2010) recommended that this deviation of two narratives from one situation be considered important.

*Presupposed moral components to the concept of authenticity*

Returning to the moral component, Price (2003, 2008) and Freeman and Auster (2011) added that leaders may behave immorally because they were blinded by their own values that are not based on moral aspects. Values do not necessarily have to include a moral component to result in positive actions, as is generally assumed in the AL theory (Sparrowe, 2005). In particular, Shamir and Eilam (2005) as well as Sparrowe (2005) underlined that their understanding of AL is not based on ethical or moral grounds. Rego

et al. (2017) and Sendjaya et al. (2016) have used Machiavellianism to illustrate and delineate leadership ethics in AL (Landesz, 2018). Rego et al. (2017) showed in their study types of “authentic leaders,” “authentic machiavellian leaders,” “machiavellian leaders” and ‘zero leaders.’ Sendjaya et al. (2016) found that when “machiavellianism” is high, there is a negative relationship between AL and moral action. Taylor’s (1992) view corresponded to Sparrowe’s (2005) statement that the construct of AL is based on narcissism. Giddens (1991) believed that authenticity feeds more on the power of modern control systems.

#### *Lack of construct maturity*

Since the construct AL currently thrives and grows as a very broad field, in order to control growth sustainably, it requires specific knowledge of its characteristics, states, behavior, contexts, and attributions so that these aspects can be defined and interrogated more comprehensibly (Cooper et al., 2005). Metaphorically speaking, AL as “an agricultural field” contains and is exposed to the most diverse “biological subcultures” as different as the scenarios of leadership are, even more different are the values, cultures, and views of the actors occurring in them. Therefore, the understanding and the fruits of leadership must not and should not be viewed in a vacuum (Ladkin and Spiller, 2013). Finally, leadership requires the investigation of various relational aspects (Peterson and Luthans, 2003).

#### *Insufficient focus on qualitative studies on AL*

Cooper et al. (2005) recommended using qualitative studies in AL research to collect rich and nutritious details rather than exploring AL by quantitative methods (Sparrowe, 2005). For example, case studies could help to consider a deeper analysis of the behavior of executives or those involved in the leadership process, in changing contexts, to discover new insights and findings in relation to AL (Cooper et al, 2005). Others recommended the analysis of life stories, case studies, interviews, even the analysis of long-term observations of executives, or the narrative self-perspective as a leadership biography of leaders, as methods for collecting a case study for future research (Shamir and Eilam, 2005; Sparrowe, 2005). It was also recommended to implement studies that separate the self-perception of leaders’ behavior from how they are viewed by the followers. In this case, researchers must develop parallel evaluation methods (Cooper et al., 2005).

### *Insufficient explanation of influence of a leader toward followers*

Sparrowe (2005) criticized an insufficient explanation on the one hand of how leaders influence, shape, and transform their followers and on the other hand of the issue raised by Luthans and Avolio (2003) of how the behavior of authentic leaders transforms followers into leaders themselves and how this comes about.

The criticisms of AL *per se* and the state of the research in this evolving field synthesized from the literature in this section has influenced the design and the focus of the research undertaken for this thesis. Inspiration from the recommendations of Cooper et al. (2005) to broaden the discourse through the advancement of qualitative studies, as well as calls for publications of interpretive inquiry involving interviews and biographical narratives (Shamir and Eilam, 2005; Sparrowe, 2005) thus underpinned the approaches taken here.

### **2.3.4 The identified gaps of Authentic Leadership**

Tables 5 and 6 provide the main gaps in the five leadership theories presented in the sections above. They highlight that most leadership theories are constructed through the literature and assumptions (i.e., deductive literature) of the authors or through building hypotheses and testing them (i.e., deductive). This researcher could not find any leadership theory which is conceptualized through inductively conducted research. Further, in most leadership theories in the sections above, the primary components of their ideas are based on a single leader and a group of followers, in terms of motivation and influence. To explore the AL process in natural settings will complement existing quantitative research outcomes, contribute to the development and extension of AL theories.

First, in the AL publications used for the literature review, the empirical conceptualization of what leaders' main concerns are and how they can be resolved in different contextual dynamics are missing. The practitioners' expectations of the functionality of a leadership theory such as AL in everyday organizational life could be considered by analyzing the leadership strategies leaders used to reconcile "*goal conflicts, tensions and clashes*" (Gardner et al., 2021:6) i.e., transform an asymmetric board collaboration into an authentic reciprocal one.

Even if qualitative research is time-consuming and difficult to conduct on the highest operational level of leadership related to leaders' main concerns (i.e., asymmetries of

their collaboration), nevertheless such concerns, and their resolution, are the bread and butter of daily leadership processes. Therefore, it is vital to invest in such inductive, theory building studies. Indeed, deductive normative theories reveal information about the causality of factors of a particular leadership theory (Gardner et al., 2011; van Knippenberg and Sitkin, 2013; Banks et al., 2016; Steffens et al., 2016) but do not reveal a strategy to resolve the major concerns of leaders and to understand how a leadership theory manifests itself in natural settings. The resolution strategies in natural settings to transform an asymmetric collaboration into an authentic reciprocal one might help practitioners to prevent scandals. Qualitative, inductive studies can shed light on aspects of leaders' failures in their natural settings and their resolution, and can complete quantitative aspects of a leadership theory (i.e., AL and normative leadership theories). Such qualitative insights could help to avoid criticisms of normative leadership theories in the contexts of certain scandals. For example, such criticisms were formulated when leaders of the Catholic Church, well-known global companies, and governments were perceived as authentic, charismatic, transformational, or servants prior to the public becoming aware that they were involved in a scandal.

<b>Leadership Theory</b>	<b>Theoretical underpinning and objectives,</b>	<b>Key criticisms of the theory</b>	<b>Limitation, Gap, Lack</b>
Authentic Leadership	<p>Sociology, leadership, ethics, and positive organizational behavior.</p> <p>Ownership of who one is.</p> <p>Influence on followers through the perceived authenticity of a leader; positive climate and workplace well-being through increasing authenticity of the leader</p> <p>All theoretical underpinnings are made by hypothesis and based on literature from other authors.</p>	<p>Self, is elevated above others. Is strictly based on the idea of ownership of who one really is without being influenced through others. This points to a contradiction because individuals can only know their true self through the interactions with others. Predefined values and moral aspects- contradict the theoretical objective of ownership of a self.</p>	<p>Mix of different philosophical traditions.</p> <p>Conflation of the concept of authenticity and sincerity.</p> <p>Lack of results which show how authenticity of a leader is affected in a challenging situation.</p> <p>Lack of leaders' contingencies in challenging situations.</p> <p>Lack of what the major concerns of a leader are and how they can be resolved by this theory.</p> <p>Lack of executive board dimension.</p>
Charismatic leadership	<p>Trait theory; organizational leadership literature; rooted in ethics; impression management.</p> <p>Influence on employees for the vision through the charisma of the leader; the courage to face risks</p>	<p>Conceptual flaws, due to ambiguities in the different applied definitions. Lack of certainty over any influencing processes and the impact they have. An over-emphasizing of the one-to-one aspect of interaction and influence.</p>	<p>Impression of the leader and highly focused on his/her communication and presentation skills.</p> <p>Lack of leaders' contingencies in challenging situations.</p> <p>Lack of what the major concerns of a leader are and how they can be resolved by this theory.</p>

<b>Leadership Theory</b>	<b>Theoretical underpinning and objectives,</b>	<b>Key criticisms of the theory</b>	<b>Limitation, Gap, Lack</b>
			Lack of executive board dimension.
Ethical leadership	Philosophy and ethics; leadership literature. Influence on followers by leaders' ethical conduct through transactional actions of a leader. Morally 'sound' modelling of environment by ethical leaders.	Strict focus on normative and philosophical issues. A marked decline of ethical leadership in the context of wider societal and globalized challenges because ethical leadership in real life does not work.	Highly focused on moral aspects, which reduce leadership to ethical narrow rules. Lack of leader contingencies in challenging situations. Lack of what the major concerns of a leader are and how they can be resolved by this theory. Lack of executive board dimension.
Servant leadership	Religion and leadership, demand of ethical and people-focused management. Leaders serve the needs and the 'legitimate' interests of stakeholders and elevate the stakeholders needs above their own needs. Empower, care for, and develop people.	Lack of a common definition. Confusion over operationalization and application in practical terms. Literature is philosophical in nature, not based on empirical research.	Lack of leader's contingencies in challenging situations. Lack of what the major concerns of a leader are and how they can be resolved by this theory. Highly focused on the needs of followers and this diminishes leadership on narrowed romantic notions of ancient religious rules. Lack of executive board dimension.
Transformational leadership	Introduced by Burns (1978) in political leadership context and later conceptualized and developed by Bass; rooted in organizational leadership  Transform the followers through stimulating their consciousness for transformation. Suit the organizational needs and goal achievement through elevating the performance of followers.	Focus on a single leader and individual dimension. The use of influence as an instrument for transformation without the leader accustoming himself toward moral aspects or norms can potentially result in instrumentalizing others for their own needs. Narrow understanding what followers are and risk of narcissistic or charismatic leaders.	Lack of results which show how transformational abilities of a leader are affected in a challenging situation. Lack of leader contingencies in challenging situations. Lack of what the major concerns of a leader are and how they can be resolved by this theory. Lack of executive board dimension.

Table 5: Gaps in the five central leadership theories

Leadership Theory	Key papers of theory; academic or book	Inductive	Deductive or theoretical framework based on literature with hypothesis
Authentic Leadership	<p><b>Book:</b>            (a) George (2003);            (b) Harter (2002)</p> <p>(c) Cameron &amp; Dutton (2003)</p> <p><b>Academic papers:</b>            (a) Luthans &amp; Avolio (2003);            (b) Avolio et al. (2004);            (c) Avolio &amp; Gardner (2005);            (d) Kernis &amp; Goldman (2006);            (e) Walumbwa et al. (2008)</p>		<p>(a) Self-experience            (b) Deductive literature: positive organizational psychology            (c) Deductive literature: positive organizational scholarship</p> <p>(a) Building of hypothesis            (b) Building of hypothesis            (c) Building of hypothesis</p> <p>(d) Authenticity inventory; hypothesis testing; confirmatory factor analysis            (e) Hypothesis testing</p>
Charismatic leadership	<p><b>Book:</b>            (a) Weber (1968, 1947);            (b) Bryman (1993);</p> <p><b>Academic papers:</b>            (a) House &amp; Aditya (1977);            (b) Gardner &amp; Avolio (1998);            (c) Shamir et al. (1998);            (d) Conger &amp; Kanungo (1998);            (e) Grint (2000, 2011);            (f) Antonakis et al. (2011)</p>		<p>(a) Deductive literature            (b) Deductive literature</p> <p>(a) Deductive literature and building of assumptions            (b) Deductive literature and building of assumptions            (c) Hypothesis testing            (d) Hypothesis testing</p> <p>(e) Literature analysis            (f) Hypothesis testing</p>
Ethical leadership	<p><b>Academic papers:</b>            (a) Brown et al. (2005)</p> <p>(b) Brown and Treviño (2006)</p>		<p>(a) Deductive literature, building measurement instrument and hypothesis testing            (b) Deductive literature, building hypothesis</p>
Servant leadership	<p><b>Book:</b>            (a) Greenleaf (1977);            Greenleaf et al.,2002)</p> <p><b>Academic papers:</b>            (b) Laub (1999)            (c) Barbuto &amp; Wheeler (2006)            (d) Sendjaya et al. (2008)            (e) Van Dierendonck (2011)</p>		<p>(a) Essay and assumptions</p> <p>(b) Explanatory factor analysis            (c) Explanatory factor analysis</p> <p>(d) Confirmatory factor analysis            (e) Exploratory and confirmatory factor analysis</p>
Transformational leadership	<p>(a) Bass (1985)</p> <p>(b) Waldman, Bass &amp; Einstein (1987)            (c) Bass &amp; Avolio (1995)            (d) Antonakis, Avolio &amp; Sivasubramaniam (2003)</p>		<p>(a) Hypothesis building and definition of factors            (b) Regression analysis            (c) Multilevel analysis &amp; building of hypothesis            (d) Building hypothesis and MLQ factor analysis, large sample</p>

Table 6: Type of theories and used methods

Through this literature review process and better sensitivity to the gaps in AL and normative leadership theories, this researcher discovered a need for qualitative, inductive research concerning the major concerns of executive leaders from a collective view and how they can continuously resolve them in group dynamics. Further, to consider such gaps in organizational AL theory, this research studied in its empirical part the main concerns of executive board members in Swiss public-sector hospitals and how they were continuously resolved to perform AL. Following the tenets of CGT, this study led to the emergence of PC, a substantive AL theory, thus contributing to the above gaps in the body of knowledge and enhancing our understanding of AL mechanisms employed in challenging situations. PC does not confuse the concept of authenticity with sincerity. Furthermore, the empirical concepts in PC are obtained by the use of inductive data.

#### **2.4 The empirical perspective of Authentic Leadership**

This section is concerned with identifying and discussing empirical studies of AL. The applied search strategy is presented in Appendix A2. The identified studies were born out of either sector-specific or geo-economical contexts and thus presented additional, if limited insights from the knowledge on AL. The breadth of studies is nonetheless considered important. Only through rigorous empirical investigations can new aspects of theory be gained or emergent ideas be built and revised, or otherwise and in so doing, advance the discourse on AL and shape the emergence of the AL theory more broadly. This section establishes that the main research question of this thesis addresses a still remaining gap in the AL field.

Turner and Mavin (2008) noted that the retrospective journey through the leadership history of a leader, core aspects such as drivers, occasions, values, and emotions, should also be examined (Turner and Mavin, 2008). To this end, they undertook an empirical study of 22 British executives. Their hitherto unarticulated individual experiences on the way to becoming a leader were examined in semi-structured interviews with these executives (Turner and Mavin, 2008). Turner and Mavin (2008) employed a biographical approach which they argued helped to explore the subjective reality of executives. The paper offered a rich qualitative mixture of life stories that recount experiences and life events leading to the interviewees' particular leadership positions at the point of interview. They particularly noted the powerful impact of negative events and how those triggered milestones in leadership development. Based on their

study, and supported by the executives' experiences, Turner and Marvin (2008) recommended that this approach should be applied in executive leadership development. The paper could be seen in relation to Driscoll and McKee's (2007) work on the role of storytelling in AL which has been referenced in the section as providing a theoretical perspective on AL. Turner and Marvin (2008) could thus be said to have applied the theoretical concept in an operationalized context and provided a valuable insight from a practice-oriented viewpoint.

The concept of AL development was returned to by two much later studies. Wulffers, Bussin and Hewitt (2016) examined AL development in a three-month rapid mode and concluded that for certain leadership positions it can take countless years, if not a lifetime, for leaders to discover their true and authentic self. It may take even longer to become aware of the triggers and mechanisms of these facets and to master them so that a person can maintain authenticity in his or her leadership task, not only perceived from the outside, but also from his or her own perception (Wulffers, Bussin and Hewitt, 2016). It could be argued that this conclusion pointed to a rather limited efficacy and appropriateness of fast-tracking AL development programs. However, the authors argued that the program in question did show an effect on participants, not least as *"participants became much more relational orientated"* (Wulffers, Bussin and Hewitt, 2016:11). Baron (2016), in contrast to Wulffers, Bussin and Hewitt's approach (2016), investigated AL development over the course of a three-year timespan. His research involved the collation of data from self-evaluation questionnaires at three different points throughout the duration of the course from 143 participants. This was augmented by in-depth interviews with 24 individuals, yielding rich qualitative data. Baron (2016) emphasized that instruments such as action learning, reflection and mindfulness, as well as the constant use of these instruments over a longer period of time, can help to personally develop the skills presupposed by AL and to promote these skills sustainably.

Jones and Crompton (2009) took a slightly different approach. Their particular focus was on exploring AL in small businesses, largely run by owner-managers. A total of eight companies was chosen, all from a manufacturing background and small in size. Jones and Crompton (2009) conducted a series of interviews. The outcome of their study confirmed that AL is more likely to be exemplified in small businesses. Jones and Crompton (2009:344) stated that *"there is also much greater emphasis on "authentic" leadership in smaller organizations in which the leader is far more visible"*. In other words, where the entrepreneur is regularly and more directly interacting with staff members, their authenticity is much more likely to be scrutinized (Atkinson, 2007). Regular contact



between entrepreneurs and their employees is likely to involve genuine interaction rather than purely transactional contact which is limited to the dispersion and monitoring of tasks (Jones and Crompton, 2009). This approach was mirrored by Jensen and Luthans (2006) who investigated AL in small and recently established companies, which were also run by the owners themselves, or where the owners worked in specific roles in these companies. The aim of this study was to investigate the relationship between the perception of the founder as an authentic leader by employees and the attitude and well-being of employees influenced by this perception (Jensen and Luthans, 2006). The results of the study suggested that when the founder of relatively recently-established companies was viewed by the employees as an authentic leader, this can have a positive impact on their commitment to the company and on their well-being. Jensen and Luthans (2006) called for qualitative empirical studies over a longer period of time to examine aspects relating to the causality, strength, and duration of the relationship between the AL behavior of a company founder and the attitude/commitment of employees.

Dimovski et al. (2010) introduced a different dimension through their empirical research by linking the concepts of AL and that of a learning organization. Drawing on earlier definitions of a learning organization (Senge, 1994) they summarized that the key characteristics included the culturally-supported practice of an organization keen to improve its knowledge base collectively and to operate with an openness to experience and learning operationally. Dimovski et al. (2010) showed through their case study of a Slovenian IT company that the learning organization and AL mutually benefitted each other. This, they argued, was due to the fact that AL is influenced in the development of the leader by the transformation of the employees, which draws on earlier theory writing by Walumbwa et al. (2008). Triangulating their in-depth interviews at the company with desk-based analysis of reports and other secondary sources, as well as observations *in situ*, Dimovski et al. (2010) found a strong link between AL and the learning organization and present their findings in diagrammatic form which can be seen in their publication on page 217.

In other words, an authentic leader reflects on their everyday experiences and learns from these situations while classifying their employees, as well as themselves, as learners. The leader strives to develop himself or herself, and the employees, with both parties learning from each other. The interaction with other people and the reflection about it helps us to discover new facets of our behavior, thus developing our authentic self further. Learning influences our way of thinking and contributes to a continual refresh

and rethinking which the authentic leader can utilize for the continual improvements of performance and outcomes.

The concept of AL and its relationship with the learning organization was returned to in a later study by Milić et al. (2017). The study is not only noteworthy for its findings but also for the sample size it drew on. Milić et al. (2017) found that AL moderately and positively influences the affective commitment or the so-called emotional attachment of employees to the company. The results of these authors did not show, as Gardner et al. (2005) or May et al. (2003) had shown in theory, that the moral dimension of leaders had a positive direct influence on the development of effective engagement. The study referred to employees of an industrial company and was not designed at management level. Milić et al. (2017) stated that even if the values and actions of a leader were consistent, but these values were rejected by the subordinated employees, it was not possible for the leader to influence the commitment of the employees. The authors explained this deviation in their study by the fact that the moral perspective of leaders and employees were different in their study and therefore could not be regarded as a driver for the learning organization in what was a transitional economy (Milić et al., 2017). They could therefore not determine statistically-significant effects of AL's moral component on the affective willingness of employees and the AL related transparency on the learning organization (Milić et al., 2017). It is interesting to note that affective engagement in change had a positive influence on the learning organization in the organizational dimension (Milić et al., 2017). They came to the conclusion that the advancement of the learning organization required more than a transactional management system, risk capacity, and networking of employees and external stakeholders in order to build up knowledge (Milić et al., 2017). AL creates trust not only from employees to the leader, but also among employees themselves and can create a culture of commitment so that employees want to stay with the organization because their inputs are incorporated into organizational processes by their superiors and are thus meaningful for the employees. This in turn motivated employees to promote the development of the company because they felt involved (Milić et al., 2017).

On a similar theme of the importance of ongoing truthful and authentic communication, Cavazotte, Duarte and Gobbo (2013) investigated the phenomenon under a different focus, that of safety. The authors were interested in the relationship between AL and occupational safety. Cavazotte, Duarte and Gobbo (2013) confirmed that AL went hand in hand with open communication between employees and superiors (Avolio et al., 2004) and with the general perception of justice and fairness in the company. By finding that

employee safety was promoted by the perception of justice, they were able to show the link with AL through the concept of fairness and justice promoted by AL. Through interviews with 186 employees from 18 companies, Cavazotte, Duarte, and Gobbo (2013) investigated employees' perceptions based on feedback they had received from their leaders. Employing the ALQ (Walumbwa et al., 2008), they augmented it by a set of additional questions pertaining to general questions on conscientiousness and levels of stress they experienced, as well as perceptions of fairness and justice. The results confirmed a demonstrable relationship between AL and the employees' safety performance. Cavazotte, Duarte and Gobbo (2013) concluded that while the results of the research were expected, the importance of their contribution to the discourse could be seen to lie in the empirical nature of the study which, as stated in the introduction on this section, was the key motivation for inclusion in the review in the context of the original empirical research presented here.

Azanza, Moriano and Molero (2013) conducted research that relates to Cavazotte, Duarte and Dobbo's (2013) work due to its focus on safety performance. Aranza, Moriano and Molero (2013) concluded in their study that leaders needed not only to have effective working relationships with their employees in order to develop a safe working environment, but also to create an atmosphere within the team that nurtures the importance of safety. AL, because of its focus on the perspective of relationship building, role design and positive work atmosphere, could thus be concluded to be a valuable foundation within a company for promoting and maintaining a high level of safety climate (Azanza, Moriano and Molero, 2013). Developing their focus further, however, Azanza, Moriano and Molero (2013) drew an explicit link between AL and organizational culture. Drawing on May et al. (2003), and their assertion of AL permeating through an organization with a tangible and measurable impact on culture, Azanza, Moriano and Molero (2013) were able to prove through their empirical research the link between AL, organizational culture, as well as employee satisfaction.

The direct communication and the close cooperation between owner and employee resulted in the fact that the desired company development, goals, and vision could be communicated more effectively to the employees than in larger and anonymous companies as has been seen in Jones and Crompton (2009). The theme of communication was investigated by Men (2014) who explored it from the angle of reputation management by investigating the connection between the communication of an authentic management culture and the internal reputation of a company. Specifically, she investigated the impact of AL and "*transparent organizational communication*" (Men,

2014:254) on the employees' perception of the company. She found that everyday transparent corporate communication, which was characterized by the exchange of a wealth of information, responsibility, and employee participation, contributed to the positive assessment of the company by employees, i.e., the internal reputation. In turn, this high level of transparency influenced the positive external impact of the company through the employees communicating their positive attitude toward the company, which contributed to the company's success. To conduct her empirical research, Men (2014) surveyed a sample of 400 employees at different levels within different companies in the US. Men (2014:265) found that AL had a tangible positive impact on company reputation not least through indirect means by *"nurturing a transparent communication system"*. Men (2014) therefore concluded that companies should develop transparent communication by responding to the needs of their employees and involving them in determining the flow of information in order to provide complete, detailed, substantial, fair and accurate, and timely information to those who need it (Men, 2014). Most importantly, Men (2014) stressed the point that the company was consistent in its statements, values, and interactions and that it acted to show commitment to what it said through what it did. A binding and consistent, strongly pronounced AL promotes transparency in corporate communications and leads to employees perceiving a high degree of fairness on the part of the company (Men, 2014).

Thematically, the study by Stander, De Beer and Stander (2015) built on those that focused on organizational culture and employee satisfaction. Specifically, Stander, De Beer and Stander (2015) explored the aspect of trust and optimism and their relationship with AL. This study was of particular interest because of its context in the healthcare sector. The research was commissioned by the public health authority in Gauteng (South Africa) and was aimed at investigating a number of issues around employee wellbeing and satisfaction in the sector. Stander, de Beer, and Stander (2015) used a sample of 633 employees from 27 hospitals to examine whether optimism and trust in the organization could convey the connection between AL and work commitment. They found that AL was a significant indicator of optimism and trust in the hospital institution. While, according to Stander, de Beer and Stander (2015), no direct link between AL and the work assignment could be derived within the structural model, the authors nevertheless found that when factors such as individual optimism and trust in the hospital organization were included, it became clear that AL promoted the work commitment of employees (Stander, de Beer, and Stander, 2015). They further argued that, for AL to be truly effective, there must be an authentic leader and a conducive and mature work culture. This improved the positive leadership behavior, which in turn promoted the

development and commitment of employees. In order to improve employee optimism, attention should be paid to employee well-being. From an institutional perspective, it was important that increasing employee confidence in public health helps to increase employee engagement. Finally, they mentioned the open communication culture, which confirmed that employees felt that their interests were taken seriously (Stander, de Beer, and Stander, 2015).

The lack of empirical, specifically qualitative, research prompted Gilstrap, White and Spradlin (2015) to explore the self-understanding of AL among a group of 35 leaders within a not-for-profit context. Gilstrap, White, and Spradlin (2015) highlighted the importance of empathy in leadership behavior and demonstrated that this component had the strongest relationship with AL. Theoretical arguments (Mahsud, Yukl and Prussia, 2010; Humphrey et al., 2008; Riggio, and Reichard, 2008; Butler and Chinowsky, 2006) as well as empirical studies (Sadri, Weber, and Gentry, 2011; Rubin, Munz, and Bommer, 2005) showed that empathy generally had a very high impact on followership. With a particular reference to the specificity of non-for-profit organizations, Gilstrap, White and Spradlin (2015:57) concluded that they “*communicate internal and external notions of authenticity through role fluidity, mission identity, authenticity as product, transparency, and making (and measuring) community impact*”. They further argued that because of the lack of role demarcations and fluidity identified, the perceived need for congruence between a leader’s professional and personal life spheres as authentic leaders, pressure could be seen to build in the system in terms of expectations and aspirations to meet those expectations. The significance of their conclusions was that the very notion of authenticity was at times in danger of being sacrificed on the altar of authenticity. In other words, by not acknowledging necessary boundaries between the work persona and the private individual, authenticity across that divide could be considered impossible to achieve. This is a noteworthy concept and, as the authors acknowledged, worthy of further research in the not-for-profit sector and beyond, it could be argued.

It is important that leaders with a pronounced empathy are able to grasp more quickly when they need to be more supportive, encouraging, and helpful toward their employees in order to be able to positively shape the superior-employee relationship, even in difficult situations. This also means that employees can feel comfortable despite a difficult situation (Gilstrap, White, and Spradlin, 2015). Munyaka et al. (2017) also found in their study that the relationship between AL and empathy was significant. Empathy on the part of the supervisor for the employees led to a positive working atmosphere and

contributed to a higher work commitment, such that it could be observed that an employee's intention to resign could be minimized or even completely eliminated (Munyaka et al., 2017).

Following on from the theme of empathy, Pelsler, Bosch and Schurink (2016) explored the concepts of emotionality and panic at moments of crisis. Pelsler, Bosch and Schurink (2016) argued that crises can jeopardize the very existence of the company and threaten the livelihoods of its associates, causing them to panic. They examined how emotionality and panic could be managed in times of crisis, so that companies can maneuver such times more effectively. Pelsler, Bosch and Schurink (2016) argued that an organization's ability to manage panic depended on competencies such as “*authentic leadership, crisis readiness, resilience practices, versatile and committed talent, strategic management, quality management, and coherence actions*” (Pelsler, Bosch, and Schurink, 2016:1). According to the authors, AL was particularly important because modern associates wished to have a trustworthy leadership that was highly ethical in its actions and, last but not least, had emotional intelligence. These qualities ensured that associates reacted positively to the crisis measures taken by their leaders (Pelsler, Bosch, and Schurink, 2016). In addition, it was important that leaders thought about the numerous eventualities of a crisis in order to be able to scenario plan. This in turn contributed to the self-confidence and calm of the leader. The feeling of calm and security also helped associates to calm down in order to reduce their fears and to work in a more focused way again (Pelsler, Bosch, and Schurink, 2016). The authors further added that speed, transparency and accountability, especially when dealing with rumors, were very important in managing a crisis with the help of strong AL (Pelsler, Bosch, and Schurink, 2016). The authors pointed out that this became increasingly important at a time when “*turmoil is becoming the norm*” (Pelsler, Bosch, and Schurink, 2016:9).

Although thematically linked to Jensen and Luthans (2006) and Jones and Crompton (2009) inasmuch as the empirical research was conducted in small companies, this study by Sims, Gong and Hughes (2017) was nonetheless treated separately. This was due to the fact that they investigated the link between AL and leadership and gender identities. They stated that if the adoption of an identity disturbed another identity, an identity disorder occurred. Women in non-classical leadership roles and industries must therefore create a congruence between leadership and gender identity in order to positively shape their perceived authenticity from both internal and external stakeholders. This study determined whether business owners of SMEs experienced interactions between their gender and their leadership identity; because identity

disorders limited the formation of AL, as the leadership gender influenced AL. This study supported earlier studies on role mismatch (Eagly and Diekmann, 2005) as well as research on relational authenticity (Eagly, 2005; Kernis, 2003) and the influence of gender identity on AL (Jensen and Luthans, 2006). However, the authors also found that *“women owners were able to successfully navigate and find synergies among their gender and leader identities”* (Sims, Gong and Hughes, 2017:327).

The final study that was considered in this section of empirical investigations related to the impact of psychological climate as antecedent in the development of AL and also AL development. Petersen and Youssef-Morgan (2018) surveyed 74 leaders in Midwestern companies in the US. They found that when developing AL, the consideration of PsyCap (positive psychological capital) was recommended which tallied with the findings of other researchers (Luthans, Norman, and Hughes, 2006). PsyCap is explained as the *“who you are”*, while social capital is the *“who you know”* and human capital in the context of organizations is *“what you know”* (Larson and Luthans, 2006:78; Böhle 2013). The PsyCap tool contained a development perspective in connection with AL (Petersen and Youssef-Morgan, 2018), so that, according to Luthans and Youssef (2007:335), it could also be called *“what you can become in the future”*. Therefore, in the further development and promotion of the AL culture, companies should be careful not only *“to promote self-confidence, relational transparency, balanced processing and an internalized moral perspective”* (Petersen and Youssef-Morgan, 2018:438), but also all the more to promote the qualities of the PsyCap such as *“optimism, effectiveness, hope and resilience of managers”* (Petersen and Youssef-Morgan, 2018:438).

The empirical studies reviewed in this section have further shaped this researcher’s thinking with regards to this research. Having investigated AL through the three perspectives of business, theory, and empirical studies, the original subchapter about the substantive area of this research provides detailed background information about the Swiss healthcare market in Appendix A3. The significance of this chapter is not only to provide the reader with necessary detail and context but rather to also situate the research presented here and the backdrop for the investigation of executive board leadership in the Swiss healthcare market. Parallels are drawn between examples of the North American and European corporate sectors and the current characteristics of the Swiss healthcare market, which provided fertile ground for the context in the empirical qualitative research presented here.

The following section will explore notions of reflective professional practice and pre-understanding to show the ground that was laid for the original research presented here and the conceptualization in the last section of this chapter. This researcher's own personal and professional experiences were not based on empirical foundations and therefore could not be generalized. At the same time, they were important, particularly when the research in question was concerned with executive board members' life narratives and experiences who all work within the same sector as this researcher.

## **2.5 Researchers' pre-understanding**

In a CGT study as this one, it is vital to reveal as part of "sensitizing concepts" the researcher's pre-understanding as the contextual point of departure for the methodology chapter. This is achieved by attempting to bring together the learning from the literature review and the researcher's own professional practice. "Pre-understanding" is defined in this thesis as a continuum of prior knowledge to the new one. The blending of old knowledge with new knowledge represents the pre-understanding for the next step in learning or gathering experience. In this research process, the pre-understanding is constantly renewed and is understood by this researcher as a continuum that continuously updates the researcher's thinking and decision-making process. This point is mirrored in the methodology chapter by presenting why abduction is key for creative thinking in a CGT study (see Chapter 3.4.3).

Furthermore, this subchapter declares the researcher's understanding of authenticity and elucidates her presumptions as part of her pre-understanding prior to entering the empirical field.

**Bias:** The researcher's pre-understanding, presumptions, and experiences could be perceived as a source of possible bias from the perspective of a post-positivist lens, the quantitatively-oriented research view. In CGT, truth is co-constructed with the participants (Charmaz, 2014). Therefore, the researcher's subjective involvement is essential and is absolutely desired (Charmaz, 2014). As CGT is situated within the interpretivist paradigm, all theoretical results are always understood due to the researcher's thorough interpretation of the data. Furthermore, subjectively made interpretation cannot be assessed by objective criteria (Charmaz, 2014; see Chapter 3). To assess the issue of bias in her data analysis, the researcher wrote memos in the empirical part of this thesis (see Chapter 3 and Chapter 4). The assessment questions for the memos helped the



researcher review her interpretation of the data (see Chapter 4). In CGT research, the reader is introduced to the researcher's background, mindset, and skills to increase transparency. This is also important because coding (the transformation of a raw data segment into a code) is done by this researcher's interpretation. Furthermore, the evaluation criteria for this thesis are included in Chapter 7.

By necessity, this subchapter is thus characterized by a change in tone and proximity. Whereas the previous subchapters were dominated, appropriately, by a researcher's intellectual distance from the subject, this subchapter, in contrast, is concerned with articulating this researcher's understanding in positioning her in the research and the context of the study.

### **2.5.1 Learning from the literature review in professional context**

In this section, this researcher conceptually breaks new conceptual ground in linking biographically-underpinned reflection with the learning from the literature about AL and mediating contexts and factors identified through the Swiss healthcare market's organizational and systemic constraints and characteristics.

Petit and Bollaert (2012) stated that transitioning to AL could counteract the exaggerated pride, self-confidence, overestimation of self, and the sometimes unethical behavior of CEOs. In this researcher's view, most of these behaviors result from insecurity, excessive demands, the motivation to strengthen one's own position of power, and fear. Thus, by becoming aware of their own values, by learning and applying reflective thinking, CEOs can rethink their actions, make wise decisions, and influence their colleagues on the executive board and employees in a positive direction, so that they may also enjoy a higher acceptance among executive colleagues and achieve an improved performance, which reduces the fears and uncertainties of CEOs. Petit and Bollaert (2012) argued further that nurturing the virtue of awe could help prevent or mitigate a CEO's misconduct, because awe helps individuals find their place in the world order and belonging to the community. This researcher found this statement too deeply rooted in studies from the perspective of religion, relating to the theories of Haidt and Keltner (1999). Indeed, authenticity is more about becoming aware of one's own core personality and about being willing to reflect more openly in order to make decisions in a respectful way that are consistent. The virtue of awe, in contrast, involves believing in a higher power for which it is worth putting one's own needs aside in order to serve only the interests of the community.

This is not to say that authenticity in a professional role does not involve a degree of reprioritizing one's own interests and needs. This section now depicts a recent professional experience, in the spirit of a life story of herself in an executive position in the context of AL, that illustrates the struggle, both internal and external, in reconciling those tensions.

Beginning in July 2013 up until today, this researcher has endured a very challenging professional period when she moved with her family to take on the job of director (CEO) of a public-sector hospital. During this phase, this author could hardly afford to become emotional or think long about what to do next or what her needs were. Besides, a critical challenge was that the employer was the largest in the region and thus a prominent role such clinic director or CEO was publicly scrutinized at all times. The researcher thus became a focal point, despite having made as much effort as possible to remain inconspicuous and live according to her own standards.

This public-sector hospital had missed the opportunity to prepare for the new healthcare reforms which meant that valuable time had been lost immediately prior to the arrival of this researcher. This was not only significant in terms of the company's readiness and preparedness but also meant that the focus had to be on trying to regain that loss of time from the outset. Knowing that time is also an important factor in strengthening social relationships between people (see Jensen and Luthans, 2006), this provided for a tense and conflictual context. Time, through its duration, provides the opportunity for executive colleagues to get to know superiors better and to deepen relationships in the workplace. In addition to the duration as a time component, empathy is also an important prerequisite. Personal experience has shown this researcher that a long-standing relationship changes the authenticity of the work colleague or the superior in anyone's perception and improves such perception with regard to his or her authenticity and personality. An understanding of such a person deepens through comprehensive information. This is further developed through shared experiences, arguments, and personal information about this person; their actions and interactions become more comprehensible and consistent for this author. As an incoming CEO under challenging circumstances, and with the remit to deliver a new extension, none of these attributable factors were in place.

Although the previous executive board had been enthusiastic about the public-sector hospital renovation, the new extension appeared to be a replica of the existing old public-

sector hospital with more space, thus not considering what would be necessary in the future. Such essential anticipation of future trends would have been essential, however, in order to efficiently shape processes by means of intelligent infrastructure. After just one month, this researcher realized the adjustments that would be required for the new addition. However, these adjustments would have created an inevitable collision course on multiple fronts with the established executive board members of the public-sector hospital foundation as well as the former senior doctors. Due to lack of time, this incoming CEO had to apply a great deal of pressure in board meetings to get the changes made in time. From the outset, a collision course had been laid for her. "Achieve ambitious growth outcomes and deliver the new infrastructure," she was told, "without much change." This process ended with a thriving public-sector hospital opening and reorganization. It could be seen as successful completion of the reorganization to an outside observer, but this researcher went through an intensive time of lows and highs.

Looking back, the conclusion has to be drawn that the motivation that was considered by this author was the needs of the board of directors (see servant leadership which requires the needs of others to be put above her own), and thus less authentic in terms of her own needs. This circumstance to put others' needs above hers shows why she sometimes felt less authentic and is mirrored by Gardner et al. (2005:345), who stated that authenticity is "*an either/ or condition, i.e., people are neither completely authentic nor inauthentic*" (Gardner et al., 2005:345). With the distance of time, her experience of reflecting about such a life event shaped and changed her behavior in future leadership actions, thus highlighting the transitioning effects articulated in the literature (Petit and Bollaert, 2012).

A further aspect examined in the literature review, specifically in the context of the empirical studies, was that of companies that had been recently established, and were led by the owners or AL in less hierarchical structures (see Jones and Crompton, 2009). This had echoes in the personal professional experience referenced here. At one point, this researcher ran a small owner-managed company in the IT sector that belonged to one owner without investors. In previous positions, and having worked in training in small owner-managed companies, this researcher was able to make observations in the field and draw relevant conclusions. The experience showed that in smaller companies there is a more collegial relationship between the owner, the executive board, and the employee, and a closer relationship is established so that the executive board and employees regard the owner as part of the team and communication takes place without any loss of information. It was also noticeable that owner-managed companies have a

different attitude to personal contribution due to the capital risk borne by the owners themselves. While not generalizable due to the personal nature of the experience, it is nonetheless noteworthy that, since the distance of the relationship in smaller teams is correspondingly small, atypical actions of a member or the owner/manager or a leader are immediately noticed and evaluated (see Jones and Crompton, 2009). Through close cooperation, the relationship is intensified so that mutual acquaintance takes place more comprehensively. In comparison to these small companies, this researcher has found that, in comparatively more anonymous groups, the relationships with the CEO or executive board are more distant due to the many hierarchical levels. Besides, such hierarchical levels are more susceptible to the distortion of information and loss of influence. These experiences mirrored conclusions from the literature in terms of authenticity and perceptions by both leaders and employees operating in a context of AL (Jensen and Luthans, 2006; Atkinson, 2007; Jones and Crompton, 2009).

If the tensions referenced both from the literature and personal experience, and the aspects of time and the size of companies were factors, the realities of working in the context of a large public-sector hospital meant that mitigating factors had to be put in place, specifically with reference to building trust and commitment across the organizational structure (see Stander, de Beer, and Stander, 2015; how trust promoted AL and augmented work commitment). Based on personal experience, this was particularly important when in the course of a comprehensive restructuring of a company that was likely accompanied by job losses. In such circumstances, the atmosphere and climate within an organization are characterized by uncertainty and doubt. Especially during her last restructuring of a public-sector hospital, it was crucial, from this researcher's point of view, and for the success of the restructuring outcomes, to regain the trust of the employees and executive board members (see Pelsler, Bosch, and Schurink, 2016) through consistent and binding communication (see Men, 2014:254; how *"transparent organizational communication"* impacts AL) in order to reduce their uncertainties and also to regain the trust of the local population through the positive word-of-mouth of the employees to the outside world (see Pelsler, Bosch, and Schurink, 2016). As soon as the confidence of the population is negatively influenced by the financial situation of the public-sector hospital in media headlines, the public-sector hospital is frequented less by the population, which amplifies the financial pressures. Apart from truthful and consistent communication, personal experience has shown that AL without strong empathy cannot function sustainably (see Munyaka et al., 2017). In order to feel the unofficial pulse of the staff of an institution in general, this researcher needed to be able to put herself in the position of colleagues across the organization and have a strong

emotional intelligence that gave her an indication of the internal climate (see Gilstrap, White, and Spradlin, 2015; Pelsler, Bosch, and Schurink, 2016). In order to achieve this, she walked through the various public-sector hospital wards every morning and sometimes late in the evening, especially during critical phases of the restructuring, talking to a wide variety of staff and dealing with their everyday and personal worries and the issues that moved them (see Men, 2014: 265; the effect of “*nurturing a transparent communication system*”). In doing so, this researcher had the opportunity to not only perceive the most varied moods, but also to crystallize a conception of the general basic mood, which allowed her to make her decisions in an even better way, in order to create a higher basic motivation for the common project (see Stander, de Beer, and Stander, 2015; work commitment). The employees stated that they greatly appreciated these visits and the accepting of their requests. In this way the author was able to identify where the employees' concerns in this change process were and to reflect on her approach once again. This experience tallied with the literature, particularly with Reeleder et al. (2006), Schmitz and Berchtold (2008a, 2008b) and Glouberman and Mintzberg (2001), which was an important aspect of consideration of the approach taken for the research presented here.

Besides the issues identified around communication, it was also important to reflect cultural issues from the perspectives of literature, experience, and the research. The approach described above in relation to communication also helped to shift the organizational culture which is identified in the literature as a fundamental prerequisite (Reeleder, et al., 2006; Davies, Nutley, and Mannion, 2000). When she took over the management of this public-sector hospital, this researcher noticed that the culture lived by the employees and executive colleagues diverged from the beautifully-documented corporate culture. In order to speak the language of the employees and executive colleagues, it is important to grasp what could be called the unofficial culture in order to better understand the basic emotional mood (see Munyaka et al., 2017; Gilstrap, White, and Spradlin, 2015). In this specific case, the author as a new CEO had the feeling that the employees were not surprised by the measures and could deal with what they expected would occur. Of course, it is very important not to panic when communicating such steps, nor to reinforce uncertainties even further (see Pelsler, Bosch, and Schurink, 2016). That is why it is important to be consistent, effective, as well as empathetic.

A further aspect of organizational culture relates to identity (see Azanza, Moriano, and Molero, 2013), which was brought out in the literature with regards to individuals and their respective roles, as well as those of leaders (Johnson, Cowin, Wilson, and Young,

2012; Crawford, Brown, and Majomi, 2008; Jebri 2008; Randle and Arthur, 2007). Equally importantly, however, the dimension of identity relates to the organization in AL also (see Azanza, Moriano, and Molero, 2013). This researcher's first experience of restructuring a small and seemingly peripheral public-sector hospital, included specific strategy to make the tradition and history of the public-sector hospital visible in all internal and external marketing activities, because the long-standing tradition of a public-sector hospital based on social principles could be said to be linked to the culture of the region. This experience showed that this meant that the population had to deal with the threats of a public-sector hospital closure and the consequences for their region.

In addition to the issues around culture, communication, work commitment, and relationships, there are elements of reflective learning that can be found as key competences in AL theory (see Driscoll and McKee, 2007; Turner and Marvin, 2008; Shamir and Eilam, 2005). The biographical approach helped to explore the subjective reality of leaders through reflective learning and therefore Turner and Marvin (2008) recommend to apply this approach in the development of leaders. Shamir and Eilam (2005) wrote that a biographical approach to AL development was an important tool to achieve self-knowledge, clarity of self-understanding, and the internalization of the leader's understanding of self through the creation of, and reflection on, biographies. By returning to a particular experience and analyzing that situation and comparing it with new experiences, the leader could represent an effective learning situation and help to gain new information from it (see Turner and Mavin, 2008). The book by Craig, George, and Snook (2015) also recommended reflecting on one's own life story and driving events in order to learn new lessons from them, which was an important aspect of the approach taken for the research presented here.

Furthermore, the reflective learning provided instruction about the importance of the role of reflective practice in AL as well as in change management processes. Gibbs (1988) emphasizes the cyclical nature of reflection in a professional context, which means that processes are not linear with a defined start and end point. Rather, reflection processes present an approach which allows one to address immediate challenges but, more importantly, provide the basis for professional learning in the context, as presented here, of AL. An important role is the exchange of experiences and one's reflections in the context of a group in the so-called "action learning set" as experienced in the health sector when the board of directors and public-sector hospital executive board team discussed strategy analysis, and doctors discussed their medical knowledge about complex cases (see Dimovski et al., 2010). In this context, the exchange occurred in an

expert committee and diagnoses or possible strategies were compared among participants, on the one hand, and the theoretical knowledge of medical science or economical results were exchanged on the other hand. The purpose here was to find specific forms of therapy for the patient or to develop a common leadership culture or to form a new strategy, which is also mirrored in the literature in terms of “learning organization in context of AL” (see Dimovski et al., 2010).

Personal challenges featured prominently in this researcher’s life from an early age. These were linked, as they were when re-experienced with her child, to ill-health and resulting tensions and issues. Exploring them in detail here would go beyond the scope of this thesis. However, both an intellectual affinity toward science and science-related subjects, as well as underpinning methodologies, and determination and drive to overcome obstacles have shaped this researcher’s attitudes and beliefs. From an early age, a focus on overcoming obstacles through taking a reflective approach has helped to develop skills and competencies, both personally and professionally.

When confronted by what looked initially like a high, seemingly insurmountable wall, fortified with barbed wire, conscious decisions had to be made as to how to overcome such a wall using one’s own strengths and efforts (see self-awareness and balanced processing by Gardner et al., 2005). However, by taking a few steps back, and metaphorically and actually removing oneself from the obstacle, alternatives became clear and the solution was often shown to lie in walking laterally around the wall. It took more than just theoretical knowledge of how to overcome difficulties and what qualities were needed to be developed in order for leaders to master both personal and professional challenging situations. On the one hand, experience has always been the decisive factor for this researcher, as by mastering many difficult situations, new personal techniques and resilience could be developed to emerge stronger from such situations (see Shamir and Eilam, 2005). On the other hand, the development of reflective thinking was of great importance as well as the synthesizing of conscious actions and lessons drawn from such situations (in relation to others by Sparrowe, 2005). The learning, the self-development, and increased consciousness led to the development of a personal value system (see the internalized moral perspective by Gardner et al., 2005). In addition, certain seemingly negative characteristics, such as impatience, can be helpful in mastering some difficult situations whereas in another context impatience could become a hindrance. As different as the experiences of each individual person are, so will their individual value systems vary. On the meta-level,

common values such as trust, fairness, or honesty can occur but the personal interpretation and ways of implementing them vary from person to person.

### 2.5.2 Researcher's understanding of authenticity

This section explains researcher's understanding of authenticity in line with social constructivism. This was accomplished through analyzing her reflection process about her own thinking mechanism in seeking what is "true" and about when does one know that s/he is authentic/genuine in approaching him/herself in a transparent as possible way.

The personal reflective process of this author reveals that the reflection in itself mimics the reconstructed experienced situation in the thinking subject's mind. One's ego is evolved through experience in life (external and internal formation), and through what strategies this person learned/internalized over time to cope with these experienced situations. One's ego is mirrored in one's behavior, and how successful or effective these behaviors are results in the shaping of one's behavior further. In particular, dysfunctional behaviors of one's ego are less controllable under extreme situations since, perhaps, effective coping strategies in such contexts are not experienced before the internalized dominant coping strategy has taken over. As the focus on oneself can only be done by reflecting, the following section explains how this researcher defines reflection. Only focusing on oneself can answer how authentic a person is; one must know how s/he thinks and reflects.

*"This researcher has interpreted reflection in general as a cognitive activity capable of observing and analyzing in an immediate form one's own actions, perceptions, impressions, and ideas as if in a mirror (as described by Descartes in his mirror metaphor) and doing so calmly at a later point in time, allowing for comparisons to be made on the basis of present levels of experience and knowledge. Based on the researcher's own experience, the author can confirm that there was a so-called external world that was described as an environment or external objects (people, animals, things, knowledge and structures as well as the universe), but precisely these external objects were perceived in the mental activity. Thus, the perception of one's own mental activity—defined here as the mechanical-conscious-technical unity—developed/changed in terms of the underlying technique so that the binary categorizations could not exist independently of one another. Rather, they could be seen as two circles that intersected, the overlapping portion of which altered the underlying technology for producing the content of our mind." (Schaefer, 2016:8). "Reflecting on the mechanical process of thinking (the perception of one's mental activity) changes through the acquisition of new knowledge gained from 'science', experience, as well as the experiences of other people—but also through new knowledge of one's own perception. **How many layers must our thinking traverse in order to become conscious that the knowledge has actually overcome the automatisms of the ego?** Or put more simply, how does the reflecting person know that the perception of his or her thinking is not self-contradictory and corresponds with the truth? Additional questions that emerge from causality regarding this topic include the following: How does one know that one physically exists? Because if one questions everything, then one could also assume that the universe and everything that we regard as existing, including the general reality of our society (which is real in part because of natural laws), is a product of thinking subject to the mental activity of our own consciousness." (Schaefer, 2016:9).*

Box 1: Authors reflection part one



The quality of reflections mirrors the maturity of authenticity in oneself to clarify the personal beliefs, purposes, values, and learnings in that very moment of life. As explained above, it is by identifying that experience, by one's coping strategies in a particular life situation, and the gained knowledge out of this situation that shapes the ego and formation of behavior and evolves one's ego (personality), that shapes, in other words, one's traits, beliefs, and values over time. The ego incorporates one's emotions and these emotions, through an experience in a particular moment, trigger behavior mirrored in one's action. Therefore, in a particular situation, someone's traits, values, or typical behavior are articulated in a specific moment or phase, more or less. Depending on the ego formation through a life-changing event, even one's traits can change, and one will adopt an entirely new coping strategy, which will shape this person's behavior. Therefore, for this researcher, reflection is not static and depends on how this person is affected by him/herself by reflecting on a particular situation. "Affected by him/herself" demonstrates that this researcher experiences having more than one identity, which may be labelled "*parallel personalities*." These parallel personalities are the different selves of oneself and are experienced in inner-self conversations. The following direct citation of her work about self-reflection (Schaefer, 2016:14) will delineate why inner struggles and discussions through reflecting upon and sensing them help to locate the different selves of oneself, and why some leaders will have internal struggles in their professional role and why the other experienced selves arise in these struggles.

*"Thus, without too much difficulty, I am able to act in one of my parallel personalities (as if in an automatized role) in order to meet the expectations of my environment. These parallel personalities sometimes lead to a conflict of interests, which moves me to reflect in different ways and analyze the situation more closely. This type of thinking and acting in parallel sequences, which are detectable in the accumulation as parallel personalities, does not however have anything to do with a disturbed psyche.*

*By perceiving these parallel personalities, I am able to reflect much more consciously and to recognize and analyze the patterns more closely in order to disperse them again if necessary. One must imagine the following: It is as if one were sitting in a large conference room and reflecting and pondering decisions or occurrences. Everyone in the conference room would be like your double and all of them together represent the reproduction of your ego. You yourself would however sit in the room during the meeting and observe your doubles as if observing them through a camera on a screen. Each of your doubles has different arguments and incorporates them into the discussion about the upcoming undertaking or the immediate events. While the round of acquired automatisms or even parallel personalities discuss in this way, you would follow these discussions as through a camera on a screen and be able to continually stop and rewind or fast forward. Another interesting observation that I would like to mention here is namely that, upon closer observation of these doubles, they are not equally strong, so that some of them dominate others. By observing one's own automatisms, a great cleft opens up. This leads to me being able to only comprehend myself externally as an observer following the discussed feelings and impressions of the round. I can bring to mind these feelings afterward but I can no longer describe them in a detailed way, for instance, how rage feels physically in my body. Another interesting observation is that I actually continuously think in parallel sequences and also run through the upcoming future solution approaches or possible resulting situations as a continuation of a given situation 'x' in 'x' possible variations. (...) One can imagine these parallel thought sequences as employees of different departments of a large company who are closely connected to one another. They all work hard simultaneously on different topics and forward the results to me as possible variants. I review them and return them to be reworked in cases of inconsistency or I allow these concepts*

*to be filed or discarded. In this type of thinking, I experience the inflow of such a large amount information originating externally and internally, that it requires a constantly high level of concentration to quickly forward this information to the different departments to store them unprocessed in case of a shortage of resources. (...) I also require a certain degree of pressure in order to be really productive. I am very focused when working on problems under pressure, allowing my brain to check only certain possible solutions instead of the usually high number. This allows me thus to decide more quickly for a variation and to then implement it. The pressure is also perceived like a torch that helps to focus on a limited number of solution approaches.” (Schaefer, 2016:14)*

#### Box 2: Authors reflection part two

This section above explains that the parallel personalities shape one's feelings and sense-making. These parallel personalities incorporate ideals of oneself and, in noting “some are more, and some are less dominant,” explains that some ideals will take the upper hand. And, when the one's idealized self (the dominant one), which builds the strong self-image in a particular moment of time gets violated by the other-selves, one will sense a gap and feel detached from oneself. This identifies a possible explanation of why sometimes one feels more or less authentic. The concept of authenticity is not how others judge us as authentic or inauthentic but how one feels by self-judgement (to be more or less authentic). As explained above, and in line with social or symbolic interactionism and constructivism, one is shaped through the interaction and exchange with the external social world and only through the interaction with the outer world and sensing it is one's ego becoming the one who it is. Further, it is these parallel personalities, how they make sense of a particular situation, and the compromise of how the “idealized self” is perceived or wants to be perceived in a specific moment in time or situation by the one's other selves (partial ego as an observer) that explains the power of the self to evolve, act, and cope with a situation to achieve this idealized self. This explanation further explains the confusion or misunderstanding of authenticity in the AL field. This is because sometimes people misunderstand the concept of self (ego). In addition, one also has parallel personalities in different external roles (being a mother, being a CEO, being a PhD student) at the same time. These different roles and conditions in which these external roles are carried out will be more or less congruent with the parallel personalities. This explains why sometimes one will feel confused or uncomfortable (detached from oneself) by carrying out a role in a particular situation. It is vital to mention that every external role brings its own contextual demands, which require different coping strategies. Being authentic does not mean that one gives expression in a professional setting, in the example of a dying patient in a critical care setting, to his/her “celebration mood” as s/he had learned in the early morning before entering the public-sector hospital that she had passed her exams. If this person prioritizes in her “idealized self” professionalism as a strong ideal, then s/he can carry out his/her empathy to the relatives of the dying patient and his/her employees who treat

this patient in that very moment. This situation can shape his/her mood but does not mean that s/he cannot voice his/her feeling about the successful exams later with her other colleagues in the office or later in a private context to celebrate that event. Even when the feeling of this personal success more empowered the “idealized self” to celebrate it, one’s parallel personalities can compromise in a given context and implement another ideal (showing empathy) which supports exhibiting an appropriate behavior for this particular moment from the view of the self-judged self. This example explains that external professional roles are context-based and sometimes more or less congruent with one’s ideals. Therefore, being authentic does not mean how others perceive a person. Instead, it means how can one represent in an appropriate manner his/her “idealized self” to be perceived or how it wants to be perceived in a particular moment in time or situation by the one’s other selves (partial ego as an observer). Suppose someone carries out a particular behavior triggered by the wish to correspond with the external world and be perceived as authentic by others, then this behavior can be characterized more with the concept of “sincerity” (see Lear and Tangney, 2003). The interaction with the external world exerts requirements on one’s actions, but the power of the self to achieve this idealized self in a particular moment triggers behavior, and if this behavior causes the self to feel uncomfortable, the “self” will be sensed as less authentic by self-judgement. In this evolved understanding of this researcher, authenticity is a concept that refers to the ego’s ability to judge whether the empowered self’s action in a particular moment in time among the other-selves of oneself is perceived as appropriate or not. If the ego is empowered to act to suit the external world in carrying out a role, then it is sincere since the judgement of this ego is made for and through the external world in acting in trueness with this particular external world.

The implementation of the above section on AL requires that these parallel personalities incorporate one’s values which translate the experienced experience of a particular moment in feelings and triggers behavior which is perceived by the actor him/herself and judged to be more or less authentic.

The demarcation between how Gardner et al. (2005:7) understand authentic behavior and this author is that they claimed authentic behavior is present when the leader senses their *“own values and make decisions in line with this core values, beliefs, thoughts and feelings, as opposed to the influence and pressure of the external world”*. Authentic behavior in this author’s view is not in opposition to the external world; it occurs when the ideas and pressure from the external world are processed and weighed against one’s own experience and the filter of one’s own values and aligned with the requirements of

the role in its context. The influence of the external world and how a person copes with this influence results in experience and knowledge in itself and constitutes the self. Therefore, without the influence, pressure, and challenges (negative or positive) from the external world, the self would not actualize, would not sense its own power, and could not develop (positively or negatively). A person develops resilience through taking into account the pressure, influence, and coping mechanisms in such challenging situations and not in denying being influenced by the external world by isolating the 'self' within one's own values and beliefs. Through mistakes and through the external context, replete with all its aspects, a self makes experience.

Rogers (1989:25) supports this author's view: *"experience is, for me, the highest authority. The touchstone of validity is my own experience. No other person's ideas, and none of my own ideas, are as authoritative as my experience. ... My experience is not authoritative because it is infallible. It is the basis of authority because it can always be checked in new primary ways. In this way its frequent error or fallibility is always open to correction"*.

Furthermore, this author's view of authenticity explains why asymmetric values or ideals between external roles (professional role, role in the family and other social groups) and the "self" sometimes results in inner struggles among the other-selves of oneself, which in turn may cause the judging inner-self to feel detached. This point is not arcane rocket science. It is typical for humankind because human beings are influenced and shaped by their external world. And the experience and influence raised by this external world actualize the ego and support its acclimatization to new settings, and every behavior of this ego perceived in the outer world influences the other actors in this external world. Through reflection, a person can find out to what extent the different identities ("value holders"/parallel personalities) are congruent with the professional role and how the idealized self and its power to want to behave according to its own rights matches the expressed professional behavior in a particular moment in time.

### **2.5.3 Researcher's presumptions**

This section elucidates the presumptions of the researcher at the start of this research. The presumptions declared here are distilled from her notes, personal agenda, and experience in leading positions within Swiss hospitals. In a CGT as this one, it is essential to declare the beliefs that have formed the research question, objectives and project. Therefore, these presumptions, prior knowledge and leadership experience are a part of

pre-understanding. In this research process, the pre-understanding is constantly renewed and understood by this researcher as a continuum that continuously updates the researcher's thinking and decision-making process. At the very end of this thesis, the knowledge will be the pre-understanding for the researchers' next research project.

As explained in Chapter 1, the motivation for this study is rooted in the researcher's experience as a CEO of public-sector hospitals in Switzerland. During this period, AL workshops were organized for leaders as members of the executive boards to develop their "authenticity" and to reconcile clashes and conflicts by acting together (i.e., authentic collaboration). At that time, AL practice within executive boards in Swiss public-sector hospitals was understood as the "original lived leadership collaboration" with a value dimension to lead and achieve a goal jointly. Hence, an authentic leader can simultaneously be a servant, transformational, and ethical or constructivist leader. In addition, being an authentic leader does not necessitate doing what other people desire or anticipate for the leader.

Every leadership body has its own authenticity and leadership collaboration style (i.e., substantive AL collaboration). The researcher believes that without the collaboration dimension in a leadership theory, all leadership would become incomplete theories. This is because collaboration is relational and incorporates the interactions and behavior triggered by the values and deeply held principles of different executives, leaders and employees by working toward the achievement of a goal. Hence, an executive board leads an organization jointly through a collaboration mechanism to maximize their and their stakeholders' engagement, toward the achievement of a goal. Thus, AL defined as authentic board collaboration process contribute to the collective dimension of organizational AL on the top floor. Therefore, the researcher believes that authentic board collaboration (i.e., an AL process) can be explored by researching how the members of such boards interact with one another to resolve their major concerns.

Furthermore, the researcher knew from CEOs, executive board members, media, and her observations that public sector hospitals under the control of different governments experienced friction and clashes within executive boards due to the ongoing transformation of fundamental regulatory conditions of the Swiss healthcare market. Such ongoing transformations resulted in personnel changes at the executive level. These clashes resulted in asymmetric collaboration and negatively affected hospital culture and the outcomes of such public-sector hospitals.

Based on her leadership experience and knowledge, the researcher assumes that executive board members want to have a reciprocal authentic (i.e., original, genuine) collaboration within an executive board. This is because the AL process is mirrored in authentic collaboration as the set of reciprocal interactions between two leaders define and determine their relationships; in other words, how their collaboration occurs.

Furthermore, the researcher believes that AL in an executive leadership role is mirrored by how relationships on the top organizational level are cultivated and how such cultivation and such relationships affect collaboration with other colleagues. Furthermore, how their collaboration occurs is how AL manifests in such natural settings.

Therefore, exploring how executive boards transform asymmetric collaboration into a reciprocal authentic one by their resolution mechanisms provides insights about their relationships, as AL is, at its core, about having balanced and trustful relations with the other executive members (i.e., reciprocal authentic collaboration). To explore how executive board members collaborate reciprocally to maximize their and stakeholders' engagement, toward the achievement of a goal therefore sheds light on the unresearched and tacit mechanism of AL.

The researcher knows that leaders' carried out behavior can characterize their leadership. For example, behavior that nurtures a collaboration can be described as functional (i.e., more authentic); the opposite can be portrayed as dysfunctional behavior (i.e., less authentic). At the time when she defined her research interest, she did not know all the different tacit triggers (i.e., reasons as causes and conditions) for the dysfunctional behavior of such executive members within an executive board. Moreover, she did not know how such dysfunctional behavior affects and hinders executive leaders to perform AL. However, she believes that a leader wants in their core to carry out functional behavior and have reciprocal authentic collaboration and, in a situation of friction, intends to transform asymmetric collaboration.

One of the first and vital publications about AL impacted and confirmed this author's view that the core element of leadership is collaboration as it triggers relations. This is mirrored by Avolio and Gardner (2005:332):

*"When the focus shifts to authentic leadership, however, it shifts to the leader's relations with others because all leadership is relational at its core."*

Therefore, the researcher understands AL in this thesis as the genuine or original

leadership performance a person or a group owns and defines it as follows:

**“AL is a process of social impact, to form reciprocal authentic collaborations, which maximizes the engagement of stakeholders, toward the achievement of a goal.”**

The following central presumptions and explanations impacted the design of the research questions and objectives, its theoretical grounding in the AL field, and the choice of CGT for this thesis.

**Central presumption 1:** The researcher believed that asymmetric board collaboration is triggered by the dysfunctional behavior of the executive board members and such tacit asymmetries and that its tacit triggers emerge and can be discovered by studying the executive leaders' major concerns and how they continuously resolve them (i.e., to explore a substantive AL strategy).

**Central presumption 2:** Furthermore, the researcher believes that the tacit mechanisms of AL and its manifestation can be discovered at best when leaders act and behave to resolve difficulties to carry out their main task.

**Central presumption 3:** In terms of executive board members, their main task is to lead the hospital jointly and achieve common goals to cope with the ongoing changes.

**Central presumption 4:** Without resolving the asymmetries in their board collaboration, they cannot carry out their main leadership task “to lead jointly the hospital and achieve common goals”.

In summary, the researcher believes that by studying the transformation of asymmetric executive board collaborations into reciprocal authentic ones, the manifestation of AL within the executive boards of Swiss public-sector hospitals can be revealed.

## **2.6 Conclusion**

The discourse in this chapter moved along a helix structure in terms of this researcher's growing understanding of different aspects and variations of AL, from theoretical, practical and personal viewpoints. Starting out with general readings on leadership, the focus on AL evolved not only because of the stated research aims and objectives, but also because of a personal biographical affinity and its affiliation with some learnings in the empirical review of AL. This was an important process not least because of the distillation of the sensitizing concepts into the three perspectives (Swiss healthcare

market, AL from different perspectives, and the researcher's pre-understanding), as summarized above, but also because of the conceptual interaction with the still relatively new concept of AL and the different normative leadership theories (see Appendix A1) related to AL. Not only was it fundamental to understand what other scholars' conceptualizations have been articulated in determining what AL is, but also in defining a way forward for the research presented here.

One key observation was that the discourse on AL in definitional terms has evolved over the past two decades. This did not happen in an empty space and the review has identified the philosophical roots, largely tied to the concept of authenticity, that go back to ancient philosophy, as has been shown earlier. Equally, there are roots that were identified and shown in the review originating in positive psychology. Early excursions by leadership researchers (Rome and Rome, 1967; Henderson and Hoy, 1983) laid the foundations for what is now called AL. Some authors used the notions of symbolic interactionism to conceptualize authenticity and confused the term of authenticity with sincerity to make their theory operationally measurable (deductive causality).

The review also identified that the renewed interest in AL, both motivationally and rationally, can be situated in well-publicized business scandals of the late 20th and early 21st centuries. The old models of leadership appear to have failed in places. Where they did, they did so spectacularly and at great cost to individuals, shareholders, company reputations, and often the environment.

AL was identified by practitioners (George, 2003) and researchers (Luthans and Avolio, 2003; Avolio and Gardner, 2005; Avolio et al., 2004; Ilies et al., 2005; Walumbwa et al., 2008; Klenke, 2007; Ladkin and Taylor, 2010) who theorized the phenomenon and evolved a definition that set AL apart from other (largely normative) leadership theories. In so doing, it could be argued that, as a consequence, AL is differentiated from other normative leadership theories not by outlining leadership as it should be exercised, but in the actuality of the person, the self, leading. As has been shown earlier, servant leadership, for example, describes how the leader puts the needs of the followers first and, according to Greenleaf (1977), likely started out as a servant, and in doing so, should ensure followers are developed so that they can fulfill their roles optimally. Some of the criticisms of servant leadership, summarized in the narrative of the literature review, focused on ambiguities in the concept and the potential for inauthentic, or even fraudulent implementation of the concept in practice. The literature review also revealed



the notion of augmentation of being applicable to transformational leadership when compared directly to transactional leadership models.

AL, in contrast, takes its prompts and mediating characteristics from a place of value-driven and morally-underpinned leadership. The myriad definitions of AL present relatively weak distinguishing characteristics from each other, and also not clear demarcations from other leadership styles and theories. At the core of the definitions of AL, a focus was identified on the authentic leader acting with full regard to his or her inherent, authentic values and beliefs, but also clarity on his or her limitations and strengths and weaknesses. The quantitative analysis mostly measured authenticity of the leader by his perception by others, which indicates the conflation of the term of authenticity with sincerity. An authentic leader, therefore, can be confused with a charismatic or transformational leader, even though, in all likelihood, the former will display characteristics of the latter two. As only the self-referential dimension of reflection of a leader him/herself can reveal clarity on whether a leader is more or less authentic, some assumptions of AL researchers criticized that AL can be performed in morally vacuous space. As has been shown earlier, charismatic, transformational, or authentic leaders could potentially act in a morally vacuous space, thus, while being charismatic and/or transformational, also be inauthentic. By connecting, or including, the real authenticity of a leader in leadership context, this style of leadership could be employed for ill, as well as good. Leaders who are not authentic, who are, in other words, inauthentic, could, and arguably did, employ transformational and other normative leadership styles in the pursuit of certain goals and objectives, under the guise of assumed motives and values. In other words, an inauthentic leader perceived as authentic by others could lead under a pretense and still achieve positive outcomes. Whether those would could be seen as arguments for the occurrence of business scandals could be questioned in the context of the company scandals referred to in the business perspective of AL.

As the literature regarding the current knowledge of AL has shown, a distinct school of thought has formed that emphasized the significance of biography and story of self in the research (Shaw, 2010, Craig, George, and Snook, 2015; Driscoll and MacKee, 2007; Burke and Cooper, 2006; Cooper, Scandura, and Schriesheim, 2005; Shamir and Eilam, 2005; Sparrowe, 2005). The sensitizing concepts went into some detail in drawing out those links with biography and life events that could be seen to underpin leaders' choices in exercising reflective thinking to evaluate their authenticity. The subsequent discussion

on this researcher's pre-understanding juxtaposed her own professional biography, utilizing two specific examples, in illustrating the impact of biography as understood here.

The current knowledge of AL has been shown to be missing a greater robustness in terms of a broad base of empirical studies to refine dimensions that could be attributed to AL. Most of the empirical studies produced deductive causality (Gardner et al., 2021), rather than new dimensions. Cooper, Scandura, and Schriesheim (2005) and Gardner et al. (2011) specifically issued a call for more research in this area to be conducted, with a particular emphasis on the qualitative aspects of research, rather than deductive studies. This was due, as Cooper, Scandura, and Schriesheim (2005) explained, since earlier leadership research on transactional and transformational leadership, for example, benefitted from initial qualitative approaches in the development of the construct and its domains.

Drawing these different perspectives and dimensions together, led this researcher to the conceptualization and refinement of her research question and objectives in the specific empirical context of public-sector hospital executive board leadership in Switzerland as the point of departure of this research. In order to do so, questions had to be asked about the scope of the research and where it would be situated alongside the wider discourse of AL. Parallels between failures in public-sector hospital management in Switzerland and widely publicized (largely North American) business failures mirrored a landscape in requirement of different forms of leadership (i.e., AL and its strategies to reconcile clashes and tensions). The ever-increasing pressures in the Swiss healthcare market, due, as has been shown, to financial pressures, but also legislative changes inherent in the cantonal and federal nature of Switzerland, have led to high-profile failures and highly personalized scandals involving CEOs and similarly high-profile executive leaders. As a demographic, they were found to be under-researched and under-represented in the AL literature.

The sensitizing concept of this researcher's reflection here built on the elements of contextual pressures and factors in her biography that acknowledged the importance of biographical aspects in the evolution of the discourse on AL. The biographical approach was conceptually rooted in the work of Shamir and Eilam (2005), Sparrowe, (2005), Cooper, Scandura, and Schriesheim (2005), Shaw (2010), Craig, George, and Snook (2015) and took account of emerging empirical work, such as Turner and Mavin (2008), Dimovski et al. (2010), Cavazotte et al. (2013) and others. This researcher drew on lessons from the literature presented here, but also on her own professional and personal

biography to first identify and then articulate and reflect upon assumptions and preconceptions. In addition, she explained, based on her understanding of authenticity in line with social constructivism, why the quality of reflection mirrors the maturity of authenticity in oneself.

Whereas other researchers focused on identifying mediating factors alongside or in conjunction with AL in their empirical studies, such as organizational culture (Azanza, Moriano, and Molero, 2013), transparent communication (Men, 2014) or organizational coherence (Pelser, Bosch, and Schurink, 2016), this researcher juxtaposed the dimensions of the Swiss healthcare market (specific pressures to the healthcare market to do with financial, societal, and political factors), biographical factors in AL in the literature, and her own personal professional cases investigated here.

In the subchapter about pre-understanding, the researcher differentiated between first-hand and second-hand levels of pre-understanding (Ryan, 2011). The two levels were represented through the professional knowledge and experience gained, as was the case in the examples described, and the reading of substantial numbers of publications in the general discourse on AL. Ryan (2011:224) stated that *“the notion of pre-understanding includes knowledge, yet it also implies a certain stance while collecting, analyzing and processing information in your role as a teacher or researcher.”* A certain pre-understanding was achieved through reflection on biographical events and by linking them together with the learnings from AL literature. This process contributed to the increased level of consciousness, embodied by the researcher’s reflections about authenticity. Nyström and Dahlberg (2001) introduced the notion of openness in the context of pre-understanding, which resonated with what this researcher attempted to present in this chapter. Moreover, these lessons and experiences have strengthened the researcher’s understanding of AL and prepared her to research the main concerns of executive boards within the specified context.

The combining of evidence from the literature in terms of the leadership antecedents of AL, and the definitions emanating from the AL literature resulted in addressing the call for further qualitative and empirical research on the executive board leadership dimension in an under-researched context (Swiss public-sector hospitals). The body of knowledge on AL could be understood and situated in the sensitizing concepts, as well as roads to a new inquiry opened, such as in the research presented here:

How does AL manifest within executive boards of Swiss public-sector hospitals?

The next chapter provides the research methodology applied, including, the process and the underpinning data collection and analysis methods, which contribute to the research objectives RO3, RO4 and RO5.

## 3 Research Design

### 3.1 Introduction

As explained in Chapter 1, the aim of this research is to study AL leadership as a social process within executive boards of Swiss public-sector hospitals. Previous chapter situated AL in the sensitizing concepts of a review of AL literature, researcher's reflection on her previous knowledge, professional experience, presumptions and her understanding of authenticity, and an overview and analysis of the Swiss healthcare sector, thus contributing to RO1. This chapter aims to contribute to the research objectives 3-5:

- RO3: To explore the major concerns/challenges and conditions executive board leaders face in public-sector hospitals.
- RO4: To discover how executive leaders (executive board leaders and board of directors) in public-sector hospitals resolve major concerns/challenges.
- RO5: To theorize, based on data insights gained through this CGT study, the emergent substantive AL strategy.

It provides an overview of philosophical paradigms, positioning this research with constructivism (see Appendix B1). Ontology, epistemology, and axiology, branches of philosophy that deal with the nature of being and knowledge, were used to inform, underpin, and devise an appropriate methodology for this research (see Appendix B1). This chapter also describes the researcher's approaches, decisions, and methods to show what impact these decisions have had on the research at hand. A research strategy/design was formed based on the researcher's beliefs and philosophical stance about why, when, where, what, and how data should be collected, analyzed, and presented to the rest of the world. The researcher's views and perceptions of the human world and how to understand it supported the research strategy/design (Saunders et al., 2009).

The chapter further provides general outline of the characteristic features of inductive, deductive, and abductive inference in this research. A discussion of qualitative and quantitative methods is found in Appendix B2, which explains the advantages and disadvantages of each dimension. According to Kelle (2009), qualitative and quantitative methods, which represent two separate traditions in the history of social research, are characterized by mutual demarcation and criticism. A research methodology is an orderly and purpose-directed system for ascertaining scientific knowledge.

The main part of this chapter is devoted to the methods used to collect, analyze and interpret the data, and theorize to develop an emerging theory grounded in data. It concludes with a discussion of criteria used to evaluate a CGT.

### 3.2 Philosophical paradigms

Kuhn (2012) used the word “paradigm” in his work *The Structure of Scientific Revolutions* in 1962 to explain the “worldview” of a researcher (Mackenzie and Knipe, 2006). According to Lather (1986a; 1986b), a research paradigm naturally reflects the researcher’s belief in the world in which she lives and wants to live. It shows the meta-orientation of the researcher’s thinking, in which her abstract beliefs, principles, values—shaped by her life experience, socialization, culture, and environment—are included. This abstract way of thinking of the researcher explains how a researcher sees, interprets, and acts in the world. In the research context, it represents the conceptual lens that allows her to look at and explore the research phenomenon in a specific way. It is essential to describe these theoretical glasses/lenses to understand their results. With the help of these glasses, the researcher examines the research phenomenon, and this guides her through the research process (Guba and Lincoln, 1994). Denzin and Lincoln (2011) define paradigms as human constructions that deal with basic principles and ideas that indicate where the researcher comes from to construct a meaning embedded in data. Paradigms are, therefore, important because they influence the choice of methods as well as the collection and interpretation of results. Thus, a paradigm describes how the researcher constructs meaning from the collected data.

<b>Ontology</b>	<ul style="list-style-type: none"> <li>• What is the subject area of AL in public-sector hospitals; what should be recognized or changed?</li> </ul>
<b>Epistemology</b>	<ul style="list-style-type: none"> <li>• What do I seek to know in the field of AL?</li> <li>• What might I need to learn?</li> <li>• How can my research methods, interviews inform these questions?</li> <li>• How will I develop my interview questions and skills to minimize preconceiving the data?</li> <li>• How do I intend to use CGT methods to shape my interview study?</li> </ul>
<b>Axiology</b>	<ul style="list-style-type: none"> <li>• Can and should science contribute to problem-solving through the leadership of AL in organizations?</li> <li>• To what extent do my values flow into the results of work on AL in public-sector hospitals?</li> <li>• What value should scientific results have for leaders and public-sector hospitals?</li> </ul>
<b>Methodology</b>	<ul style="list-style-type: none"> <li>• What kind of scientific tools/methods should I conduct which are relevant to the research objectives?</li> </ul>

Table 7: Research philosophy

### 3.2.1 Anti-realism and anti-positivism

Major differences in research philosophy exist between the natural sciences and the social sciences. Research in natural sciences tends to prosper under an epistemological account that posits realism, the mind-independent existence of an external world, and a correspondent theory of truth. In the social sciences, truth is inevitably less objective. Different leaders will have various reasons for adopting leadership strategies. They pursue different aims for their public-sector hospitals as well as for themselves. Focusing on the individual intentions of different social actors and different public-sector hospitals while attempting to synthesize meaning from personal standpoints offers an understanding of reality that contrasts with realist and positivist epistemological accounts. Both realists and positivists<sup>6</sup> believe that the world can be described objectively (Boyd, 1983; Devitt, 1997; Kukla, 2013; Psillos, 2009, 2005; Smart, 2014). Such a paradigm, however, does not necessarily reflect social reality.<sup>7</sup>

The variety of personal aims as well as of different public-sector hospitals' goals makes it very difficult, if not impossible, to formulate general laws concerning the reasons that healthcare institutions should create a shared leadership understanding. Furthermore, realist approaches deny the influence of the researcher, her theoretical assumptions, her perceptual training, and her experience of the social world.

However, investigating the behavior of social actors means that the investigator becomes a participant in the research, whose bias, methods, or interactions with other participants may all influence the results. Hence, the social world is not independent of the researcher's mind.

### 3.2.2 Critical theory

Although the holistic idea of critical theory, the intention of having a practical impact on society, is not a direct aim of this study, it can provide insights that inform and help form its methodology. Two points are especially worth noting. First, critical theory allows for a plurality of methods and seeks to unify them to give appropriate weight to the merits of

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<sup>6</sup> The positivist view sketched here includes post-positivism, for the latter is an amendment of the former and differs only with regard to the emphasis on fallibilism, the serious doubt concerning the possibility of ever actually possessing true knowledge of the world, and the notion of describing scientific theories as well-justified conjectures rather than beliefs. However, the core features of positivism are shared by post-positivism: true knowledge is preferable and theoretically possible, a correspondence theory of truth, the existence of a mind-independent external world, and the rejection of most sorts of metaphysics (Philips et al., 2000; Popper, 1935).

<sup>7</sup> Recall though that these views can be right with respect to the natural sciences.

each (Habermas et al., 2015; Horkheimer and Adorno, 2002). This pluralism implies that different methods hold legitimacy and that researchers may explain unique cases differently. A focus on qualitative methods does not forestall the possibility of applying quantitative methods where this is appropriate. The variety of methods available and the possibility of the coexistence of different explanations for social phenomena do justice to the fundamental epistemological paradigm that guides this project.

Second, critical theory emphasizes the difficulty of finding a middle way between an observer who is not at all involved in the social practices that she is investigating and a pure participant who maintains insufficient distance to the object of her studies to gain viable insights (Rorty and Rorty, 1996). Neither extreme can be a successful strategy in this study. It is of importance to incorporate the subjective perspective of the individual to explain the individual's behavior adequately. Still, at the same time, one should not be overly subjectivist because that would render it impossible to achieve empirically-adequate results. Critical theory addresses this dilemma seriously. Finding a credible and consistent way between the extremes is relevant to the present research.

### **3.2.3 Constructivism paradigm**

According to Clarke (in Bryant and Charmaz, 2019:5), there is no one “*true*” reality in the constructivist way of thinking. The purpose of applying the constructivist paradigm is to understand the subjective world of human knowledge (Guba and Lincoln, 1989). Constructivists are interested in entering the mind of the persons/groups to be studied and to understand and interpret what the participant thinks and how he/she acts (Kivunja and Kuyini, 2017). Constructivist researchers try to understand the point of view of the subject under observation (Kivunja and Kuyini, 2017). In constructivist research, the theory does not precede but follows investigation (Kivunja and Kuyini, 2017). It is mainly based on the data generated and is consistent with the CGT (Charmaz, 2014, 2006). According to Adu (2019), all the interpretative paradigms, such as constructivism, mainly accept the assumption that multiple realities are perceived, as influenced by our past experiences and present happenings (Adu, 2019; Creswell and Poth, 2016; Charmaz, 2014). Researchers and research respondents have different life histories and cultures, as well as different experiences and social backgrounds. These diverse backgrounds allow us to see and understand the world through personal glasses and to interpret the events in it in different ways. These different experiences shape our knowledge and identity in varied ways. Consequently, when we apply a qualitative method, we allow the research participants a space in the framework to describe their experiences and the



meanings they make of them (Adu, 2019). The researcher, the respondents, and the research phenomenon are subject to mutual influence.

The subjective experience of the researcher directs a qualitative study. The *“researcher decides what to study, who to talk to, what kind of questions to ask the participants, what documents/artifacts to look for, how to analyze the data, and how to tell the participants’ stories”* (Adu, 2019:6-7). Such knowledge about respondents guides the researcher on how to use the data. Moreover, the curiosity and thoroughness of the researcher allow him in the data analysis process also to discover any new aspect that is unexplored. For example, two researchers studying AL may have two different focuses, as they may have different experiences of leadership. In this way, our experiences show us how to interact with our data and which aspects of the data to emphasize (Adu, 2019; Charmaz, 2014).

Results are based on the context: *“The context in qualitative research includes, among other things, the research location, the situation, the history and the characteristics of the participants”* (Adu, 2019:7). The context helps the reader to grasp the circumstances better and to establish transferability. Therefore, brief descriptions of the research participants, accompanied by quotations, create a more in-depth insight into their stories. In this way, researchers can transfer interpreted results to similar contexts (Adu, 2019; Charmaz, 2014, 2009).

Constructivist research is, thus, based on four pillars: 1) subjectivist epistemology, 2) relativist ontology, 3) naturalistic methodology, and 4) balanced axiology (Kivunja and Kuyini, 2017). Subjectivist epistemology means that the researcher determines the meaning of the research data (Kivunja and Kuyini, 2017; Charmaz, 2014). Punch (2013) states that the researcher socially constructs knowledge by integrating his subjective experiences in the real research field during the social investigation. The constructivist researcher and the subjects to be studied interact with each other during the data gathering process, so that research data are exchanged, discussed, questioned, heard, read, written, and recorded (Punch, 2013; Chalmers et al., 2009; Kivunja and Kuyini, 2017). The second pillar of relativistic ontology holds that the field of research has multiple realities that researchers can explore and reconstruct through human interactions between themselves and the research respondents (Chalmers et al., 2009; Kivunja and Kuyini, 2017). The third pillar of naturalistic methodology is that the researcher gathers the generated data through interviews, exchanges with the research respondents (for reflection), telephone calls, and text messages (Kivunja and Kuyini, 2017). The researcher is in the role of the participating observer. Lather (in Lincoln and

Denzin, 2003:191) states that “*catalytic validity*” (Reason and Rowan, 1981:240) refers to the degree to which the research process re-orient, focuses, and energizes participants in what Freire (1973:3) terms “*conscientization*,” which means both knowing reality and transforming it. Thus, all potential sources of subjective distortion are explained and highlighted as reflexivity in the researcher’s memos (Charmaz, 2014; Kivunja and Kuyini, 2017). This act of the “*reflective participant*” creates an analytic distance so that the research is guided by the data from the research field and not by personal preferences or preconceived ideas (Charmaz, 2014; Carr and Kemmis, 2003). The fourth pillar of balanced axiology explains that the results of research reflect the values of the researcher and try to create an impartial report on the results (Kivunja and Kuyini, 2017).

In constructivist research, the requirements of trustworthiness and credibility replace the positivist criteria of validity and reliability (Guba, 1981). These criteria are well accepted and applied by many qualitative research scientists (e.g., Merriam, 2009; Erlandson et al., 1993; Silverman, 2005; Bouma and Atkinson, 1995). Guba (1981) used the criterion of credibility to describe the extent to which qualitative data analysis can be carried out with trustworthiness. According to Merriam (1998), credibility refers to a researcher’s ability to determine whether the results constructed by the researcher and the research participants are conclusive. Guba (1981) described dependability as the ability to find similar results under similar circumstances. Constructivist research focuses on human behavior and research (Guba, 1981) and considers human behavior variable and contextual, making several interpretations of reality possible (Guba, 1981). According to Guba (1981), it is therefore vital that the researcher can ensure that his conclusions and interpretations of the results are based only on the data collected for the research, “*to ensure as far as possible that the results of the work are the result of the experiences and ideas of the informants (research participants) and not of the characteristics and preferences of the researcher*” (Shenton, 2004:72). Lincoln and Guba (1985) explained the criterion of transferability by the goal that the data are coherent and logical, consistent/dependable, and comprehensively explanatory so that the reader of research results can relate them to their personal contexts.

### **3.3 Constructivist Grounded Theory (research strategy)**

The different paradigms and their nuances discuss different realities and knowledge that underpin their specific research approach. The choice of a research paradigm, therefore,

also influences a study's methodology (Crotty, 1998; Somekh and Lewin, 2011). In addition, the kind of research questions and objectives to be addressed in a study also influences the type of research method one plans to use. Consequently, the research methodology is concerned about how best to study the particular research site and how to undertake data collection and analysis (Crotty, 1998; Somekh and Lewin, 2011). So, one can explain methodology in terms of the research tools, rules, principles, theories, and values underlying a given research approach. Hence, it is all the more critical, in interpretivist research, that the chosen paradigm, the methodology, and the methods used are logically consistent. The research method selected for this thesis is a CGT in line with Kathy Charmaz's (2014) version of the GT method, and the overall research design is that of qualitative inquiry (Creswell and Poth, 2016).

Constructivist GTM aims at developing theory. It starts with inductive data collection and systematic data analysis, and then continues to develop theoretical concepts with the aid of inductive, deductive, and abductive thinking. Inductive analysis is the principal technique used in the grounded theory method. Constructivist GTM *"is inductive because the preliminary theoretical concepts"* are adopted based on the data, "which, in turn, provide a space for the abduction of ideas" (Khanal, 2018:3; Charmaz, 2014). In other words, *"Inductive analysis means that the patterns, themes, and categories of analysis come from the data; they emerge out of the data rather than being imposed on them before data collection and analysis"* (Patton, 1990:390, 2014). The best possible option or assumption is made possible by the abductive thought process (Charmaz, 2014). This step, in turn, opens the way for deductive thinking (in the imagination of the researcher) to compare and test the proposed insights generated from the inductive process with further data and provisional categories. According to Charmaz (2014:12), constructivist GT method uses the *"inductive, comparative, emergent, and open-ended approach"* of the original version of GT (Glaser and Strauss, 1967) and the iterative logic in line with Strauss approach and his view on the action and meaning inherent to the pragmatist tradition.

The original GT method developed by Glaser and Strauss (1967) has been amended into advancements several times. Through the development of research paradigms and the acceptance of Interpretative Inquiry Research in international academic research, Charmaz (2000, 2008, 2014) developed the classical GTM into a constructivist GTM and made it socially acceptable (Bryant and Charmaz, 2019). The constructivist GTM was created to overcome the criticism about previous versions of GT (see cited in Charmaz, 2014:12; Conrad, 1990; Ellis, 1995; Richardson, 1993; Bryant and Charmaz, 2019) and

to resist *“mechanical applications of it”* . The chief critics of the previous GT method considered it *“an outdated modernist epistemology”* that *“relied on the authoritative voice of the researcher, blurred difference, and uncritically accepted enlightenment grand meta-narratives about science, truth, universality, human nature, and world-views”* Charmaz (2014:13). Charmaz (2014:13) highlighted that *“such critics melded the grounded theory statements with the originator’s early statements and usage of the method.”* Therefore, Charmaz (2014:13) advised that the researcher can use GT instruments *“without endorsing mid-century assumptions of an objective external reality, a passive, neutral observer, or a detached, narrow empiricism”* .

The constructivist GT method gives priority to the studied research phenomenon and creates data and analysis as a result of shared interactions between the researcher and respondents (Bryant and Charmaz, 2007, 2010, 2019). It focuses on why research respondents construct meanings and actions in specific situations and helps to inform the pattern of the social processes within a particular context (Charmaz, 2014). Constructivist GT researchers widely interpret their data as abstract concepts that nourish their theory construction and make their end version of the emerged theory grounded in data (Charmaz, 2014). The other four qualitative inquiry approaches prioritize the description of individuals or people’s experiences, their assumptions, their beliefs, and the relational systems of their cultures (Charmaz, 2014).

Charmaz (2014:42) argued that *“the iterative logic of grounded theory aids in overcoming several ethnographic problems: accusations of uncritically adopting research participants’ views; lengthy unfocused forays into the field setting; superficial, random data collection; and reliance on stock disciplinary categories.”* The constructivist researcher can theorize *“‘why’ questions, although the ‘why’ might emerge with the ‘how, which aids the understanding of deeper connections of experience, hidden patterns, and differences between respondents’ purposes of action, and the highlighting of invisible reasons for power or hierarchies of it, and possibilities that support and serve such events”* (Clarke, 2005; Charmaz, 2014:240). The CGT methodology was best suited for this research project because it is a reliable methodology for emerging research areas such as AL, which is currently characterized by a lack of academic, empirical, and practical understanding of AL in the context of Swiss public-sector hospitals (Charmaz, 2014; Glaser and Strauss, 1967; Corbin and Strauss, 2014). Further, this method was best suited to build a substantive theory as the research objective five aims to do. A detailed overview of the reasons why this method is adopted is explained in detail in Chapter 1.

Charmaz (2014) explained that the so-called “*sensitizing concepts*” give researchers initial but tentative ideas, raise questions about their topics, and thus represent the starting point of the research trip, not its arrival point. The starting point of general concepts for interviews helps researchers to sketch the rough interests of a study (Charmaz, 2014; Blumer 1969). The review of the existing literature supports the researcher in presenting the theoretical framework within the subject area studied to form a robust conceptual framework and achieve the first research objective: to understand and synthesize the current state of knowledge on AL in organizations (Charmaz, 2006). A clear demarcation can be drawn between what other researchers have found and the new results of this current research.

Bryant and Charmaz (2007), Charmaz (2006, 2014), and Corbin and Strauss (2014) all believed that the researcher might already have knowledge of a multitude of literature and existing theories in connection with the research phenomenon. Charmaz (2006, 2014) even wrote that the researcher should encounter the specific object of research with his already existing experience and knowledge. The question of theoretical sensitivity to the particular objective of a research study is inevitable since one should pay attention to the existing literature (Charmaz, 2006). The review of the literature should help to identify gaps in existing works, to embed research in its specific scholarly background, to expand on current theories, and to conduct and critically deal with the resulting discussion, including an analysis of earlier works. Appendix B3 delineates the historical background of grounded theory and the differences between objectivist GTM and constructivist GTM (see Appendix B3).

Since the author wanted to find out how the leaders in the Swiss public-sector hospitals understand and apply “AL within executive boards”, she conducted interviews with the participants. According to Mills et al. (2006a), in-depth constructivist GT interviews become a “*place of the construction of knowledge, where clearly the researcher and the informant produce this knowledge together*” (Hand, 2003a:17). Mills et al. (2006a) and Charmaz (2014) advocate non-hierarchical intimacy, reciprocity, the open exchange of ideas, and negotiation, which includes the consensual agreement on the place and time of the meetings between the researcher and the respondents. With the CGT methodology, the researcher can bring in and reflect on his knowledge and views (Mills et al., 2006a), which creates the opportunity, as in an executive body, to exchange opinions openly in order to intensify discussions when the research phenomenon makes this necessary. For Charmaz (2014), it is central that the researcher constructs the

emergent theory based on the gathered data through active interaction between the researcher and the research respondents. A CGT recognizes the interactive nature of both data collection and analysis, resolves recent criticism of the method, and reconciles positivist assumptions and postmodernist critiques (see Appendix B3). Moreover, CGT fosters the development of qualitative traditions through the study of experience from the standpoint of those who live it.

In the current research, the researcher used intensive interviewing as the main data gathering method (formal and informal interviews and conversations and follow-up conversations with the research participants). She conducted 20 in-depth interviews, 7 follow-up interviews, and 35 informal interviews throughout different phases, which included purposeful sampling (initial phase), and theoretical sampling in an advanced phase of data analysis conducted for the sharpening of the theoretical categories and data saturation. The empirical context in which interview data were collected was the acute somatic public-sector hospitals in Switzerland. NVivo software was used for data analysis (initial and focused coding process). Memo writing was also used as an instrument of constant comparison to guide the researcher's reflective thinking about her data, to enrich the initial codes, to aid as an instrument in drawing abstractions from the initial codes, to construct and develop the emergent categories and so-called leads, and to abstractly subsume the emergent leads in theoretical concepts. Another instrument, theoretical sampling, was used to overcome the problems of data saturation.

Based on the written memos, the major categories were developed into theoretical categories. Then, the conceptual definitions derived from the memos became saturated. The aim was to analytically examine and define the focused codes and their interrelationships and properties and to determine the definitions of the theoretical categories based on these interrelationships. The memos were used to develop the analysis of the data into theory blocks and, at the same time, they recorded the researcher's reflective thinking about the data. The memos created for this research included entries like a diary, which contained the researcher's thinking and analysis process as well as ideas, questions, and comparisons. It was important to record these conceptual definitions of the theoretical categories in narrative form to achieve more abstract levels of analysis and theoretical codes are used to integrate the concepts into a theory.

Writing memos also gave the researcher the opportunity to capture and record her assumptions about the above comparisons and then to hold new ones to test those

assumptions in the next interview (Charmaz, 2014), but without steering the respondents in the direction of these assumptions. This procedure corresponds to the iterative character of constructivist GTM. In the memo writing, information from the interviews was included as evidence of the analytical ideas, as noted, but the aim was not to present the biographies of the interviewed executive leaders (Charmaz, 2014).

Another relevant and important element of constructivist GT is abduction. As Fischer (2001:3) explained, “*constructivist thinking considers abductive inference to be the only knowledge-generating mechanism.*” Abduction is used as an important principle in the analysis of focused codes and theoretical codes; due to the nature of induction, induction alone is not sufficient to draw conclusions from the research process (Flick, 2018). Since neither deduction nor induction in the process of focused and theoretical coding is conclusive, abduction is necessary for refinement of the main categories, theoretical codes, and to construct the theory out of them (Charmaz, 2014).

A theoretical sampling instrument was used in the second and third phase of this research to make the conceptualization of the theoretical categories more robust and to complete the relationships between their properties. Furthermore, the theoretical sampling was carried out with the aim of consolidating theoretical categories. Theoretical sampling was not conducted to investigate empirical topics nor to search for repetitive patterns to achieve generalizability, as it would be used in quantitative studies (Charmaz, 2014). Theoretical sampling also led to saturation of the data (Charmaz, 2014). Bowen (2008:140, cited in Charmaz, 2014) identified theoretical sampling as a tool for saturation, as does Charmaz (2014:90), stating that the researcher does not use this approach to look for “*generalizability*” or “*representativeness*” but is focused on the adequacy of the sample.

The last part of this research included theorizing from the perspective of an interpretive orientation:

*“A theory states relationships between abstract concepts and may aim for either explanation or understanding”* (Thornberg and Charmaz, 2012:41).

The building of the theory of PC was based on an interpretive orientation toward theory building and not on positivist orientation, as the truth is provisional. The researcher assumed that we all build our personal realities and, in contrast to radical constructivists, that the subjectivity of her mind could interpret the multiple existing meanings of social interactions. This type of theory formation weights the researcher’s abstract

understanding and assumes that the phenomenon under study can be theorized through the researcher's interpretation (Charmaz, 2014). Such theories are characterized by "*indeterminacy and do not strive for causality*" as is the case in positivist theories (Charmaz, 2014:230). Many perspectives—such as social constructivism, symbolic interactionism, and phenomenology—contain interpretive theories. The goal of such theorizing is to understand the meanings and actions of people, how they are experienced, and how they are constructed (Charmaz, 2014).

### **3.4 Data gathering and analysis**

To explore and interpret the leadership stories incorporating their richness of aspects, events, and indicators of public-sector hospital executive leaders, and to build an emerging theory about the specific AL process within executive board in a public-sector hospital context, the necessity of analyzing these leadership stories in their natural context came up. This researcher conducted 20 intensive and in-depth formal interviews (purposive sampling), seven follow-up interviews, five informal interviews (politicians) and 30 informal conversations (30 executive leaders), throughout three phases, which included theoretical sampling in an advanced phase (2 and 3) of data gathering and analysis to make her theoretical categories more robust and sharpen their properties. The number of executive leaders interviewed was less important than the criteria of the saturation of conceptual categories and their robustness (Charmaz, 2014). Therefore, the number of interviews followed the requirements of saturation. The empirical context from which interview respondents were collected was the public-hospital sector in Switzerland (see Appendix A3). The different interview respondents (see Tables 7, 8, and 9), the interview settings, and the data collecting phases are described in the next section.

Memo-writing was used as an instrument of constant comparison and reflective thinking about the data, to enrich the initial codes, to aid in making abstractions from the initial codes in order to construct focused codes, to develop new categories and so-called leads, and to subsume the emergent leads into theoretical concepts (major categories and theoretical categories) abstractly. The researcher used theoretical sampling to overcome the problem of data saturation (see Figure 2).



### **3.4.1 Data gathering strategy**

Mainly, within qualitative CGT studies, the sampling of respondents takes place through purposive sampling, followed by theoretical sampling (Charmaz, 2014). In other words, the researcher makes decisions about the interview candidates who participate in the study sample based upon criteria like specialist knowledge and their willingness to join the study. Theoretical sampling is mainly used in further data gathering stages when respondents' experiences enrich the researcher's understanding of particular aspects of the studied phenomenon of interest (Glaser, 1978; Charmaz 2014).

Purposive sampling was the preferred method (at the beginning) of this research for recruiting the best executive leaders who could address the informational necessities driven by the research objectives three and four of this constructivist GT study (Charmaz, 2014). Purposive sampling was also recognized as the most effective method when this researcher decided to study with experienced experts, especially AL within executive boards (Palinkas et al., 2015). The first five executive board leaders in Swiss public-sector hospitals were purposively sampled. A further 15 formally and 35 informally met executive leaders were theoretically sampled for their ability to improve the understanding of the AL within executive boards and to confirm the emerging theory of PC.

Intensive qualitative in-depth interviews were chosen as the primary data collection strategy in this research, as they were particularly well-suited to constructivist GTM. The GMT and the intensive, in-depth interviews are conducted using an open, unstructured, qualitative approach, and yet they are also focused and allow for systematic analysis of emerging issues to form interpretations (Charmaz, 2014). Through these criteria, this strategy of data gathering facilitated open access to the experiences of the executive leaders of this study. It allowed this researcher to focus on the topic and provided her with an interactive setting for the interviews, which she conducted to learn the views of the various executive leaders from different perspectives and to analyze its facets in more detail. In this way, direct control and construction of the data were achieved, which is not possible with other qualitative survey techniques (Charmaz, 2014). As a result, this researcher was able to maintain a good overview of her emerging theoretical ideas from the interview material (data). The intensive interviews produced in this work led to an exciting exchange of ideas.

In their conversations with the researcher, some executive leaders found new dimensions of an already-experienced leadership event and were able to extract new conclusions from it themselves. Where such new dimensions appeared, the executive leaders had the opportunity to reassess them, which they did, and this provided valuable information for this area of analysis in this study. The interviews were lively when the executive leaders took time to reflect on a particular episode of leadership or detail. The discovery of new aspects helped both the executive leaders and this researcher to understand them in their original context better. These intense conversations created a flexible framework to make such key concepts visible for both sides and to discuss the questions that arose in the interviews. The flexible framework helped the researcher to focus on her goal of learning what is happening in the field (Charmaz, 2014) and to examine herself in order not to pursue her personal preconceived opinions but to follow the content of the interviews. In studying the interview data, she produced ideas and questions that formed the basis of her questioning intentions in the next interviews. This purposeful collection of data through interviews supported her in developing analytical concepts, filled in the gaps regarding the relationships between theoretical categories, and sharpened the analysis.

Dey (1999) and Glaser and Strauss' (1967) criticism of GTM in the final stages of its development was that it focused only on working out categories without the involvement of the respondents (Charmaz, 2014). For this reason, the last phase of data gathering included the executive leaders (Charmaz, 2014). All discussions took place on an equal footing, and the researcher took care not to dominate her respondents (Charmaz, 2014), as she was aware that she could only obtain useful data through mutual appreciation, mutual respect, and mutual trust. The researcher did not set any time limits in the interviews, since such an intervention can create a false image in the other person (such as this researcher is not sufficiently interested in the leadership stories of the executive leaders), which can destroy trust, respect, and appreciation. It was crucial to this researcher not to treat these executive leaders like guinea pigs in a laboratory, but to show them the respect they deserved.

The interviews aimed to elicit the story constructions out of the executive leaders and to crystallize them. To achieve this aim, this researcher paid attention to the definitions of the executive leaders and how they made their connections to aspects of their descriptions, rather than on how she would define these aspects herself. Such attentiveness was essential to experiencing the personal demarcations of the executive leaders, as each executive leader constructed and demarcated his or her definition from

his or her own experience (Charmaz, 2014). It was precisely these boundaries and their elaboration that revealed the differences between participants (see Charmaz, 2014). These were precisely the interesting contents that enriched this work. The elaboration of basic social processes during the interviews required an elevated level of attentiveness from the researcher. The constructivist GT, with its iterative loops, helped the researcher to improve her technique's mindfulness during the interviews and the appreciative extraction of information about even difficult events in the participants' leadership experiences. It was an excellent learning process, from which she could also draw for her professional life.

Theoretical concerns were given more weight than the complete recording of biographies (see Charmaz, 2014). Still, nevertheless, the care of the executive leaders and what they wanted to say to this researcher was not neglected. The data were analyzed carefully and accurately, and follow-up interviews were held whenever there was any uncertainty about the content or there arose additional questions. Also, attention was paid to the criteria of "theoretical plausibility," "direction," "centrality," and "appropriateness" (see Charmaz, 2014). Memos were prepared, the method of constant comparison was applied, and the memos were sorted. Memos supported the process of reflection, and thus this researcher noticed whether her preliminary constructs were plausible or not. Memos also illuminated the development process of these initial constructs. The increasing densification of the categories nourished the theoretical plausibility of the preliminary constructs. By pursuing this course, the preliminary constructs gained in importance. And as mentioned above, the adequacy of the preliminary constructs became visible through constant comparison.

Furthermore, the use of the instruments mentioned above prevented the researcher from being misled by the vast amounts of data or from drawing false conclusions from the preliminary categories. Some of the statements made by the leaders were similar, and other interesting statements were made only once. The patterns discovered, the formation and weighting of categories during the coding and analysis process (occurring simultaneously), and the recording of the researcher's thoughts about this process all influenced which questions were asked in the next interview. Thus, the open-ended questions were guided by the previous analysis as well as the content captured during the interviews, which helped the researcher to assess the adequacy of the categories (see Charmaz, 2014).

### **3.4.1.1 Theoretical sampling and Interviews**

To focus on the acquisition of data, the researcher used theoretical sampling (see Charmaz, 2014). The central goal of the application of this sampling technique during the second phase (2019) and the last phase (2020) of data gathering (see Figure 2 and Tables 8, 9, 10) was to cement the major categories and transform them into theoretical categories abstractly. In this phase, the researcher returned to some of the leaders and conducted follow-up interviews to gather their opinions on specific points of her theoretical categories. The researcher conducted seven follow-up interviews, as shown in Table 8. New interviews (see Tables 8, 9, 10) were conducted to strengthen and sharpen the preliminary constructs (theoretical concepts), which gradually formed into an emerging theory, with information on its underlying subcategories, relationships, facets, and underlying aspects. These interviews conducted in this phase were not planned initially, as they were only suggested by the emergence and development of the theoretical categories. The purpose of the theoretical sampling in this research was to advance the development of theoretical categories and to reach their saturation (see Birks and Mills, 2015; Charmaz, 2014). This final phase of data collection and analysis helped the researcher to better elaborate her theoretical categories and her theoretical concepts in order to strengthen the supportability of the skeleton of her emerging theory.

### **3.4.1.2 Formal interviews**

Taking into account that the in-depth interviews with executive leaders of public-sector hospitals require trust in the researcher on the part of research respondents because these persons are in the public eye, it was essential to apply purposive sampling and theoretical sampling methods in this research. The strategy of purposive sampling was guided by the need for trust, confidentiality, and access. To gather the stories that formed the data for the present doctoral thesis, the researcher had to create situations in which public-sector officials were willing to tell their leadership stories. It is somewhat unusual for such persons (executive leaders) to confide life stories to a stranger without having confidence in them and without knowing whether they will be understood. An essential motive for trusting their experiences to this researcher could be the unconscious desire to be understood (Josselson, 2013). Therefore, these executive leaders needed to have a person they could understand and trust. Josselson (2013:349) explained that, *“if they find an interviewer who assures their safety from exposure and who is accepting and manages to understand well enough, most participants in (good) interviews find themselves surprised that they told what they did-usually much more than they thought they would on their way to the interview”*.

Therefore, a good interview was based on the humanly-motivated (emotional and mental) interaction between this researcher and executive leaders (see Charmaz, 2014). Once these executive leaders were confident that what they told her remained confidential, and felt the acceptance by and interest of her, they became more open and thus provided richer, more in-depth information. Trust cannot be built in a short period, so an immediate criteria was that this researcher had access to executive members of public-sector hospitals. In the preparatory phase, she drew up a list of public-sector hospital executive team members with whom she had contact. She held interviews with medical directors, nursing directors, executive leaders (CEO), with the members of the board of directors, and with a politician (she calls them all “executive leaders” in this research). The executive leaders determined the dates, places, and times of the interviews. To conduct these interviews, she travelled throughout Switzerland, which required significant time resources.

The first phase of the interviews took place in end of 2018 and included five unstructured intensive conversations and one follow-up interview, as shown in Table 8. Questions like “What are the significant challenges in your day-to-day leadership experience?” and “How do you overcome these challenges? How do you cope with such situations? What are your methods to overcome such a problem? How do you define leadership in an executive board?” were the starting point. In general, the interview questions were unstructured and arose during the conversations. The second phase, informed by the theoretical sampling method, included ten intensive in-depth formal interviews four follow-up interviews, and 28 informal conversations took place in 2019. The third and final phase of the theoretical sample took place in 2020. It consisted of five in-depth formal interviews, two follow-up interviews, and 7 informal conversations (five politicians and 2 executives), as shown in Tables 8, 9, and 10. Most of the formal intensive in-depth interview conversations lasted between 60 and 120 minutes.

<b>Name</b>	<b>Professional background</b>	<b>Function</b>	<b>Gender</b>	<b>Date</b>	<b>Taped &amp; reported</b>	<b>Numb. interv.</b>
001	Physician	Chairwomen of a hospital group and former CEO of a university hospital	female	28.10.18	Yes	1
002	Economist	CEO of a hospital group	male	13.11.18	Yes	1
003	Economist	CEO of a hospital group	male	08.11.18	Yes	1
004	Economist	Chairwomen of board of directors of a university hospital	female	06.12.18	Yes	2
005	Physician	Medical director of a hospital group	male	10.12.18	Yes	1
006	Physician	Medical director of a hospital group	male	13.07.19	Yes	2
007	Nurse	CEO of a hospital group	female	19.07.19	Yes	1

Name	Professional background	Function	Gender	Date	Taped & reported	Numb. interv.
008	Physician	Medical director of a hospital group	male	29.08.19	Yes	2
009	Nurse	CEO of a hospital	male	09.09.19	Yes	1
010	Politician	Chairmen of board of directors of a hospital	male	17.10.19	Yes	1
011	Economist	CFO of a university hospital	male	26.10.19	Yes	1
012	Physician	Medical director of a hospital group	male	12.11.19		1
013	Economist	Deputy CEO of a hospital	male	13.11.19	Yes	2
014	Economist	CEO of a hospital group	male	12.12.19	Yes	1
015	Nurse	Director of nursing of a hospital	female	18.12.19	Yes	2
016	Physician	Director of the affiliated physicians of a hospital group	male	09.03.20	Yes	2
017	Physician	Director of the affiliated physicians of a hospital	male	20.03.20	Yes	2
018	Technical Nurse	Director of technical nursing of a hospital group	female	21.03.20	Yes	1
019	Physician	Former medical director of a university hospital	male	30.03.20	Yes	1
020	Technical Nurse	Director of technical nursing of a hospital	female	31.03.20	Yes	1

Table 8: List of formal interviews

Contrary to Glaser's (1978, 2002, 2005, 2007) recommendations, the executive leaders were not only recorded by notes, but the formal interviews were also recorded and transcribed on a sound carrier so that the rich details, which averaged 15 to 40 pages per interview, were available during the analysis (see Charmaz, 2014; Glaser, 1978, 2002, 2005, 2007). In their feedback, the executive leaders said that they appreciated the conversation because it encouraged them to reflect on themselves and their understanding of leadership and to think about questions that they had not asked themselves before. All data were audiotaped, transcribed word-for-word, and translated into English. All statements of the speaker were recorded as spoken, including seemingly unnecessary filler words and grammatical errors. The recording and the accurate transcriptions of the interviews allowed the researcher to concentrate on content, terms, and patterns.

Before recording the formal interviews, the researcher asked her respondents if they agreed to be recorded on this researchers' audiotape. Again, the question about this issue was asked when the tape was being recorded on to verify that they agreed. When they wanted to be not recorded in the middle of the ongoing interview, they gave this researcher a sign, and the researcher switched the tape off so that they could explain a delicate passage of their story before the tape recording was turned on again. The

respondents were offered to be sent the written interview transcription, but just one interview respondent wanted to have the transcription about her interview.

### 3.4.1.3 Informal interviews

The informal interviews and follow-up interviews were telephone conversations, as the executive leaders either did not have time to have a face-to-face conversation or did not wish to have officially-recorded conversations due to the media or political situation. These executive leaders in the informal interviews were either politicians or executive leaders; nonetheless, they were willing to articulate their valuable experiences to her in a very discreet way. The first interview opened the door to further informal discussions. A total of five informal conversations (politicians) were held over the telephone. Memos were immediately written for these telephone calls and included in the final phase of the analysis. Finally, 30 other informal conversations about the specific issue of power and dominating behavior were engaged in by executive leaders in charge or retired public-sector hospital executive leaders. These 30 conversations were held during various events and occasions (medical congresses, special workshops, and meetings), and short memos were immediately written after these conversations. The new rich details enriched the theoretical abstractions and their relationships.

Name	Professional background	Function	Gender	Date	Number of interviews
021	Economist	Politician	male	31.05.2020	1
022	Economist	Politician	male	02.06.2020	1
023	Economist	Politician	male	22.06.2020	1
024	Lawyer	Politician	male	03.07.2020	1
025	Economist	Politician	male	30.07.2020	1

Table 9: List of short informal interviews of politicians

Name	Professional background	Function	Gender	Date	Number of conversations
001	Physician	Chief Physician	male	03.05.2019	1
002	Physician	Chief Physician	male	08.05.2019	1
003	Physician	Politician	male	14.05.2019	1
004	Lawyer	Board of Directors	male	10.06.2019	1
005	Economist	Board of Directors	female	18.06.2019	1
006	Economist	Board of Directors	male	20.06.2019	1
007	Economist	Board of Directors	female	24.06.2019	1
008	Nurse	Board of Directors	female	26.06.2019	1
009	Physician	Chief Physician	male	12.08.2019	1
010	Nurse	Chief Nurse	female	13.08.2019	1
011	Physician	Chief Physician	female	26.08.2019	1
012	Economist	CEO	male	02.09.2019	1
013	Physician	Chief Physician	male	10.09.2019	1
014	Physician	Chief Physician	female	12.09.2019	1
015	Lawyer	Board of Directors	male	16.09.2019	1
016	Economist	CEO	male	18.09.2019	1
017	Physician	Chief Physician	male	25.09.2019	1
018	Physician	Chief Physician	male	27.09.2019	1

Name	Professional background	Function	Gender	Date	Number of conversations
019	Nurse	CEO	male	08.10.2019	1
020	Physician	Chief Physician	female	14.10.2019	1
021	Physician	Board of Directors	male	25.10.2019	1
022	Economist	Board of Directors	female	29.10.2019	1
023	Economist	Board of Director	male	04.11.2019	1
024	Economist	Executive board member	male	07.11.2019	1
025	Physician	Chief Physician	male	04.12.2019	1
026	Physician	Chief Physician	male	09.12.2019	1
027	Physician	Board of Directors	male	11.12.2019	1
028	Nurse	Chief Nurse	female	17.12.2019	1
029	Physician	Chief Physician	male	08.01.2020	1
030	Physician	Chief Physician	male	27.01.2020	1

Table 10: List of short informal conversations

#### 3.4.1.4 Data saturation and number of interviews

The question of how many interviews a researcher should conduct is controversial among GT experts (see Charmaz, 2014; Corbin and Strauss, 2014; Glaser and Strauss, 1967, Bryant and Charmaz, 2019; Birks and Mills, 2015; Thornberg and Charmaz, 2014; Charmaz and Thornberg, 2012). Some of the experts defend a small number (10) of interviews, as mentioned in the first chapter, while others would call ten interviews “*theory light*” (Charmaz, 2014:192). Since this research did not follow the generalizing criteria of positivist or post-modernist research, the number of interviews was tied to the saturation of the theoretical categories because the present work did not aim to develop a formal theory (see Charmaz, 2014). Instead, a substantive theory was developed that analyzes and theorizes the leadership experiences of these research participants. Theoretical saturation occurred when the researcher did not find any new properties or new theoretical insights contributing to the emerging theory through data collection nor by attempts to analyze them (see Charmaz, 2014).

#### 3.4.1.5 The characteristics of constructivist interviewing

This researcher paid attention to the situation of the interviews, how they were constructed, the architecture of the leadership experiences, the events, and the silence of the respondents (Charmaz, 2014). Her relationship with and how it affected the executive leaders were also important. Depending on the context, it was also essential to consider what these executive leaders had not said, since withholding or omitting information also has a meaning. Her perspective as a constructivist allowed her to experience the interviews as interactions in which she also built a relationship with these executive leaders; therefore, the approach was not to view the interviews as a mirrored objective source of information to answer the research question and objectives (see Charmaz, 2014). To conduct interviews based on trust and openness, the researcher



took into account the approach of reciprocity as described above (see Charmaz, 2014; Charmaz and Belgrave, 2012; Hiller and DiLuzio, 2004). The emphasis was on understanding identity and experience to understand the many facets and many perspectives of the same leadership story. The more trust the executive leaders gained in her through mutual sympathy (which was based on trusting and pleasant communication), the richer the conversations became. Through respectful and careful handling, she could avoid asking probing questions when she noticed that someone did not want to tell certain parts of their story, or sometimes only told them after “thawing.”

Since the researcher herself had a profound professional experience dealing with politics, she also tried to draw from this experience during the interviews. It was particularly important to her to meet the executive leaders in person to observe and clarify the meanings of their facial expressions. It was also crucial to the overcoming of any emerging distances that she perceived these distances. In the first phase, the interviews were conducted in an unstructured and open manner so that the executive leaders were given ample space to describe their experiences in detail (see Charmaz, 2014).

Charmaz (2014) stressed the importance of addressing emerging issues and determining their characteristics. She argued that by decomposing a phenomenon, researchers can build explicit “what” and “how” questions into the data collection (Charmaz, 2014; Gubrium and Holstein, 2003; Gubrium et al., 2012). The researcher ensured this decomposition by not trying to push the executive leaders into categories. This technique helped her to feed the analysis of her data in this iterative process. It was also important not to interrogate the executive leaders, as if in a courtroom to push them in the eagerness of the development of the theoretical categories, but rather to ask more detailed questions derived from the iterative data analysis, in addition to the open, unstructured items.

By asking concrete “how” and “what” questions, she was able to sharpen the focus on the process and create links between events (see Charmaz, 2014). Adding “when” questions helped her to focus her data collection on specifying the conditions of “initial,” “focused,” “theoretical” categories to know when and what actions occurred in a process.

Decisions about which analytical ideas to prioritize was based on the plausibility of her preliminary theoretical constructs on the one hand and on her interpretations of existing data on the other (Charmaz, 2014). Nevertheless, she did not choose analytical ideas

arbitrarily, but by weighting the definitions, the use of language, and the events mentioned and explained in her analysis. She focused on the language used since each local sector has its unique jargon. She also knew the colloquial language of the doctors, nurses, and CEOs because she grew up in a public-sector hospital with the doctors and because she worked in public-sector hospitals. It was important not only for the quality of the analysis but also for conducting the interviews that she had a good command of the same jargon so that she could interpret the opinions of the executive leaders correctly. If she did not understand something, she asked the executive leaders to find out the context and meaning of their expressions. Charmaz (2014:96) describes that *“following threads in our participants’ everyday language and discourse helps us to form questions from their terms and learn about their lives. We can easily allow our notions to overshadow those of our participants without realizing it”* (see also Gubrium and Koro-Ljungberg, 2005).

In asking the questions, this researcher made use of the words of the executive leader to signal to them that she was listening to them attentively. She learned this technique in public-sector hospital management and applies it in her professional environment to gain detailed information appreciatively. This method encouraged the executive leaders to tell more because it signaled to them that she had thought her way into their world and was attentive. Charmaz (2014:96) called this method, derived from the work of Carl Rogers (1959a, 1959b, 2012), *“non-directive client-centered therapy.”*

Her active attitude enabled her to pay attention to answers such as “that was good or that was bad,” and to follow up on them through questions such as, “why was this good for you” or “why was it bad for you” and also “can you tell me more about this interesting aspect?” The interjection of comments such as “interesting” encouraged the executive leaders to continue to talk since they took it as a compliment. Such compliments were built in, especially when questions were asked about coping with difficult situations or challenges. In most cases, the executive leaders talked about how they had acted. The inclusion of follow-up questions such as “When you look back on this event, what events come to your mind that were significant for you?” encouraged them to report further. Encouraging her participants in conversation without dominating them created a valuable atmosphere of creative exchange and helped her to develop her analytical ideas, insights (categories, concepts, and memos), and nourished her emerging theory.

Another critical point was that the executive leaders already knew the researcher from the public-sector hospital industry in Switzerland, so trust was present. Most executive

leaders knew that the researcher had managed crises herself and that she had experience in failure, and so some were unconcerned about reporting their negative experiences. Since she was recognized as an insider, she was able to conduct interviews at “eye-level.” The assurance of anonymity also encouraged the participants’ openness. The iterative and systematic nature of this research process is delineated in Figure 2.

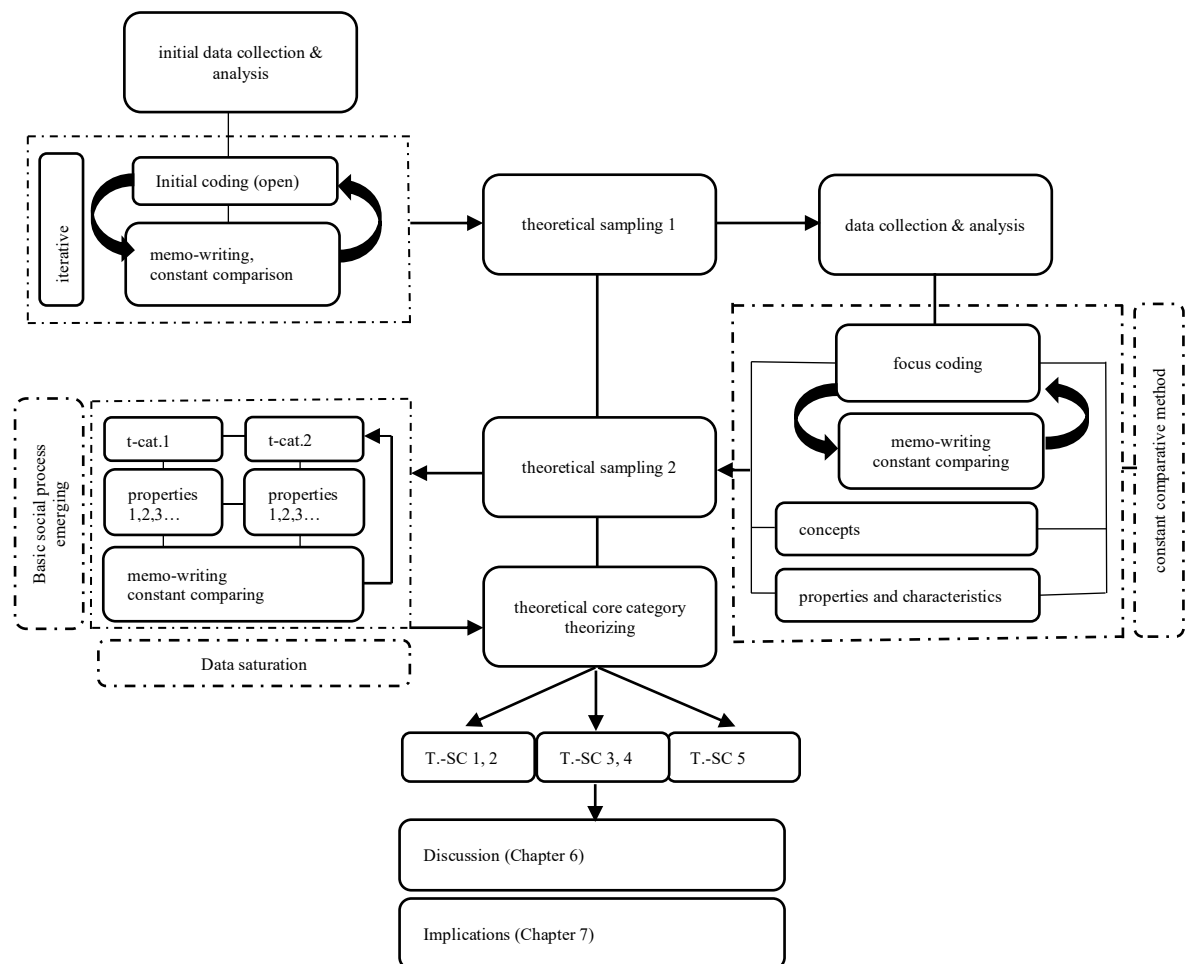


Figure 2: Data gathering and analyzing process

### 3.4.2 Data analysis

Bazeley (2013) characterizes qualitative coding as a rigorous process of giving meaning to the data collected (Adu, 2019; Charmaz, 2014). CGT methods and tools informed the data analysis within and across this research (Charmaz, 2014; Adu, 2019). The data analysis started with the process of initial coding, followed by delving into focused coding, and, thirdly, creating major categories, and finally by transforming the major categories into theoretical categories (see Figure 2). The data analysis process was not linear. Instead, it was a process in which this researcher went back and forth as data were

analyzed following each interview. The next subchapters delineate the coding and analysis process.

#### **3.4.2.1 Initial codes**

In the first phase, the extensive transcript interview reports were thoroughly read, and the researcher's attention was alternately focused on the field and the data analysis. The data analysis process for this research started with line-by-line coding using gerunds because, in doing so, it helped her to work out the processes through the data. Through coding gerunds, she crystallized the actions and sequences of the executive leaders in her data, and began to look for meaning in her data. In doing so, she tried not to ignore the views of the executive leaders. The coding with gerunds was here a heuristic instrument to fragment and deal with the data (Charmaz, 2014). This type of coding is more intense and was not used to pick up descriptive topics and weave them together descriptively, but to see implicit connections between the data and to analyze them. Following the recommendation of Charmaz (2014), the following strategies were adopted:

- fragmenting the data into separate pieces,
- coding gerunds to describe the actions,
- identifying existing explicit, implicit patterns, relationships from the data,
- and comparing data with data and deriving gaps

This approach to coding brought the researcher closer to her data, allowing her to explore it critically and actively to create significant themes, meanings, and processes. Furthermore, initial open coding enabled a comparison *“between data and suggests emergent links between processes in the data to pursue and check”* (Charmaz, 2014:122). This sort of coding helped to highlight situations in which leadership events occurred and aided in creating a sense of what was happening in given circumstances in a leadership journey and how it was happening (Charmaz, 2014). Charmaz (2014:124) called this *“trying to gain a voice”* and *“remaining unheard”* in the data. The main strategies used were *“breaking the data up into their component parts or properties; defining the actions on which they rest; looking for tacit assumptions; explicating implicit actions and meanings; crystallizing the significance of the points; comparing data with data; identifying gaps in the data”* (Charmaz, 2014:125).

This type of coding gave the researcher many clues and already showed the first connections of the codes that she considered significant through the first phase of data

analysis (see Table 10). Codes were generated in relation to personal definitions of what “leadership challenges” are for the interviewees (e.g., “dancing on eggshells,” “leading up,” “instrumentalizing,” “fearing of change,” and so on), or what leadership interventions the executive leaders faced (e.g., “sitting in the prison of regulations,” or “having an inelastic price,” and “transformed values of work”). The codes served to systematically transform the text into abstract categories in order to interact with the data and to develop these conceptual categories in the forthcoming data gathering and analysis. From the beginning to the end of her analyzing phase, she wrote memos to outline her thoughts, active themes, assumptions, and context-based impressions generated by coding the data.

The information gathered from the respondents taught her about their worlds. Constructivist GT is comparable to the discovery journey of Christopher Columbus (Irving, 1828), who desired to find a direct sailing route from Spain to Asia but stumbled upon the Americas. At the beginning of constructivist GTM, the researcher creates flexible requirements and guidelines for the research but only knows the exact starting point. However, before reaching data saturation, constructivist GTM researchers do not know where they will end up with the theoretical or conceptual categories, their properties, nor the emergent theory.

The line-by-line coding of the interview data informed the selection of the next interview respondent as well as the creation and development of the memos (Charmaz, 2014). This researcher applied memo-writing in line with Charmaz (2014) to minimize the likelihood of pushing her data into preconceived categories (Charmaz, 2014). The first phase ended with category formation and implicit processes (Charmaz, 2014).

<b>Initial codes</b>	<b>Lines of interview transcripts</b>
being indispensable	“R: (...) Of course, doctors have a special position because, in a hospital, nothing works without doctors.”
keeping their people small	“R: (...) the third is that some doctors don’t really promote their employees and keep them small, don’t delegate any management tasks to them so that they can grow. So, these are problems.”
feeling accountable in a clinical context	They feel only accountable in the clinical context, but that is not true.
demanding	R: (...) the prima donnas and divas or—as broad a path as possible, so that all move about on it somehow, but do not make clear rigid rules.”
having expert power	This is not what motivates doctors, leadership. You apply for more high-ranking positions because it gives you the chance to do more, to operate more, or to have a say in what is new in medicine. It gives you the chance to do research enter cover areas that have not previously been covered. Nobody becomes a leading physician because they want to be a leader.

Initial codes	Lines of interview transcripts
arrogance (high-hatting)	"R: (...) There are those who are a bit more authoritarian or have the feeling that we are the academics here."
arrogance (high-hatting)	"R: (...) Doctors believe leadership has been put into their cradle, although they have never learned it."
feeling accountable in a clinical context	"R: (...) Another problem is the self-image of Chief Physicians in the board of management- they think they are responsible for one or more different disciplines under them."
arrogance (high-hatting)	And leadership means for doctors, usually very autocratic, no cooperative elements, but: I say, what goes and what does not, and who does not want, has already. He can kiss my a***. And that does not work, of course."

Table 11: Examples of initial codes

These codes, which are described in Table 11, later became the properties of the code "arrogance (high-hatting)." Later, for example, the code "arrogance (high-hatting)" was attributed to the category "facing prima donnas" and is thus became a property of this category.

### 3.4.2.2 Focused codes

The second main coding phase began with the process of focused coding. This second phase served to focus, selectively sort, synthesize, integrate, and organize the initial codes (Charmaz, 2014). It was a matter of arranging the data volumes already pre-fragmented by the initial codes into categories through focused codes (e.g., "facing prima donnas," "facing power," "goal setting dilemma," "facing regulations," "facing momentous change").

Following Charmaz's (2014) recommendations, the second phase of coding was kept direct. As described above, the first phase helped to crystallize possible paths and directions based on the data, but in the second phase, the question arose of which initial codes to follow (Charmaz, 2014).

To transform and transfer the initial codes into focused codes (see Table 12), the researcher asked the following questions during sorting (Charmaz, 2014:127):

- *What process do these initial codes represent?*
- *How can this researcher define this process?*
- *How has this process developed?*
- *What patterns of behavior do the research participants exhibit in this process?*
- *Why do they behave in this way?*
- *What does this process lead to; what is its purpose; what are the consequences?*

The questions aided the researcher as she more closely examined the codes that linked other codes (e.g., “arrogance (high-hatting),” “authoritarian autonomy,” “postponing,” “dancing on eggshells,” “letting someone down,” “ignoring,” “shirking,” “cultivating prima donna behavior.”) together or to combine them into major subcategories (e.g., “facing prima donnas”) without losing the details of the first analysis or placing them in an incorrect light.

Focused code	Initial codes	Properties of initial codes
<b>facing prima donnas in-vivo code</b>  “R: (...) we have an expert organization. Or if you work with the chief physicians and so on, that’s not the same if you have cleaning staff somewhere. (...) but you have to be in leadership – (...) the prima donnas and divas or—as broad a path as possible, so that all move about on it somehow, but do not make clear rigid rules.”	arrogance (high-hatting)	<ul style="list-style-type: none"> <li>- having expert power</li> <li>- being indispensable</li> <li>- demanding</li> <li>- difficult to please</li> <li>- keeping their people small</li> <li>- feeling accountable in a clinical context</li> </ul>
	authoritarian autonomy (being trained as lone fighters in-vivo code)	<ul style="list-style-type: none"> <li>- individualizing</li> <li>- independence</li> </ul>
	postponing	<ul style="list-style-type: none"> <li>- asymmetry of interests</li> <li>- using of delay tactics</li> <li>- stalling</li> <li>- gainsaying</li> <li>- unmaturred decision</li> <li>- resignation of a decision</li> </ul>
	dancing on eggshells in-vivo code	<ul style="list-style-type: none"> <li>- demanding</li> </ul>
	letting someone down	<ul style="list-style-type: none"> <li>- dilution of own goals</li> <li>- selfishness</li> <li>- feeling powerless</li> </ul>
	ignoring	<ul style="list-style-type: none"> <li>- unaccountability</li> <li>- noncommitment</li> <li>- lack of think outside the box</li> <li>- lack of think future-oriented</li> <li>- disinterest</li> </ul>
	shirking	<ul style="list-style-type: none"> <li>- avoiding responsibility</li> <li>- neglecting responsibility</li> </ul>
	cultivating prima donna behavior	<ul style="list-style-type: none"> <li>- archaic thinking</li> <li>- arbitrariness</li> <li>- dependency</li> <li>- power control</li> </ul>

Table 12: Example of focused code: facing prima donnas

The codes that this researcher found the most analytically useful and significant were identified for categorization as major subcategories (e.g., “facing prima donnas,” “facing power,” “goal setting dilemma”). The focused codes helped her to group the initial codes into more abstract major subcategories and major categories (e.g., “taking-up challenges”) and to link and synthesize them. Through this process, the researcher became more aware of how she defined categorical relationships and how the new contexts were revealed. It was a matter of conceptually capturing experienced views of leadership that she had never noticed before, recognizing such connections in new

settings, capturing the evaluation of these codes, comparing the codes in memos, and understanding why some codes became promising major subcategories, or major categories. In the process, the researcher returned to earlier stages of her analysis and re-examined them in relation to the focused codes because, as Charmaz noted, researchers should allow themselves *“to raise the analytic level of a code when your data indicates it. Subsequently, check how and to what extent this code fits other data”* (Charmaz, 2014:146). The focused codes also gave resonance to participants’ experiences.

The purpose of focused coding was to increase the comparison process to check the adequacy, plausibility, and conceptual strength of the initial codes that formed provisional theoretical categories. The codes were compared with each other as well with the data, and those that had a high analytical power were selected. Some of these codes were used to form theoretical categories because they abstractly illustrated the conceptual topics and processes. The following questions were incorporated into the analysis, as suggested by Charmaz (2014:140):

- *What do I find when I compare my initial codes with data?*
- *How do my initial codes recognize patterns?*
- *Which of these codes are most meaningful about my data?*
- *What do the comparisons of the codes say?*
- *Which gaps do my focused codes show me?*

By concentrating on focused coding and making informed decisions, this researcher formed the framework of her analysis. For example, before further interviews, the researcher compared situations in which participants freely discussed their “values” in the context of events in which the “process of AL by convincing executive board members” took place, where the values relating to leadership were only marginally related. Through these comparisons, “acclimatizing,” “collaborating,” “committing (einschwören),” “unifying,” or “influencing,” were developed into theoretical subcategories. These codes were analytical and meaningful and contained more than just a previously-described “action.” As already mentioned, when analyzing the interview data in comparison to the focused codes, the researcher noticed that this *in vivo* code already described other actions also named by other participants, or patterns, so she discovered it by chance and not by looking up in the literature. Focused coding was about constructing a small number of focused codes that were much more abstract and meaningful but always emerged from the initial codes. Although “axial coding” (Corbin



and Strauss, 2014, 2015) was not applied here, subcategories were developed, and the links between them were explored. This approach, following Charmaz (2014), looks for emerging (emergent) issues that arise from comparing and analyzing data. It resulted in an empirical and analytical understanding of “AL within executive boards of public-sector hospitals.”

### **3.4.2.3 Theoretical codes and categories**

The used theoretical codes “*gave the researcher integrative scope, broad images and a new perspective*” to see and theorize her categories and to come up with the theoretical core category (Glaser 1978:72; Charmaz, 2014). Theoretical coding is the process of generating codes/categories used in developing the theory. Therefore, the researcher used theoretical coding to come up with the theoretical core category and its theoretical subcategories. In other words, the major categories and theoretical subcategories can be considered as theoretical codes. Charmaz (2014:63) identifies them as “*possible relationships between categories you developed in your focused coding*”. Examples of theoretical codes that this researcher used were based on what Glaser (1978:72) identified as “*earned relevance*” because they earned their way into this analysis to fit with her data and with her previously-emerged codes. These theoretical codes are woven from the relational model through which all focused codes/categories and subcategories are related to the theoretical core category of “PC.” In this CGT study, focused codes conceptualize the empirical essence of the gathered data from the executive leaders' narratives (interviews). Glaser (1978:55) explains that “*theoretical codes conceptualize how the focused codes/ subcategories and categories are related to each other as hypotheses to be integrated into the theory*”. Further, Glaser (1978:72) states that focused codes fracture the data while theoretical codes construct “*the fractured story back together again*” into a substantive theory (Charmaz, 2014). Charmaz (2014:224) introduces that “*through sorting and integrating memos, you may explicate implicit theoretical codes which you may have adopted without realizing it. In addition, these strategies may force you to think through theoretical links among categories that may have been left implicit. Diagramming sharpens the relationships among your theoretical categories*”. In line with Charmaz and Glaser, the adoption of the “Six Cs” (“*causes, contexts, contingencies, consequences, covariances and conditions*” Glaser, (1978:74)) as a systematic model supported additionally the conceptualization of theoretical categories and the theoretical core category “PC”.

Theoretical categories represent the abstract and analytical summary of topics anchored in the codes. As described in the previous sections, coding separates data segments

and names them into concise and systematic and abstract terms (Charmaz, 2014; Bryant and Charmaz, 2019). The emergent theory created here reveals the process under investigation, explains its new conditions and terms, and, finally, explains the properties of its theoretical categories, with their distinct actions, views, and processes (Charmaz, 2014).

The process of conceptualization took place by writing memos and using the tool of constant comparison. In the analysis and development, the essential topics from the data were categorized, and sometimes categories were sorted and categorized again because specific categories became subcategories as the study progressed. Later, these theoretical categories were used to develop the theory and model presented in the following chapters (see Chapter 4).

#### **3.4.2.4 Memo writing, sorting, and constant comparison method**

Memo writing was used as an intermediate stage between data collection and writing the emerging theory (Charmaz, 2014). The memo-writing focused on writing ideas/meta-oriented topics in the analysis process and outlining the development of the main topics. The following rules were applied:

- Memos were given a title for sorting and storage purposes.
- Memos were implemented as an essential tool.
- Memos contained ideas and codes as well as circumscribed categories.
- Memos identified gaps in the data and emerging assumptions.

Most of the memos produced in this research work dealt with the permanent comparison method (Glaser and Strauss, 1967; Charmaz, 2014). According to Charmaz (2014:342), the permanent comparison method of analysis is characterized above all by the *“inductive processes of comparing data with data, data with code, code with code, code with category, category with category and category with concept successively more abstract concepts and theories.”*

The last step of the analysis and theorizing phase (see Chapter 4, 5 and 6) was comparing the substantive theory of PC with the relevant academic literature (see Chapter 2) (Charmaz, 2014). These comparisons support the formation of analytical development and shed light on the characteristics of the theoretical subcategories in formation. This step, in turn, helped the researcher to reach a higher level of abstraction.

The construction of the theoretical subcategories, often referred to as core categories, is obtained and developed through continuous comparisons anchored in the data (Charmaz, 2014; Hallberg, 2006). This method is particularly helpful in detecting variations, similarities, and differences in the data (Charmaz, 2014; Hallberg, 2006). Codes with “low analytical power” and “high analytical power” were recorded in the memos as properties of a major subcategory or theoretical subcategory (Charmaz, 2014).

The major categories helped develop and set the theoretical categories in a model until the raw interview data became saturated. The aim was to analytically examine and define the focused codes and their relationships and characteristics and determine definitions of the theoretical categories based on those characteristics. In line with Charmaz’s (2014:170) recommendations, the following actions were performed to sharpen the researcher’s memos:

- *“Compare different people (their beliefs, situations, actions, accounts, or experiences).*
- *Compare data from the same individuals with themselves at different points in the interviews.*
- *Compare codes. Specify their relationship(s) with your tentative category.*
- *Compare categories in the data with other categories.*
- *Compare subcategories with general categories for fit.*
- *Compare subcategories within a general category.*
- *Compare concepts or conceptual categories.*
- *Compare the entire analysis with existing literature or the ruling ideas in a field.*
- *Refine the consequences of your analysis.”*

Writing memos also allowed the researcher to capture and record her assumptions about the above comparisons and then to hold new ones to test those assumptions in the next interview (Charmaz, 2014). This procedure corresponds to the iterative character of constructivist GTM. In the memo writing, information from the interviews was included as evidence of the analytical ideas; the aim was not to present the biographies of the interviewed executive leaders (Charmaz, 2014).

Memos were also written to uncover the researcher’s prejudices. To do this, she used Charmaz’s recommended questions (2014:160):

- *“How does my coding reflect the incident or the experience described?”*

- *Do my analytical constructions start from this point?*
- *Have I made clear, apparent connections between the data and my codes?*
- *Have I avoided rewriting the experience under investigation into a lifeless language, thus reformulating it in a way that fits better into my academic and bureaucratic world than that of my participants?"*

These questions were asked so that the categories would be based on the data and not on the researcher's arbitrary ideas.

#### **3.4.2.5 Audit trail in form of memos**

To demonstrate dependability and confirmability in this constructivist GT study, the adaptation of an audit trail in the form of memos was a fruitful way to address these value criteria (Bowen, 2009; Li 2004). An audit trail is an instrument to scrutinize the researcher's theoretical decisions in building the emergent theory (Bowen, 2009). The adaptation of an audit trail in the form of memos revealed in this constructivist thesis that the transparency of this researcher's theoretical decisions highlights trends that influenced such decisions and allowed her supervisor to scrutinize them. In this PhD thesis, memos were written to track such decisions, trends, and changes that became part of the audit trail and were scrutinized through conversations with her supervisors during the data analysis period. Therefore, in this research, the audit trail is used as an instrument to ensure the groundedness of data throughout the analysis and theory-building process (Bowen, 2009; Lincoln and Guba, 1982).

#### **3.4.3 Different ways of thinking: Induction, abduction, deduction**

Another relevant element of constructivist GT—abduction—is essential. In short abduction is deduction lite. As Fischer (2001:3) explained, "*constructivist thinking considers abductive inference to be the only knowledge-generating mechanism.*" The use of abduction has found its way into constructivist GT since the Chicago School of thought is informed by pragmatism (Charmaz, 2014). As pragmatism and the constructivist paradigm are close to each other and the constructivist GTM does not deny the influence of pragmatism and, in fact, the latter is embedded in the constructivist approach, abduction itself makes the generation of theory grounded in data possible and does not contrast with the constructivist paradigm (Charmaz, 2014; Fischer, 2001). The weakness of induction, that it alone does not make it possible to expose social injustices, is compensated for by using abduction (Charmaz, 2014; Fischer, 2001). Abduction has

most often been used when researchers discovered something surprising and dealt with the question of what the surprise was and where it came from (Fischer, 2001).

Fischer (2001:13) noted, in line with the pragmatist paradigm (Peirce, 1974 and Dewey 1997), that *“to the extent that such abductive inferences open up new knowledge and/or change the semantics of a conceptual system, they prove to invent or construct relations, transitions and connections which did not (have to) exist before or could not be seen or perceived at all. If abductively constructed hypotheses are corroborated inductively then the experience—prior rules (logic) of a conceptual system are transformed or adjusted—as is the case with all “scientific revolutions.” Such creative abductions must be seen as adjustments of theories, logics, standards and norms of thought, in fact, of our total conceptual universe (world picture), they change our mental map(s) more or less fundamentally.”* This description is in line with pragmatist constructivism or so-called radical constructivism, the creation of the ideas of which are attributed to both von Glasersfeld and Le Moigne (see von Glasersfeld, 2001; Le Moigne, 1995).

In other words, constructivist GT starts with inductive logic, but it moves into abductive thinking as the researcher tries to understand emerging empirical findings. Charmaz (2008:157) explained that *“abductive thinking aims to explain surprises, anomalies or puzzles in the collected data. Abductive thinking also emphasizes the author’s role in the process of analysis, namely what she saw, what she discovered and what exactly she used as a bridge to expand her theory. What is most visible here is abduction as a process underlying this research, which was coupled to imagination, fantasy and creativity in coding”.*

This researcher used abduction for the analysis of focused codes and to come up with theoretical codes, but it alone was not sufficient to draw conclusions from the research process (Flick, 2007, 2009). Abductive thinking about inductively-collected data allowed this researcher to work in an iterative and very creative way, imaginatively viewing and interpreting the data from different angles and through new ideas, which helped to better explain the data and generate the best explanation for them (Charmaz, 2014). Since neither deduction nor induction in the process of focused and theoretical coding is conclusive, abduction was necessary for the refinement of the theoretical categories (theoretical codes) and constructing a theory out of them (Charmaz, 2014). This researcher has most often used abduction when she discovered something surprising and wanted to deal with the question of what the surprise was and where it came from (Fischer, 2001). This researcher first considered all possible explanations and described

them in the memos. She then collected new data to either prove or reject the assumptions outlined in the memos. This reflective thinking process led her to choose the most plausible explanation to solve the surprise in the findings, as it helped to define the negative aspects of a leadership process (Charmaz, 2014; Fischer, 2001).

### **3.5 Development of emerging theory**

Constructivist GT privileges the researchers' process of theorizing (Charmaz, 2014). The goal of this work is to study a specific phenomenon in its natural context at a given point in time and to develop abstract concepts from these analyses and construct them into an emerging theory.

A substantive theory is *"a theoretical interpretation or explanation of a delimited problem in a particular area, such as family relationships, formal organizations, or education"* (Charmaz (2014:344). It aims to be transferable rather than generalizable, which means that the elements of the context can be transferred to settings with characteristics similar to those of the context studied. In contrast, a formal theory aims to obtain validated and generalized conclusions about several research studies that can represent the research population. A formal theory can be established if the research study is based on a deductive system of thought that uses empirical theories for its central core theses (Mills, 1959, 2000; Merton, 1957).

The goal of this work was to develop concepts from the rich data into a substantive theory. This process is called theorizing (Charmaz, 2014). There are many different definitions of what a theory derived from constructivist GT should be (see Alasuutari et al., 2008; Charmaz, 2014; Johnson et al., 2010; Bryant and Charmaz, 2019; Glaser, 2005; Markovsky, 2004; Collins, 2014; Clarke, 2005; Lois, 2010). In constructivist GT, theory emphasizes interpretation and gives abstract understanding higher priority than explanation. *"Proponents of this definition view theoretical knowledge as something gained through the theorist's description of the studied phenomenon. Interpretive theories allow for indeterminacy rather than seeking causality and aiming to theorize patterns and connections"* (Charmaz, 2014:230).

According to Charmaz (2014:322), Glaser (2002, 2005) emphasizes the analysis of a core variable/theoretical core category and describes Grounded Theory also as *"theory of resolving a main concern that can be theoretically coded in many ways."* From this,

Charmaz (2014) concludes that the emphasis on variables of Glaser (2002, 2005) classifies him as a positivist, although a theory meant to solve a significant concern is more likely in pragmatism. Some grounded theories are presented descriptively, and the resulting theory is a unique abstract design that weaves together theoretical concepts.

One can also imagine the theoretical concepts in a GT based on data as elements of a painting. The theory is the painting, the mixture of colors, and brushwork on the canvas. It is essential that the theory is consistent and that it is understandable to the reader based on the research data.

According to Charmaz (2014:242), *“some researchers (see, e.g., Atkinson et al., 2003; Bendassolli, 2013; Blumer, 1986; Bouma and Atkinson, 1995; Charmaz, 2000, 2008, 2009; Clarke, 2007; Dey, 1999, 2012; Emerson, 1983; Emerson et al., 2011; Kelle, 2007; Layder, 1998; Locke, 2000, 2007; Strübing, 2007; Thomas, 2010; Thomas and James, 2006; Thornberg and Elvstrand, 2012) question and criticize the preconditions and regulations of Grounded Theory with regard to prejudice, induction and procedure”*.

According to Charmaz (2014), most criticisms of Grounded Theory refer to earlier works. Burawoy et al. (2000), for instance, argued that GT produces partial empirical generalizations independent of time and place. According to Charmaz (2014), however, this is a strength of the GT researcher. Bendassolli (2013) and Bryant and Charmaz (2019), meanwhile, expressed concerns about induction, as GT researchers are uncertain whether a specific observation will continue to recur (Charmaz, 2014).

Charmaz (2014:242) states that *“inductive theorizing opens the possibility of novel understandings”* to the researcher, and that skilled GT researchers accept that their observations are based on their ways of seeing and understanding of a particular phenomenon. Consequently, these researchers are particularly aware that they rely on abductive thinking in creating *“inductive categories and the conclusions drawn from them”*. Charmaz (2014:243) states that *“Iddo Tavory and Stefan Timmermans (2014) contend that Burawoy’s criticism emanates from divergent assumptions about what theory is and its place in qualitative research. [ . . . ] In short, Burawoy’s approach begins as structural and deductive, whereas grounded theory begins as inductive and processual”*.

Mjøset (2005, cited in Charmaz, 2014:243) believes that GT *“solves Burawoy’s problem of firm connections to the macro context, rather than Burawoy’s ‘extended case method’*

*solving problems of grounded theory*". Charmaz (2014) emphasizes above all that the argument that GT cannot move beyond microanalysis is wrong. In fact, this methodology allows for an extended case method useful for investigating global and historical contexts (Charmaz, 2014). Bryant (2017), for example, cites the example of Charles Darwin's (2017) research to explain that the origins of GT predated Glaser and Strauss (1967). The fact that GT can comprise larger units of analysis and result in a middle-range or formal theory is evident in other examples (e.g., Clarke, 1998; Charmaz, 2014; Michel, 2007; Rivera, 2008; Santos and Buzinde, 2007; Sheridan, 2008; Garrett-Peters, 2009). GT investigations can conclude with inductive analyses that theorize *"the connections between local worlds and larger social structures"* (Charmaz, 2014: 243).

Moreover, Charmaz (2014:244) warns researchers against the myths propagated by GT critics, *"such as the belief that grounded theorists cannot use their methods to theorize power"* or that *"treating grounded theory as only a variable analysis, for example, can lead to reductionist frames and encourage favoring those 'variables' within ready grasp. Hence, the resulting study may skirt the borders of a category without explicating it"*. In fact, she argues, *"When you theorize, you reach down to fundamentals, up to abstractions, and probe into experience. The content of theorizing cuts to the core of studied life and poses new questions about it"* (Charmaz, 2014:244).

Theorizing in this thesis emerged from the active and analytical interaction between the researcher and her data and her reflection on the different stages of analysis. As Charmaz (2014:233) explained, *"it starts from multiple realities, from indeterminacy, from facts and values as linked, from the truth as provisional, and from social life as processual"*.

Chapters 4 and 5 are designed to ensure transparency in the data analysis and interpretation, and in the development of the theory (Charmaz, 2014). Chapter 4 details how, using the CGT methodology, the researcher transitioned from raw data to substantive to theoretical coding, leading to the emergence of the theory of PC as a substantive AL strategy (Charmaz, 2014). Chapter 5 presents the process through which PC was theorized and developed (Charmaz, 2014).

### **3.6 Evaluation of CGT**

In constructivist research, trustworthiness replaces the positivist criteria of validity and reliability (Guba, 1981). According to Charmaz (2014), constructivist GTM includes



supplemental quality criteria such as credibility, originality, resonance, and usefulness. These criteria are accepted and applied by many scientists (see, e.g., Merriam, 2009; Erlandson et al., 1993; Silverman, 2005; Bouma and Atkinson, 1995). Guba (1981) refers to the criterion of credibility to describe the extent to which data and data analysis can be carried out credibly, trustworthily, or thoroughly through the eyes of a constructivist researcher. Merriam (2009) states that the criterion of credibility refers to the ability of the researcher to determine whether the results are conclusive. Guba (1981) describes dependability as the ability to find similar results under similar circumstances. Human behavior is continually changing, variable, contextual, and includes several interpretations of reality (Guba, 1981). According to Guba (1981), it is therefore vital that the researcher ensure that his conclusions and interpretations of the results are based only on the collected data (see the section above about audit trail).

The constructivist uses confirmability as a further criterion (Guba, 1981). Confirmability means that *“steps must be taken to ensure as far as possible that the results of the work are the result of the experiences and ideas of the informants (research participants) and not of the characteristics and preferences of the researcher”* (Shenton, 2004:72). Lincoln and Guba (1985) explain the criterion of transferability by the fact that the data are coherent and consistent and comprehensibly explanatory so that the reader can relate research results to their own contexts.

### **3.6.1 Quality criteria of CGT**

For this present research, it was vital that the process of data collection and analysis was consistent and stringent. Therefore, the quality criteria of Charmaz (2014), such as credibility, originality, resonance, and usefulness were applied, and are explained in greater detail in Chapter 7. These rules of Charmaz (2014) differ from the quality criteria of Glaser and Strauss (1967), as they are based on criteria such as fit, work, relevance, and modifiability. “Fit” refers to whether the categories and concepts generated are based on the data from which they were created. “Work” means that the results explain what is going on in the specific area under investigation. “Relevance” is defined as that readers may judge the realities studied as both reflected in the results and important. The criterion of “modifiability” refers to the fact that the results of the research can change over time. Charmaz (2014) explains that a potent combination of credibility and originality helps to increase the usefulness of GT research (Charmaz, 2014).

The following quality criteria helped the researcher to focus on the implicit actions and

meanings of the phenomena under review and to reflect on how she constructed her theory (Charmaz, 2014). The assessment of these quality criteria is discussed in greater detail Chapter 7.

- Has my research achieved an intimate familiarity with the environment or topic?
- Is my data sufficient to answer my research questions?
- Have I used the constant comparison method?
- Do my categories cover and illuminate my most significant empirical observations?
- Are my reasoning and analysis logically based on the data?
- Has my research provided enough evidence to support my findings from my analysis? In this context, can readers understand and agree with my conclusions?

### **3.6.2 The inherent weaknesses of CGT and rationale to use it**

There are two main weaknesses in CGT. The first main weakness of CGT arises from the recommendation from Charmaz (2006, 2014) that there must be a literature review prior to starting the research. The use of a prior literature review can limit the rapid growth of the intellectual autonomy of the PhD researcher. This is because the novice PhD researcher has to give undue emphasis to the extant literature. Knowledge of too much extant theory in advance of the research is likely to contaminate and preconceive the researcher's own research focus. The second main weakness of the CGT also concerns the problem of the researcher's approach being too preconceived as the research process begins. This arises because of the requirement of the CGT method to incorporate abduction in the research process.

This researcher decided to press ahead with CGT despite its inherent weaknesses. It was also acknowledged that whatever research method was used, weaknesses would be present. In addition, the University advised her to first identify exactly what was her philosophical stance. That being done, then the identification of the research purpose and formulation of which questions were likely to be relevant would best inform the researcher as to the most appropriate choice of research method to use. This researchers' philosophical stance is constructivism. This meant that her research objective (RO5) aims to generate a substantive theory grounded in data and it was therefore legitimate to use CGT. This researcher began the research process using the CGT research method in full knowledge of its inherent weaknesses. This strategy was adopted because it was determined that, on balance, CGT would still be able to deliver appropriate answers to the research questions that are at the center of this thesis.

Charmaz (2014) legitimized the use of prior literature as she claims that it is unrealistic to expect that a novice researcher can start his/her thesis without having particular knowledge about their topic. Most PhD projects need a literature review due to the University requirements. Further, she discussed that the rigid requirement to delay the literature review signifies that the novice researcher is uncritical in their first round of analysis and can unaccountably contaminate his/her data by his/her preconceived ideas as they are not assessed before data gathering and analysis.

Charmaz (2006, 2014) suggested that the debate about when to conduct a literature review tends to miss the vital essence that the novice researcher should carry out their literature review to demonstrate how the emergent theory transcends or challenges dominant ideas later on. Glaser (1978) shared this position, and both authors highlighted the importance of accurately integrating the emergent theory within the existing literature (Charmaz, 2014; Glaser, 1978).

CGT is the first GT version that came up with inductive-abductive logic in line with the tradition of symbolic interactionism and pragmatism. Mead (1934a) explains through the conceptualization of the self that a person has more than one identity, and there is a "self" object as ideas and knowledge is an object for the "I." The "I" Mead explained (1934a) as a human subject and the "me" as the social "self" object that constitutes through interactions with others. "Me" is identified as the associated set of ideals, values, experience, and expectations (influenced by the external world) of oneself among the other-selves of the "I." From the viewpoint of symbolic interactionism, the "me" represents the dominant self that triggers a specific human behavior in a specific situation or why the different "mes" surprises the "I" when it discovers or approaches a new situation or a new object. These are important insights, which demonstrate that a researcher, whether s/he conducts qualitative or quantitative research by analyzing data, will be objectively reasoning about the data and will make a, for her/him, logical interpretation about what s/he observed or discovered in the results in the thinking mind of his/her "I"; in other words the "self which made the discovery" will discuss the observation or discovery with the other selves of the "I". As every external idea or, to put it simply, data or observation is an object in the mind of the thinking subject, these data will always be analyzed as an object. Even the result of a mathematical phenomenon by a positivist researcher will get discussed by his/her different "me" or, in other words, the "I's" knowledge. And, it always is and will be, that the thinking mind with its synapses reasons and reflects the data with its own prior knowledge to find ways for best explanation or new procedures to examine

it until the saturation of data or the solution occurs. That is why not all scholars in natural science discover the same phenomenon. A few scholars may observe a natural phenomenon, but some of them will find, by creative interaction between applying mathematical or physical procedures and reasoning with what they can compare the observed latent pattern, that they will find a creative solution (e.g., abduction). And exactly this reasoning and inference, which is not always inherent in the mathematical procedure, but rather inherent in the part of creative objective thinking of the subject's mind, that is the key for actualizing knowledge in academic settings. Objective thinking incorporates the creative reflection about solving the observed phenomenon by comparing and discussing it (the self with the other selves; "self" discussion of the mind) with the already inherent knowledge in the subject's mind and by going forward to check it with new data. That is why a mathematical phenomenon can be solved in different ways. And this going back and forth in the mind of the thinking subject and using new procedures and beginning this creative reasoning afresh, and reflecting about the fresh actualized analysis of the latent pattern is precisely this abductive thinking: as the mind discusses different points and builds out of them propositions and actualizes them by comparing them with new insights (new data). In other words, it is the missing point between induction and deduction. Or prior to deduction and induction. As every researcher before s/he makes a deduction first thinks about a phenomenon and checks what knowledge is existing and, after synthesis of this knowledge, formulates a new deductive hypothesis. And this hypothesis is made by the thinking mind through reasoning. This reasoning or inference can be characterized as abduction.

Therefore, an utterly contamination-free research by thinking minds, free of prior objective knowledge to find solutions is not possible, not even by artificial intelligence, as artificial intelligence based on already-fed knowledge and mathematical functions can make free new combinations. Artificial intelligence checks an observation with the provided and actualized knowledge to come up with a solution. This researcher worked for two IT companies that were concerned with developing artificial intelligence-based software.

Therefore, it is for this researcher somewhat challenging to agree with researchers who place Classic GT among the notions of positivist research. Classic GT states that this method is not constituted in the tradition of a philosophical paradigm and Glaser (1978) advocates remaining subjectively open minded and thus cautious against objective ideas when discovering the initial ideas arising from the data. The missing point in Classic GT is that Glaser (1978) does not label the procedure of the thinking mind when it makes

inferences about what is observed in order to decide which data should further be gathered next to suit the method of constant comparison. The theoretical coding families can be seen as abductive instruments which help the researcher to weave the fractured data together like mathematical functions, but this does not mean that such an instrument could be classified as an outdated positivist or post-modernist tradition. On this point, this researcher does not agree with Charmaz' (2014) explanations on why Classic GT could be placed among positivists' notion. When constructivist GT researchers claim that they do research in the tradition of sociologists like Mead (1934a) or that of symbolic interactionism, they need to understand the concept of self correctly and that every idea or data point is an object of the thinking mind and the "multiple mes" are an organized set of ideals and beliefs influenced by the external world. That would suppose that their data are also objective. Only therefore can they infer (abduction) through theoretical sampling and comparing two data slices or the prior discoveries with new data. To analyze it, they also remain to stay open, which means in short to reflect data objectively. Therefore, a researcher who thoroughly examines his/her data and carries out strictly the constant comparison procedure may suit objectivity.

The dominant rationale for not using Classic GT lies in its philosophical freeness (see Glaser, 1978), which was challenging when this student had to demonstrate in her PhD project her philosophical stance and the rigid congruence between her philosophical view and the chosen research method due to University's requirements when she started her PhD. Another rationale for not using Classic GT was its interview procedures and the requirement of not using audiotape as an instrument to record and later retrieve interviews.

The next chapter (Chapter 4) provides a vast number of excerpts about the data and how the researcher made the transition from raw data to the emergent theory of PC by using CGT methodology.

## **4 Analysis and synthesis of empirical data**

This chapter describes and explains the discovery of PC via two main objectives. The first is to give the reader the flavor for the data. The second objective is to explain how, using the CGT methodology, the researcher made the transition to the emergent theory of PC as a substantive AL strategy. The transition occurred by transforming the raw data from low-level descriptive pieces of information to higher-level conceptual abstract explanations. CGT (Charmaz, 2014) is built to evolve the research beyond the narratives of executives so that their major concerns can be revealed and mirrored in the emerged theory. How this researcher accomplished this process is demonstrated in the following section and also in Chapter 3.

The researcher does not attempt to show all the data in this thesis. Thin, deep slices of her data are shown in this chapter to transparently show the reader how the theory of PC gradually emerged from the data.

**The data is not presented as though it were proofs, but rather to reveal the line of argument which was induced from the raw data.**

This research contains a large volume of data; some more or less causal selections and delimiting have been unavoidable when choosing examples. For this doctoral thesis, data containing confidential, sensitive, and probably recognizable pieces of information had to be anonymized, edited, and sorted out of this chapter. Some data slices have been edited and do not match what has been coded as it was in the process of constant comparison (analysis).

The main concern of the interviewed executive leaders and politicians involved in the whole process, as outlined in Chapter 3, was how to resolve the dilemma of dealing with various forms of dysfunctional behavior. This behavior has been characterized as power asymmetries “facing power,” misbehavior of experts “facing prima donnas,” goal disharmony and asymmetry “goal-setting dilemma,” “facing regulations” and “facing momentous change”; these were all lower-level concepts because respondents were able to explain why they arose. Still, they were not able to explain how these dilemmas could be resolved. Following more conversation with executive leaders and politicians and more theoretical memos, theoretical codes were revealed. These theoretical codes were constrained to the process of constant comparison until the theoretical core

category “power channeling”, with its five subcategories (acclimatizing, collaborating, committing (einschwören), unifying, influencing), was discovered.

**PC is the theoretical core category because it encompasses most of the variation in the data and was also the dominant strategy which the executive board members chose to resolve their major concerns by transforming their asymmetric collaboration into a reciprocal authentic one to maximize their and their stakeholders’ engagement toward the achievement of a goal.**

The only consistent basis on which this CGT study of PC discovered in this research could be evaluated is whether it is a robust interrelated theory and one which accounts for how the executive board members continually strive to resolve their major concern and challenges.

#### **4.1 Interview and data samples**

The formal (20) interviews, (35) informal conversations generated a tremendous amount of data through audiotaped transcription (20) and taking notes (35) from the 55 executive audiences within 24 hours after having the meetings. This chapter includes a summarized sample of some of the raw data gathered. From the CGT method perspective, it does not matter which types of data the executives provided in conversations because each response (i.e., data) had the potential to transcend information and meanings, because the researcher was a co-creator and stimulated them through other questions to focus on their major concerns. Below are some examples which this researcher employed to stimulate these executives. As already outlined in Chapter 3, there was no structured set of questions to ask the executives, nor any time schedule to limit the meetings or conversations. Furthermore, **the phrase “authentic leadership” was not allowed to be used in CGT**; therefore, the researcher stated at the start of the interview that the conversation is about executive board leadership (see the interview transcripts below). Using a phrase other than “authentic leadership” prevented them from being influenced by a theoretical concept of AL. The research aim was to discover how AL manifests itself in natural settings (i.e., within executive boards). Previous memos have built the foundation for questions in the subsequent audiences. The executives could speak freely as long as they wanted about their major concerns in a trustful atmosphere. These circumstances are demonstrated in the following transcripts of interviews in the following sections. The 20 transcriptions of

interviews are between 15 and 40 pages, and showing their entirety here makes no sense. The informal interviews can not be shown here as these respondents did not want to be cited directly. During such conversations, notes were made and, immediately after the encounters, memos were written. The data in this research is confidential and has commercial sensitivities.

In the following interview verbatim transcripts (i.e., interviewee 005, interviewee 013, interviewee 014), the direct link between this raw data (in italic) and the emerged concepts are highlighted in bold type. Sometimes the executives introduced into the conversations some conceptual reasoning, but mostly they talked about their concerns. **The concepts or central topics (i.e., highlighted in bold type in brackets) should not be confused with initial or focused codes.** The next section elucidates which initial codes became properties of other initial codes and which ones became focused codes.

In this section, latent and tacit patterns became visible concepts by the constant comparison of data and by recoding some data by steadily backtracking. It is difficult to show the original state of the memos as they change all the time by constant comparison. Therefore, to highlight the tacit (i.e., implicit) pattern and last version of the main topics in the interviews, the core ideas and the ever-repeating concepts of PC are added directly in the interview text and highlighted in bold type.

**Interviewee 005** - This a short passage of the whole interview with 11 pages

*I: What does executive board leadership mean to you?*

*R: What does executive leadership mean? Leadership means taking executives into one boat sometimes on a stormy sea (**channeling the power of the executives to cross the sea**). To motivate them (**committing-captivating**). To hold them together (**unifying**). To swear them to a task (**committing**) - is too much to say, but to work together (**collaborating in a reciprocal authentic way**). And then to make a difference for something bigger in the team (**why message in goal-setting**).*

*I: Great. What are the activities that are important for you to be able to perform that?*

*R: Well (...) Like to deal with people (**deal also with dysfunctional behaviors, as people have not only functional behavior**). But then also have a clear concept (**goal-setting**), know what something larger whole means (**purpose of the goal**) and people just stop there. Have a certain overview. (...) Then the ability to take yourself back (**space for others perspectives**). So, the ability to include into the conglomerate of the task allocation executives' requests, concerns, needs of tasks (**comprehensives, developing a behavioral dialect**). Executive leadership means - or - but someone must be able to make clear decisions and in a participative, cooperative way (**committing- goal-setting- board as a functional instrument – power channeling**)- so for me the keywords, but ultimately the board who has to decide and persuade the others (**committing – captivating**) and then, of course, implement the decision (**influencing**). Ability to act. Take the initiative (**act as unity – power channeling in one direction**). That is very central.*



To take action, is also a very important feature (**power channeling to act for common goal- to cope with change**).

I: And we have - before you said, swearing them to as task through the storm in stormy times, so what are you doing exactly?

R: Captivate, convince (**committing process**). I stand up and explain an overall situation (**orienting**), trying to win them over (**convince**), to motivate (**influencing through persuasion**). To be able to stimulate in them the desire to commit themselves to it (**committing**). Yes? First. Secondly, also to protect and support them (**co-owners' concept**). Stand up for them in their needs (**co-ownership- unifying- stand up for each other**). So, on the one hand, to explain a situation [Telephone rings]

I: Have to take a short break.

I: So. The second part. We talked about convincing, motivating, protecting. Support them. The question that comes to me there, is then: how do you convince? What are you doing exactly? What is important or what is your experience in a situation that you could convince them?

R: So, centrally the basis is first of all the needs of the executives - to do justice to them (**norming, influence the behavioral dialect**). This is just a bit the base and then one must come to them - yes, the understanding (**acclimatizing and behavioral dialect**), but the desire to develop their power for the big picture (**power channeling**), to use that for the group (**pulling together in unifying**) and the goal (**power channeling in goal-setting dimension**). For the mission of the institution (**norming in collaborating**). And to feel like an important part of it (**co-owners, unifying**). The mission of the institution includes the task, the basic task and also the value to the society (**purpose in the goal-setting, committing after norming the values**). Then it gives rise to a personal motivation to get involved, and simply to contribute their power (**power channeling**), and to feel that they are an important part of it (**unifying**). This also creates an identification (**commitment, augments behavioral dialect**). So, there has to be one - I try to strengthen their identification by taking them along the way to accomplish this certain task or goal (**collaborating, committing, unifying**).

I: Identification is a very important point. How do you make them identify with it?

R: They have to identify with the task. They must, so to speak, feel themselves as part of the bigger picture and perceive their role - their position in the bigger picture and know what they are going this way and identify themselves in their person (**collaborating and committing, co-owners**), in their personality, in their person, in their I, just because they - that is the professional identification. So, the identification with the task.

I: You said before - yes ok - so the task identification - [Telephone rings]

R: I'm back. Where were we?

I: Task identification. (...) Why they do not identify with you not -why task identification?

R: Because that's a category error. Identification does not work with another person. Identification works with attributes or characteristics or thematic areas in one's self (**task identification indicates committing to common goal**). I can identify with my task, I can identify with my social role, but not with other people. I can take other people as a role model, I can accept other people as a leader, I can also choose to follow the person, but not identify with them. That would be wrong.

I: Ok. Well, I think it's an interesting point. So very important for my research work.

R: Ok.

I: How do you get them in one direction?

**R:** So, the question is, how do I get them in one direction? They know what they are doing - but to make them aware of the importance for hospital as a whole (**collaborating and committing**), in order to allow them to feel themselves as part of the bigger picture (**unifying – co-owners**). Only then, I think, can they go that way with their power (**power channeling to achieve a common goal**) and also - I have to live it, of course. So, I have to show how I do it. Also, be authentic with it. And so, I offer them some orientation (**captivating by “sincerity” to further orientation**). The direction I go in, is like an orientation for - I would like to offer them an orientation (**orienting**). The way I go and how I go. But I also want to tell them: That's the way, and that's good for us, that we're going the way (**purpose in goal-setting**). That's basically part of everyday life. Is that the question so reasonably?

**I:** Yes. And you brought a very important point: being authentic. But what is authentic for you? How can you bring that authenticity to them? That they perceive you that way?

**R:** Well, I believe important moments of authenticity are born from the spontaneous response to sudden challenges. It can be - difficulties to be tackled. And then bring in a calm, clear - but at the very least - calm, clear, but appropriate attitude. Yes? So, do not overly express emotions, but act in consistency with one's feelings to a situation. I think that's very important, it's something that is experienced as authentic (**indicates authenticity by the self**). Things – situations, where it concerns justice and someone - where somebody - so to speak - serves a sense of justice. Must and wants. Wants it. Expresses that. This is experienced as authentic. Does it too. I do it too. So, to act accordingly (**concept of to be perceived as authentic – act accordingly in a context indicates sincerity of the self/ suit to be perceived as authentic by the external world**).

**I:** Yes. So - could you explain that? So why do others perceive you as authentic?

**R:** Why they do that? I do not know why they do it, but I believe that if, for example, an injustice is pointed out, then I can really empathize and feel that I want it to be just and to act accordingly (**showing empathy to act accordingly in the expectation of others – indicates sincerity**). This, for example, is something where they perceive me as authentic (**concept of sincerity**). You can also perceive me as authentic when I appear with a basic energy and arrive with a joy for work in the morning meeting. Which is not always the case. If I did not sleep well. But then you can also express that. Of course, I do not say then: Sorry, I slept bad or something. But then, despite everything, do the work professionally. Feel: So, it will not work today. I do not know if they even feel that, but still go to work professionally. In principle the work - it has to be done well (**explains the concept of acting accordingly to own circumstances in a professional way-concept of authenticity – to suit oneself**)

**I:** When it comes to feedback does your executive colleagues really use the word authentic? If they give you feedback.

**R:** I can tell you what the colleagues dislike and what they like. The word authentic is virtually non-existent. This is actually also a psychologizing specialist term. (**concept of authenticity**) What the colleagues appreciate is that - that I was quick to get down to business. In other words, so if they have a request that I have responded quickly, have been solution-oriented and I acted. These are, of course, professional things. So - or these are everyday problems they have to deal with, where they have quickly noticed – (**goal-oriented support**). They think that's good. And they appreciate that, and then obviously they have also experienced me as someone who is serious about that, who takes it seriously - takes his colleagues and their concerns seriously, cares about them and really helps them (**indicates the perception of authenticity by others**). That's the most important feedback. Fast and supportive (...).

Box 3: Data samples: Interviewee 5 – a short passage

**Interviewee 013** - This a short passage of the whole interview with 17 pages

**I:** *What are your major concerns in executive board leadership by running a middle-sized hospital?*

**R:** *So, the regulatory framework.*

**I:** *Could you explain the regulatory framework?*

**R:** *Of course, there are certain regulations or rules that we have to follow in certain areas. So, I try to get involved first and try to avoid that. But when it comes, it's no use my moping around and saying, "Blah, blah, blah." Instead, I have to look ahead and how can I introduce regulation in the most cost-effective and damage-reducing way possible (**indicate the trigger goal-setting dilemma and dysfunctional behavior**). There are many areas in this and that. Last year, we also optimized our rescue service last year with a new regulation, which stipulates, down to the decimal point, how many people I have to have on hand and for how many vehicles. The emergency doctor vehicles, the emergency doctor is no longer allowed to drive alone, must have a driver. The emergency doctor must be an anesthetist, may no longer be a nurse (**taking someone something away, indicate the trigger of potential dysfunctional behavior**) and so on (**regulations trigger change and new arrangements, which in turn triggers new negotiation, goal-setting**). But these are countless. I can already say that this makes it difficult for me. But we try to come to terms in there. ("**try**" **accentuate that the executive board is willing to negotiate in ever-changing settings new goals, try in the other hand indicate some collaboration asymmetry.**) I can also say changing time, blah, blah, blah, we have also tried to develop a very good solution, where we have now already approved in front of the district council, where cost is neutral from our point of view. We must also try to be a bit inventive, just not always be selective/(*laugh*). Yes, you can always be over-cautious and do everything in detail, or you can also develop good and profitable solutions. But there are, yes difficulties on the executive board (**indicates goal-setting dilemma which in turn triggers dysfunctional behavior**).*

**I:** *Ok -what kind?*

**R:** *And you have to be able to cope with these conditions together on the executive board/ The healthcare system is dead-regulated. The market is zero. And there you can say that I would like to have more freedom, more competition as an economist (*laugh*). We don't need to discuss that (**sitting in the prison of regulation, indicates rigid rules – "prima donnas" like autonomy and space, regulation are potential sources as triggers for dysfunctional behavior**).*

**I:** *Clearly. And?*

**R:** *But there are also people who like it, because it also protects. Certain hospitals are also looking for them because they then live better. If, as a large hospital, I can say yes, all gynecological tumors only come to the center in [A] or to [B], then I make my life extremely comfortable, because then I no longer have to be customer-friendly. I no longer have to talk to the family doctors. That makes it much more elegant for me. And the competition would then counteract this somewhat, and the patients would triage where they receive the best service with the greatest service at the lowest cost (**indicates that under the umbrella of regulations there are winners – gynecological tumor centers indicate that the hint is about large hospital and most their highest medical executives are involved in policy making processes on the national level**).*

**I:** *The market is regulated in such a way that competition doesn't play. Are there other concerns?*

**R:** *The challenges when I have to run a hospital as an executive board? So that basically (...). Costs are getting higher and higher, not only (unv.), they are also induced by regulations. So, we have exogenous shocks in the system. Next year I have to introduce the EPD, it will cost me (...). We already have the fifth week of holidays, but it is now required by law. Locker-room time now would cost me (...). I have to redo the cancer registry. I have to (unv.). It will cost me (...) more by 2020. These are regulatory induced costs where my fixed costs increase. And the whole law,*

that pushes me into the big picture, and it's getting harder for smaller hospitals. I need to cooperate more. I have to look for potential synergies. I have to move (**sitting in the prison of regulations- this aspect indicates change and goal-setting dilemma as for every regulation induced change the executive board negotiate to set new goals, indicate arguing over medicine vs economy**) -. And you can see that in the market. The hospitals are moving in an exemplary way. On the other hand, we have public pressure or regulatory uncertainty (**indicate uncertainty in goal-setting dimension which in turn indicates potential for collaboration asymmetry**). And the umbrella term, which I see as the main problem in the system, is the wrong perception of the healthcare system. And that is wrongly portrayed in the media. These are only cost explosions, the scapegoats are the hospitals, the pharmaceutical industry and the doctors. So, and this is simply a bashing (**shows why politics and governmental bodies are under pressure to act and intervene in hospitals as in the dynamics of temporary power channeling**). And that's the main problem, where there is actually upstream. And we can't get rid of it because we hospitals are doing it wrong. We're not coordinated. We have our associations that do nothing. (**missing trust in their own association**) (...) So, but the wrong perception creates hysteria. Every politician now has the feeling that he has to do something to reduce costs (**explain why politicians intervene in hospitals operational business in the dimension of temporary power channeling**). But we have a very high inelastic price demand. (...) And the whole thing, I can't pay it, it's very expensive, it's all stirred up by the politicians in the media, and now in activism, in hysteria there are proposals for solutions developed by the finance department, by (unv.), which actually comes from the agricultural industry, is now stupidly said, where everybody contributes something (**indicate regulation solutions by politicians which do not know the daily business of public hospitals, this in turn indicates complex goals which are dysfunctional in hospital setting, this in turn indicates that executives sit again in front of goal-setting-dilemma, this goal-setting dilemma is a potential source for dysfunctional behaviors and collaboration asymmetry**). And there derived the second biggest risk is the uncertainty and unpredictability, where it arises. (**uncertainty indicates the executives feel to lose control**) (...) And now activism is entering a very complex system where nobody knows about the interactions. And derived from there one can say again, yes, regulation, where we are now, but is not regulation per se, (unv.) how can I arrange myself, but it is the uncertainty, what is still to come. And it is getting stronger and stronger and because of the wrong perception. And actually, we have to start from the very beginning. (**start from the beginning in combination with the accentuation of uncertainty it indicates that the executive board goes again through the goal-setting process, this in turn is potential source for dysfunctional behaviors and collaboration asymmetry**) (...)

I: And how would you do it then? So, you mentioned that the hospitals are not so coordinated.

B: Others have a relatively strong lobby in [town] (**external lobby association**). I don't want to name any (laughing) industries that are actually very successful in securing their position, although in my opinion there is no future there for a long time now. Whereas hospitals are simply not represented strongly enough. (**weak lobby association**) (...) Some kind of regulation, where now comes from next year, where plays directly into their hands. (**indicates that this lobby association supports the interest of some large hospitals, which are settled by regulation changing processes**) And we are simply not aggressive enough. Our association, which is more concerned with itself, but it is simply not aggressive (**accentuate again the weakness of the association**). And that simply has to become stronger. Yes, yes. (...) We can't manage to do anything with our cantonal association. We don't even manage to do anything in the canton. (**indicates that cantonal association are influenced by political interest. Respondent explained it, when the audio tape was off.**) We can see that there too now. It's strategic. We want to strengthen it. But also, on a national level. And the difficulty is simply that the interests or the association has to represent so many different interests in order not to stand on anyone's feet, preferably not to do anything at all. And that is not the right way. It must decide for itself a direction and then it has just a few of the hospitals, where there are behind it, and then it must proceed in a straight line. And then I might resign. One does not know. If that's not my ideal. But then there will surely be a second bandage, where then perhaps marches in the other direction, but at least closed and quickly. (**It accentuates the missing trust in the own lobby association because the association is characterized as paralyzed by asymmetric interest and gives the interest of larger hospitals the higher hand.**)

Box 4: Data samples: Interviewee 013 – a short passage

**Interviewee 014** - This a short passage of the whole interview with 12 pages

**I:** *And my first question to start with is, what does executive board leadership mean to you?*

**R:** *I have a slide in my sentences and it says "Leading means achieving goals together". That is my short form of leadership. (anticipated consequence "achieving", goal-setting)*

**I:** *And how do you achieve the goals together, how is the process there? What exactly do you do?*

**R:** *Yes, that is the difficulty then. How do you achieve these goals together? Together means an executive team (it indicates reciprocal authentic board collaboration, coherence, pulling together). It is not an individual performance in a large hospital, but always a team effort (the term "team" indicates pulling together, unifying- power channeling?). The boss may have the task or even the idea, but that doesn't even have to be the case. The idea can also come from the executive team. ("comes from" indicates that common understanding and goal symmetry is required) But how do you organize it, how do you orchestrate it so that you can achieve a goal together? It can be a project goal, it can be a company goal, it can be survival, it can be acquisition or whatever (it indicates more how to channel their power to achieve a common action overtime).*

**I:** *What are your challenges in doing so?*

**R:** *Yes, in the hospital sector, where I have spent the last 25 years of my professional life, the big challenge is certainly how to create a common feeling for the goal that we want to achieve together (the why behind the goal – the purpose, it indicates the common mindset a mature behavioral dialect for common goals). The spirit or the goal, I also say in the meetings, to develop the goal together (committing), that you really do have a common goal, what do you want to strive for in order to be as flexible as possible, to have flexibility, but still be clear (becoming a flexible functional instrument as executive board). I do not want to talk about vision. There is sometimes something disreputable about vision; it is almost like a disease, but the point is to have a specific vision (it indicates achievable goals for all members of the executive board). So, what do we want, what is the goal at the end of this project or this task, what is it to achieve? And another big challenge is certainly the medical executives or chief physicians, because chief physicians always have a loyalty problem (dysfunctional behavior of prima donnas). Chief physicians sometimes have different goals and I think that's the big challenge in hospital executive board leadership. (goal asymmetry due to the different particular interest)*

**I:** *And you said the chief physicians they have a loyalty problem. How do you integrate them to find the common goal? What are you doing specifically in finding this common goal?*

**R:** *I usually speak of the common denominator borrowed from mathematics (a common denominator indicates the base for an asymmetric goal, committing process). What is the common denominator of all, not only of the medical executives, of all those who participate on the executive board? They must all have an advantage. (Advantage supports to commit to a common goal; implies when executives do not see an advantage, then they will not commit to goal.) Simply "lar pur lar" because of the work, you will not inspire anyone, they all have enough to do, so will this really also create enthusiasm, even on the lowest common denominator? So, everybody has to see some advantage for himself, higher degree of achievement of common objectives. (convincing by presenting a personal advantage for every executive) So you have to formulate such goals and if everyone can stand behind them, behind the setting, then you can start. (power channeling in the goal dimension, committing.)*

**I:** *And you say that executives follow these goals or with you to achieve these goals if they have an advantage?*

**R:** Yes, that's how people are organized. **(socialization of executive, suggest that they act only when they see an advantage, this explains the dysfunctional behavior)** So maybe social science does not always want to perceive. But the economic science knows this very well. It needs an advantage, otherwise you don't march. This altruistic thinking, that's sometimes at least verbally present with doctors. **(dysfunctional behavior of medical executives, highlight the gap in the behavior of medical executives – between treatment a patient and executive board leadership)** Whether it is then really also intrinsically present or whether it is nursed, I really want to deny that. But it is always about advantages. Whenever it is a must, an order, then the motivation is not there and you will never be there with all your heart. **(He explains that without the implicit pattern of advantage there is not a disinterested and selfless interest for the “well-being” of others. This indicates that advantage is the trigger for captivating, orienting and convincing other executives.)**

(...) Later in the interview:

**I:** Are there other major concerns?

**R:** Yes, then the hospital is certainly a very special biotope of leadership **(indicates the power structure of executives)**. Exactly, I have already said a few things, and if you compare it with industry or other companies, be it an insurance company, be it purely economic or banking, then I can see huge differences, also in executive board management. They manage differently there. There, management is much more directional **(the power structure of executive board in hospital base on “primus inter pares system”- this explains why power has no center in executive board in hospitals)**. And in the hospital, you have to keep looking, does the locomotive drive away and have lost all the cars, or is there another car attached that is still trying to reach its destination together? **(explain the collaboration and goal asymmetry)** There is a difference.

**I:** What is the reason for this? Why is it like that in a hospital?

**R:** This is surely connected with the social idea. The patient is in the foreground. But I also notice that the patient is often misused in quotation marks as an excuse **(arguments of medical executives to stalemate, avoid or postpone a goal or decision by using tactics of dysfunctional behavior)**. You don't have to do certain things or you can have longer for it or reach the goal in a more complicated way and the medical profession certainly works differently than any other subject in the context of leadership. **(dysfunctional behavior and the major concern to resolve by power channeling a common goal)**

Box 5: Data samples: Interviewee 014 – a short passage

## 4.2 Process in which Power Channeling emerged as theoretical core category

The concepts of PC emerged from theoretical memos which were written after a series of executive leader encounters. The process was a much more subtle and iterative one than simply counting the number of times executive leaders made comments about a concern or a challenge. This is because, in CGT method, “*analytic conceptualizations form the components of the developed theory*” in theoretical memos by using abduction (Charmaz, 2014:342). The concepts of PC are abstract ideas that account for the data by an iterative process and have specifiable properties, as written in the theoretical memos below.

**The credibility of PC is addressed by its integration and relevance for the substantive area of this research and not by its illustration as though it were a proof (Glaser, 1978).** This theory is an integrated set of concepts using abduction in theoretical memos, which gives this theory its rigor, originality, and usefulness (Charmaz, 2014). The process of how the PC emerged is represented in Figure 2 in Chapter 3.

Primarily, the process involves transferring raw data into initial codes, the initial codes into focused codes, and finally into theoretical codes until the theoretical core category or main concerns of the executives were revealed. The granular details of how this researcher has coded was already documented in Chapter 3. Thus, this section includes the final version of the codes used in PC (i.e., the dominant substantive AL strategy).

The transition from focused to theoretical codes is mainly achieved by writing up theoretical memos and adopting the six C's family of Glaser (1978). This researcher started with the executive's narrative (see as examples some passages of interviews 005, 013, 014 above), and then, through a series of subsequent interviews and conversations with other executives, the concepts behind these executive narratives about AL within executive boards began to reveal some of the concepts. Once concepts started to emerge, all subsequent conversations with executives were analyzed to discover the integrity and credibility of ideas for further explanation. For this process, the theoretical sampling method, as outlined in Chapter 3, was employed. A close examination of the following sections demonstrates how the researcher moved from raw data description to the emergence of a fully-articulated, conceptual explanation of the respondent's main concerns. From the 55 respondent meetings, five theoretical higher-level concepts (theoretical subcategories) and 20 lower-level concepts about the triggers of PC were revealed.

The emergence of PC as the theoretical core category took place through the following process phases. However, it is essential to state that there is no precise determination between the phases as the analysis process is not linear.

#### **4.2.1 First stage – transition of the raw data into codes**

Although there are various very clear stages in the CGT approach, the process of the three analysis stages is non-linear. In other words, it was not just a matter of systematically following the steps within this method. It was also necessary to backtrack within and between each step as concepts emerged. The executive leaders presented

their leadership narratives at the descriptive level in terms of what they thought was going on in the executive board concerning challenges experienced. For example, in the first interview, *"This stalemate situation still exists today, was recently written in the newspaper. Such problems reach their limits, hurdles that cannot be overcome because everyone threatens to leave"*; and in the first phase of analyzing examples, for example, *"And then, of course, I was instrumentalized to a certain extent"* or *"In other words, the physicians set the tone in a hospital, and everyone had to do what the doctor said"*. These accounts could be seen as narratives and did not immediately reveal the executive leader's major concerns.

Later another executive leader was expressing his disappointment: *"Yes. (...) medical strategy and performance mandates, and that's where our whole focus has to be. And not on these power games. That's not possible. But you have to get it in order now. You have to create order in the system."* by claiming subtly how to resolve these power games. The continuous research process revealed that these power struggles could be resolved by PC (i.e., the dominant substantive AL strategy).

As explained in Chapter 3, the researcher wrote a short memo for every initial code. In these initial memos, the findings defined the central questions she needed to pose in subsequent executive leader encounters but these questions are not included in the following theoretical memos about lower-level concepts (i.e., categories). Already in initial memos, the concepts of PC emerged (i.e., acclimatizing, collaborating, committing, unifying, influencing and their properties: connecting, lobbying, getting-buy-in; focusing, norming, internalizing; captivating, orienting, convincing; pulling together, assimilating, co-owner-shiping; associating, framing, funding). They were still blurred but visibly there and needed to be sharpened.

The theoretical memo-writing focused on outlining the development of the main topics (concerns and concern-resolving strategy). Theoretical memos are the building blocks of the CGT method and integrate the building blocks into an interrelated theory (Charmaz, 2014; Glaser, 1978). These memos should be considered as this researcher's study in progress. There are no rules in the CGT method on how long a memo should be (Charmaz, 2014; Glaser, 1978). Therefore, a memo could be one line or some pages long. During memo writing, this researcher employed several approaches to analyze and synthesize the data.



First, this researcher had to have a dialogue with the data (i.e., initial codes and its properties; compare the initial memos with each other). Secondly, she wrote theoretical memos to subsume the initial memos and to document which initial codes become the properties of other initial codes (i.e., the properties of categories) on the one hand and on the other hand to establish what the findings were. In this process of comparing the initial codes with each other, she worked out which codes had the power to compromise other codes as categories, so the other codes became their properties. The properties of a code characterize this code.

The initial codes and their properties are presented in the following sections. Each section elucidates the initial codes with some raw data examples and a theoretical memo that subsumes the original initial short memos.

**The raw data employed in the boxes are only used as examples and do not include all raw data of an initial code. They are solely intended to give the reader a flavor of it.**

Each memo was scrutinized for bias, and the following questions in the box above assess each memo. As each memo is written based on the same schema and system, and assisted by the same questions, the answers to these assessments are the same for each memo.

<p><b>Evaluation criteria to reduce bias in the following memos:</b></p> <p>Have my memos achieved a close familiarity with the research environment? <i>Yes, the initial codes are grounded in data. The data are analyzed by different sources and by different properties to densify their content.</i></p> <p>Do I have sufficient data for this memo to answer my research questions? <i>Yes, there is sufficient data to reveal the dysfunctional behaviors causing asymmetries.</i></p> <p>Have I used the constant comparison method in my memos? <i>Yes, this is mainly shown by the different properties of these lower-level concepts and the different raw data segments themselves. Furthermore, it is demonstrated by the demarcation of each concept to other concepts in the category of dysfunctional behaviors.</i></p> <p>Do the lower-level concepts in these memos reveal my vital empirical observations in the data? <i>Yes, they do, as the codes of these concepts are grounded in raw data and constantly compared to each other—only in this manner can the properties be discovered, contained and delimited and related to the theoretical core category by using the theoretical code “causes” to integrate them in the emerged model. These concepts are, in fact, the causes which trigger PC to resolve asymmetries. Furthermore, the contents of these concepts are analyzed and synthesized by different questions in the following memos.</i></p> <p>Is the reasoning and synthesis in the memos based on the data? <i>Yes, they are based on data and not on the researcher’s fiction. certainly, the raw data are interpreted by the researcher subjectively and by using her knowledge as an insider to consider correctly the content. However, her ability to speak the same jargon with the respondents supported her attempts to make meaning of their leadership narratives. Faced with unclarity of meaning in raw data, she talked to the respective respondent to provide clarity.</i></p> <p>Have my data provided sufficient evidence to support these concepts delimitation in the memos?</p>
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Yes, this is demonstrated above each memo in the presentation of codes with raw data segments. In this context, can readers understand and agree with the conclusions in the memo? Yes, the researcher's supervisor and her external methodology experts who consolidated her analysis understood the conclusions by reviewing them.

Box 6: Evaluation criteria to reduce bias in the theoretical memos

#### 4.2.1.1 Initial code arrogance (high-hatting)

First, "arrogance (high-hatting)" was an initial code, like the other codes in box 7. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in the box 7 became the properties of "arrogance (high-hatting)." The other codes contain different kinds of behavior corresponding with the concept of arrogance. The theoretical memo about this concept is presented in box 8.

Initial code	Properties of initial code
arrogance (high-hatting)	<ul style="list-style-type: none"> <li>- having expert power</li> <li>- being indispensable</li> <li>- demanding</li> <li>- difficult to please</li> <li>- keeping their people small</li> <li>- feeling accountable in a clinical context</li> </ul>

Table 13: Initial code - arrogance (high-hatting)

#### Initial code arrogance (high-hatting) and its properties:

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

#### Arrogance - high-hatting (original initial code):

"R: (...) some executives are **arrogant** and primarily covered in the medical field—they think they have a **higher hat** than others." (in-vivo code)

"R: (...) I have no hope in the medical field. You can see that in the culture, too. They manage to walk past me without saying hello. (concept of arrogance)

"R: (...) Doctors believe leadership has been put into their cradle, although they have never learned it. And that's a big problem. (concept of arrogance)

#### Having expert power (original initial code):

"R: (...) There are those who are a bit more authoritarian or have the feeling that we are the academics here."

"R: (...) And the chief physicians are very reluctant to listen. They have the misconception that they have to be like that. Otherwise, they will not be able to assert themselves in the operating theatre and so on or in an emergency."

"R: (...) And has a lot to do with the fact that they are simply socialized like that, already in university, and often not able to accept criticism. And there is—from my point of view—the biggest problem with the chief physicians in leadership is that they cannot accept criticism, that they cannot accept proposals that do not come from them, because they believe that they lose their authority. And that is completely wrong. It is effectively the other way around. But they never learned that."

*"R: (...) This is not what motivates doctors, leadership. You apply for more high-ranking positions because it gives you the chance to do more, to operate more, or to have a say in what is new in medicine. It gives you the chance to do research enter cover areas that have not previously been covered. Nobody becomes a leading physician because they want to be a leader."*

**Difficult to please (original initial code):**

*"R: (...) And leadership means for doctors, usually very autocratic, no cooperative elements, but: I say, what goes and what does not, and who does not want, has already. He can kiss my a\*\*\*. And that does not work, of course."*

**Keeping their people small (original initial code):**

*"R: (...) the third is that some doctors don't really promote their employees and keep them small, (...). So, these are problems."*

*"R: (...) There are always questions of power that play a role. Generally, everywhere. But if a doctor and a boss keep his employees small, then, and does everything himself, then his question is usually a question of power or the position of power."*

**Being indispensable (original initial code):**

*"R: (...) Of course, doctors have a special position because, in a hospital, nothing works without doctors."*

*"R: (...) There are these minimalists, and unfortunately, they are covered in the medical profession because of a lack of doctors... or ultimately betray you, it hurts, of course. These are the difficult aspects of leadership. So, there are elements in being a doctor that promote these negative qualities."*

*"R: (...) unfortunately they are covered in the medical profession because of a lack of doctors. Every intelligent guinea pig gets another job. (...) Doctors are already hired from the time of the state exams on, without a proper assessment (...) And there are minimalists who take medicine with the attitude that it's a nine-to-five job, like assembly line work, (...)."*

**Demanding (having high expectations by putting pressure on situations) - original initial code:**

*"R: But once you have finished, you will surely have a job. You will surely have a situation in which you can still earn enough money. You can choose. You can ultimately put pressure on situations."*

*"R: (...) then suddenly they come back after a month and say, "Well, it's different now." So, the negotiating is very, very demanding. And to please everybody."*

*"R: (...) the prima donnas and divas or—as broad a path as possible, so that all move about on it somehow, but do not make clear rigid rules."*

**Feeling accountable in a clinical context (original initial code):**

*R: (...) Another is the self-image of Chief Physicians in the executive board management- they think they are responsible for one or more different disciplines under them. They feel only accountable in the clinical context, but that is not true. They must learn to explore responsibility for the whole hospital and learn to take action and make decisions which are suitable for the entire hospital. They need to involve their people in generating ideas and finding effective ways."*

*"R: (...) And another big challenge is undoubtedly the doctors (chief physicians) (...) The challenges are enormous (...) But I also believe, once again, that the loyalty of doctors never comes first for a company, never. It is always first with all doctors."*

Box 7: Initial code arrogance (high-hatting) and its properties

**Memo about arrogance (high-hatting)**

The gerund “high-hatting” is a preferred term that best mirrors the concept of arrogance. However, the gerund high-hatting is not a proper academical term. Therefore, to describe the participants' narrative and their experience of how some executives behave to dispose of their own worth or carry out a vulgar attitude of superiority, the term arrogance is used in this study.

**What type of behavior is mirrored in the code?**

How some executives behave exaggeratedly to dispose of their own worth or carry out a vulgar attitude of superiority.

**What kind of behavior does it contain (other initial codes)?**

Having expert power, being indispensable, demanding, difficult to please, keeping their people small, feeling accountable in a clinical context

**How frequent is this behavior?**

Based on the description: Often.

**What are the causes of such behavior?**

The need to demonstrate to others the own worth and the own superiority (i.e., having expert power, being indispensable, demanding, difficult to please, keeping their people small, feeling accountable in a clinical context).

**What are the processes of such behavior?**

Carrying out a nasty or vulgar behavior or attitude to demonstrate own superiority.

**What are its consequences?**

The other executives feel pressured, or feel disrespected, or treated vulgarly. It indicates hostilities and clashes within the executive board which hinders them from performing AL.

**What are other executive member's strategies to reconcile such dysfunctional behavior?**

For example, some executives said they should intensify the communication and getting buy-in from some colleagues when there are hostilities to shape this undesirable climate (i.e., acclimatizing, connecting, getting-buy-in). Some said that it is important to find advocates for their ideas and therefore engage in lobbying which, in turn, should support the strengthening of the ties and improve relations. Furthermore, some said that they should develop a common mindset and a common dialect (i.e., collaborating, focusing, norming, internalizing), which helps them to channel their power and correct such dysfunctional behavior to again perform AL (i.e., transition to reciprocal authentic board collaboration).

*R: They must learn to explore responsibility for the whole hospital and learn to take action and make decisions which are suitable for the entire hospital. They need to involve their people in generating ideas and finding effective ways (...).*

The statement above shows that a common mindset includes having common responsibility and taking actions and decisions that set the particular interest aside. “Involving other people to find effective solutions” (i.e., influencing) is a hint for reciprocal authentic board collaboration and calls for a “we-culture,” a common behavioral dialect. These actions can be best explained by the concept of channeling the power of the executive board to reconcile or correct such dysfunctional behavior.

Box 8: Memo about arrogance (high-hatting)

**4.2.1.2 Authoritarian autonomy (being trained as lone fighters)**

First, “authoritarian autonomy (being trained as lone fighters)” was an initial and in-vivo code, like the other two codes in box 9. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., constant comparison method), the researcher recognized that the other initial codes in box 9 became the

properties of “authoritarian autonomy (being trained as lone fighters).” The other codes contain two different kinds of behavior corresponding with the concept of authoritarian autonomy. The theoretical memo about this concept is presented in box 10.

Initial code	Properties of initial code
authoritarian autonomy (being trained as lone fighters - in-vivo code)	- individualizing - independence

Table 14: Initial code - authoritarian autonomy (being trained as lone fighters)

**Initial code authoritarian autonomy (being trained as lone fighters) and its properties:**  
The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Being trained as lone fighters (original initial code) collided to authoritarian autonomy:**  
*“R: (...) And then, I mention again, **we are lone fighters**. Everybody talks about teams; everybody talks about knows what the heck, but let’s face it, a doctor **is trained to be a lone fighter**. And that makes a lot of things more difficult, and I don’t have a prescription on how to improve it now because, in the end, it’s just like that at the sickbed: A doctor is standing with a patient, or he’s sitting. And you always examine alone; you take a medical history alone. What you can then discuss in the team is what you can do / you can make case reports. But the work of a doctor is actually individual work.”*

*“R: (...) but the actual work is alone with the patient. One then also gets oneself to the team, but then goes back again and is actually alone again. Discussions are rarely held in a group. (...) Difficult clarification talks: “Sorry to inform you, the memory, we have had to experience a bad finding. We must talk about it.” You can do that once in a team, but the big everyday work is always alone.”*

**Individualizing (original initial code):**  
*“R: (...) Some become executives and are still used to being lone fighters—such an individual or an authoritarian approach does not work within an executive board. Board leadership needs the collaborative element, more the joint approach.”*

*“R: (...) maybe more about the own subject, an internist is always single with a patient. That means there’s no collective. You never work with a team on a patient...”*

*“R: (...) They have to learn the cooperative part which they really need in leadership—and that would be good for the doctors, too—and I think that the younger generation will be better than the current chief physician generation. They did not learn that. There are a few who can do that because they can. There is also that. But there are more who cannot.”*

**Independence (original initial code):**  
*“R: (...) do something wrong usually means to be afraid that somehow you will get into the clinch and I am, the error culture in, especially in the medical field, is very bad. (...) In this way, we can support them in the sense of their leadership role, support them in growing independently in a positive way, and this responsibility, which, in the final analysis, is always a matter of human life in our country, can be taken on step by step, and that is what I mean by demanding it. In a medical company, you have to ask people to deal positively with the disadvantages of working independently and not to admit that you do not know something, not to admit that you have perhaps not done something optimally. These are the difficult situations.”*

Box 9: Initial code authoritarian autonomy (lone fighters) and its properties

**Memo about authoritarian autonomy (being trained as lone fighters)**

Some executives (covered in medical science) are socialized as lone fighters. Therefore, the term authoritarian autonomy is used to describe the participants' narrative and their experience of how some executives behave in their actions by absolute independence.

**What type of behavior is mirrored in the code?**

Some executives seek individualized and absolute independence to act without coordinating their actions with others or working in conjunction with them.

**What kind of behavior does it contain (other initial codes)?**

individualizing and independence

**How frequent is this behavior?**

Based on the description: often, it is an internalized behavior as it comes from these executives' socialization.

**What are the causes of such behavior?**

The need to remain independent as such socialized executives think they can only assert themselves if they have authoritarian autonomy (i.e., individualizing, independence) and if they are not urged to admit errors.

**What are the processes of such behavior?**

The process takes place by carrying out an inappropriate behavior or attitude to defend own individualized independence.

**What are its consequences?**

The other executives feel disrespected. Such behavior harms cooperation (i.e., hinders them from living authentic reciprocal board collaboration) because it signals to the other members that they constantly want an extra sausage. This, in turn, indirectly shows these members that they are not to be trusted. This results in trenches and clashes (i.e., indicates hostilities within the executive board).

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some executives explained in the interviews that the board should develop a common mindset by a common code of conduct (i.e., collaborating, includes focusing on the values and principles and norming them) and by living it (i.e., internalizing); this supports them to channel their power to transform from lone fighters to united members (i.e., unifying, a reciprocal authentic board collaboration = AL). Furthermore, this supports them in growing independently in a positive manner so they are no longer afraid to admit mistakes, allowing them to still perform in a collective in an executive board. The code of conduct strengthens the behavioral dialect and helps them to perform an error culture without being afraid. Others mentioned intensive exchange to shape the resulting climate of hostilities by intensifying the communication and trying to win them over (i.e., acclimatizing, connecting, getting-buy-in). Furthermore, they mentioned captivating and orienting (i.e., committing) the colleagues from the medical camp for common goals so they can learn collective aspects of an executive board (i.e., reciprocal authentic collaboration). Here, again, is the concept of channeling the power of the executive board to reconcile or correct such dysfunctional behavior.

Box 10: Memo about authoritarian autonomy (being trained as lone fighters)

**4.2.1.3 Postponing**

First, "postponing" was an initial code, like the other six codes in box 11. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., constant comparison method), the researcher recognized that the other initial codes in box 11 became the properties of "postponing." The other codes contain different

kinds of behavior corresponding with the concept of postponing. The theoretical memo about this concept is presented in box 12.

Initial code	Properties of initial code
postponing	<ul style="list-style-type: none"> <li>- asymmetry of interests</li> <li>- using of delay tactics</li> <li>- stalling</li> <li>- gainsaying</li> <li>- unmatured decision</li> <li>- resignation of a decision</li> </ul>

Table 15: Initial code – postponing

**Initial code postponing and its properties:**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Postponing (original initial code):**

*“R: (...) And that has something to do with the constellation of university hospitals, where people simply slow each other down to some extent. (...) They try to delay all projects which are non-conform with their agendas.”*

**Asymmetry of interest (original initial code):**

*“R: Yes, (...) I mean, in management, you usually get along when you work together, but then the various divergent interests come, first from the medical executives’ side, for example. Then it becomes very difficult to get to the person who is in management, who has to get along with his colleagues (other chief physicians) somehow. And the doctors always want to have a say in decisions, but it is very difficult to get the doctors to really work in their vessels. In concrete terms: investments. We had an investment committee that was represented by the medical management and by, I think, others. But if the preliminary work is not done in the vessel of the doctors who have to invest, then everything is useless.”*

**Using of delay tactics (original initial code):**

*“R: (...) Well, I think it’s like other organizations—other expert organizations. They will show you then—I know that from other organizations. They show you—the delay tactics if need be. Whether projects are blocked, or they say: That does not work for us. We cannot do that here.”*

**Stalling (original initial code):**

*“R: (...) Such problems reach their limits, hurdles that cannot be overcome because everyone threatens to leave. And these are situations you can only manage when people change, aren’t they? So, if someone goes into retirement, you can sometimes wait for years.”*

*“R: (...) So, I also know situations at management level, where I have experienced that—for example, the profession of doctors or nursing—has insisted on their little angle (...).”*

**Gainsaying (original initial code):**

*“R: (...) I have experienced situations where the financial people have presented the figures, and the doctors have said everything wrong, simply blocked. You could, that increases into a situation, you can’t get out of it.”*

**Unmatured decision (original initial code):**

*“R: (...) Or it really required decisions that— (...)—demanded—at a time when I was simply not ready for it. And where more of an instruction should have been given: Deal with it in-depth, you have two weeks or three weeks—get down to it. (...) And so, I think, I’ve come into situations where I’ve had a say afterward: No. Actually, you were not ready for the decision yet.”*

**Resignation of a decision (original initial code):**

*“R: (...) And I have now worked it out bilaterally (...), and of course I have involved the surgeons, (...) “Yes, that’s good. They wave through the hospital line, and then suddenly they come back after a month and say, “Well, it’s different now.”*

Box 11: Initial code postponing and its properties

**Memo about postponing**

The overall term comprising different delay tactics to block decisions based on asymmetric interest is postponing. Postponing explains best the participants' narratives and their experiences of how some executives behave to meet their agendas.

**What type of behavior is mirrored in the code?**

Some executives apply delay tactics to prevent a collective official decision of the executive board that is a disadvantage to them. In other words, some executives carry out dysfunctional behavior based on excuses such as asymmetric interest and so on in order to follow their personal agenda.

**What kind of behavior does it contain (other initial codes)?**

asymmetry of interest, using of delay tactics, stalling, gainsaying, unmaturing decision, resignation of a decision

**How frequent is this behavior?**

Based on the description: how often this behavior takes place depends on the interests of the members and the decisions discussed and officialized in the executive board.

**What are the causes of such behavior?**

The need to insist on their angles and desperately carry out their own agenda (i.e., asymmetry of interest, use of delay tactics, stalling, gainsaying, unmaturing decision, resignation of a decision).

**What are the processes of such behavior?**

The process takes place by carrying out an inappropriate behavior or attitude to defend own agenda.

**What are its consequences?**

The findings suggest that that such behavior causes hostilities within the executive board. According to the participants' narratives, the performance of projects, goals, or financial outcomes are affected. Consequently, the other executives feel disrespected. Such behavior harms collaboration because it signals to the other members that they can constantly have an extra sausage, whatever prize it costs. This, in turn, indirectly shows these members that the same rules do not apply to them.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some executives opined that the board should develop a code of conduct (i.e., collaborating). In other words, a value based “Charta” in which the same rules are mandated for all members (i.e., focusing and norming) and living it (i.e., internalizing); this supports them to channel their power to reconcile such dysfunctional behavior. Others mentioned intensive exchange (i.e., acclimatizing) to shape this undesirable climate (i.e., the hostilities), captivating and orienting (i.e., committing) the colleagues from the medical camp for common goals and projects so they can learn collective aspects of an executive board (i.e. reciprocal authentic board collaboration = AL). These methods should help them identify with joint goals and become convinced (i.e., committing). Moreover, they support them in transforming united members (i.e., unifying). Here, again, is the concept of channeling the power of the executive board to reconcile or correct such dysfunctional behavior.

Box 12: Memo about postponing

**4.2.1.4 Dancing on eggshells**

First, “dancing on eggshells” was an initial and in-vivo code like the other code in box 13.

By reflecting and writing short memos about this behavior and comparing the other codes



with this code (i.e., constant comparison method), the researcher recognized that the other initial code in box 13 became the property of “dancing on eggshells.” The other code contains behavior corresponding with the concept of “dancing on eggshells.” This initial code has the conceptual power. The theoretical memo about this concept is presented in box 14.

Initial code	Properties of initial code
dancing on eggshells (in-vivo code)	- demanding

Table 16: Initial code – dancing on eggshells

**Initial code dancing on eggshells and its property**  
 The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Dancing on eggshells (original initial code):**  
*“R: Yes, it just needs a new contour. Until now, I have always brought it to the hospital management. I have the most topics. I have always kept myself informed. But I have noticed that that is not enough. I think that in the future I will have to go to the doctors’ meeting in some form or other to discuss these changes. .... So, the negotiating is very, very demanding. And to please everybody. Basically, it’s about easing the burden of doing business. But the business must be able to continue to function. The services must be good. The motivation/ can’t exactly lose all the up-people then. **Well, that’s a dance on eggshells.**”*

*“R: (...) Well, let’s work on a new concept. Okay, they’re all busy again. Then all of a sudden, “Yes, now (window?), now we have no doctors, now we have no gynecological background.” Well, then we look again for solutions. And then push, here comes something, and then in the hospital management, the doctors again disagree. Sometimes I feel like the clown on stage, and then the scenery changes constantly, and yes, it is very, very exposed in such situations.”*

**Demanding (original initial code):**  
*“R: (...) And they are all people, personalities who already have a lot of management experience themselves because it is multi-level management. So, they are all people who are also in management themselves. (...) They are all people who have already, yes, more or less remarkable careers behind them. And they are simply demanding people.”*

Box 13: Initial code dancing on eggshells and its property

**Memo about dancing on eggshells**  
 The overall term that comprises the act of pleasing medical executives is dancing on eggshells. Dancing on eggshells best explains the participants’ narratives and their experience of being extra-careful when communicating with medical executives and how they feel like a clown on stage in order to remain in diplomatic negotiations with the medical executives. In addition, to please them, they try to attend the meetings of the medical executives. However, on the other hand, dancing on eggshells is painstaking and exhausting for the non-medical executives.

**What type of behavior is mirrored in the code?**  
 Some executives apply dancing on eggshells (a painstaking act) to negotiate with medical executives, whereby they try to be extra-careful when they communicate with them. They try not to upset them.

**What kind of behavior does it contain (other initial codes)?**  
 Demanding

**How frequent is this behavior?**

Based on the description, how often this behavior occurs depends on the need for negotiations with the medical executives and how significant the talks are for achieving a specific goal.

**What are the causes of such behavior?**

The causes of such behavior are the attitude of some executives from the medical camp in demonstrating their superiority to other colleagues (i.e., prima donna behavior) and refusing to work together with others on official projects if they do not get sufficient undertakings to please them.

**What are the processes of such behavior?**

The process occurs when non-medical executives try to please the medical executives during negotiations.

**What are its consequences?**

According to the participants' narratives, such behavior harms collaboration (humiliating, i.e., feeling like a clown on stage) because it signals to the other members that they can constantly have an extra sausage at the expense of others. This, in turn, indirectly shows these members that the same rules do not apply to them. This behavior hinders a reciprocal authentic board collaboration (i.e., performing AL).

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some executives mentioned in the interviews that the board should channel their power to develop a code of conduct based on common values (i.e., focusing, norming, internalizing) to prevent such behavior. One exciting concept explained by one of the executive leaders is that all should receive the same assessment goals for their annual bonus and how this is the case in the economy with the co-owners (i.e., unifying). In other words, all members of the executive board should be measured by the same outcome so that they are all equally responsible for achieving the goal, as would be the case with co-owners (i.e., co-owner-shiping). Furthermore, this would reinforce their ability to pull together (i.e., unifying), assimilating (i.e., having a common reality) and reconcile such a dance on eggshell because this forces the prima donnas to make a visible contribution to the common goal achievement as they are co-responsible for the same goals as the others. This helps them to unify and be no more distinguishable from the less dominant camp. All these different tactics support them to transform an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 14: Memo about dancing on eggshells

**4.2.1.5 Letting someone down**

First, “letting someone down” was an initial code like the other codes in box 15. By reflecting and writing a short memo about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 15 became the property of “letting someone down.” The other codes contain different kinds of behavior corresponding with the concept of “letting someone down.” The theoretical memo about this concept is presented in box 16.

Initial code	Properties of initial code
letting someone down	<ul style="list-style-type: none"> <li>- dilution of own goals</li> <li>- selfishness</li> <li>- feeling powerless</li> </ul>

Table 17: Initial code – letting someone down

**Initial code letting someone down and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Letting someone down (original initial code):**

*"R: (...) they are relentless in following their agenda – they deny to support you even if they promised to do so."*

*"R: (...) and unfortunately, they are covered in the medical profession (...) or ultimately betray you, it hurts, of course. These are the difficult aspects of leadership."*

**Dilution of own goals (original initial code):**

*"R: Well, right at the start, when I started, it was in shambles. And there I had a lot of people who left. I didn't have enough staff. And then I had temporary staff on all shifts. And then I went to the hospital management and said, "Can't we reduce the number of beds? In terms of quality? My biggest concern is if I'm only here temporarily, and I can't change that. I have no staff, and I can't recruit. There's no one answering." And then they told me, "No, it has to continue." That was difficult."*

*"R: Yes, it was upsetting that my goal of quality for patient care was sacrificed in favor of medical executives - and according to their wishes."*

**Selfishness (original initial code):**

*"R: (...) That's when I had the project. And then, we had Leader Leaders, which is a leadership workshop where all leaders (without the?) can speak openly. And then they blasphemed for this birth house, these doctors. So, I got unhappy. And then when the birthplace was rejected, one of them said, "This is the happiest day of my life." ...(Rude?)."*

**Feeling powerless (original initial code):**

*"R: Yes. And it was upsetting that I had no support there. Of course, I was also new, and of course, it also affected me. Why was it possible to escalate this situation in such a way? And I quasi have to take the responsibility and clean up this (people?). I have to clean them up properly. And then the whole thing was missing."*

Box 15: Initial code letting someone down and its properties

**Memo about letting someone down**

The overall term that compromises the act of denying support to another executive (i.e. care) if the anticipated support diverts the outcome to the disadvantage of the medical executives is letting someone down. Letting someone down best explains the participants' narratives and their experiences of being betrayed by medical executives when their call for support is denied in favor of the medical executives' agendas. Letting someone down hurts the executives, who become a denial for support.

**What type of behavior is mirrored in the code?**

Some executives let someone down to be able to follow their own particular interest (i.e., own agenda).

**What kind of behavior does it contain (other initial codes)?**

Dilution of own goals, selfishness, feeling powerless

**How frequent is this behavior?**

Based on the description, how often this behavior occurs depends on the need for support and how this anticipated support affect the medical executives' agendas.

**What are the causes of such behavior?**

The causes of such behavior are the selfishness of some executives and their desperate wish to hold on to their angles (particular interest, own agenda, own advantages).

**What are the processes of such behavior?**

The process occurs when non-medical executives refuse to support the other executive members if the anticipated support is not in their favor.

**What are its consequences?**

According to the participants' narratives, such behavior harms collaboration (humiliating i.e., feeling betrayed, upset) because it signals to the other members that they can constantly carry out dysfunctional behavior at the expense of the others. This, in turn, diminishes the trust between the members of the executive board and results (i.e., indicates) in hostilities. Furthermore, it causes the feelings of powerlessness and feeling upset by the executive who is down.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some executives argued that the board should develop a common mindset or, in other words, a code of conduct (i.e., collaborating) and living it (i.e., internalizing). This would support them to channel their power to reconcile such dysfunctional behavior and thus to perform AL. Others mentioned lobbying for the official project (i.e., acclimatizing), captivating and convincing the colleagues from the medical camp for common goals (i.e., committing) so that they can learn collective aspects of an executive board (i.e., AL = reciprocal authentic board collaboration). These methods should prevent the situation where they pass a decision through the board to save face but later on refuse to support their colleagues in these projects. Some said that all members of the executive board should be measured by the same goals and get the same bonus (i.e., unifying: co-owner-shiping). Here, again, is the concept of channeling the power of the executive board to reconcile or correct such dysfunctional behavior.

Box 16: Memo about letting someone down

**4.2.1.6 Ignoring**

First, “ignoring” was an initial code like the other codes in box 17. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 17 became the properties of “ignoring.” The other codes contain different kinds of behavior corresponding with the concept of “ignoring.” The theoretical memo about this concept is presented in box 18.

Initial code	Properties of initial code
ignoring	<ul style="list-style-type: none"> <li>- unaccountability</li> <li>- noncommitment</li> <li>- lack of think outside the box</li> <li>- lack of think future-oriented</li> <li>- disinterest</li> </ul>

Table 18: Initial code – ignoring

**Initial code ignoring and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Ignoring (original initial code):**

*"R: (...) they refuse the common official goals—set by the board of directors. This harms the board collaboration. (...) Instead, projects are pushed to the side contrary to the agreement. Time and again, my medical colleagues use the patient as an excuse. Yet such projects pursue an additional patient benefit."*

**Unaccountability – for economic outcomes (original initial code):**

*"R: Yes, there is still a saying today: The economy has lost nothing in medicine. You hear that again and again. That's one thing, the second is that the interests are simply different (...) they don't feel accountable for economic outcomes."*

**Noncommitment – (original initial code):**

*"R: The different interest causes noncommitment on the side of medical executives. This is fundamentally difficult for the executive board. The medical executives think that if they commit to common goals, a goal could favor another department and be a disadvantage for them. (...) For their own sake, they need to take action and make decisions that are suitable for the entire board. Being a board member anticipates joint actions—and sometimes to the disadvantage of a member."*

**Lack of think of think outside the box (original initial code):**

*"R: (...) I believe that many medical executives have no interest to become engaged in innovative projects outside their own box in favor for patient safety quality—they fear if they get engaged, they will be humiliated by other medical colleagues if the implementing of digital projects affect their comfort zone."*

**Lack of think future-oriented (original initial code):**

*"R: (...) I simply believe that many doctors have not yet noticed that today, tomorrow, and the day after tomorrow, the health system is changing much faster than it has changed in the last 20 years and that it also has an impact on their way of working."*

**Disinterest (original initial code):**

*"R: (...) and did not necessarily try to see the big picture—or let's put it this way: it was not so noticeable they were trying to understand the big picture somehow. Yes, that happens."*

Box 17: Initial code ignoring and its properties

**Memo about ignoring**

The overall term that comprises the act of denying and refusing the common goals of the executive which are not in line with the particular interests of the medical executives is called ignoring. First, if an anticipated goal results in an "interest asymmetry," then the medical executives start to miss the goal by making some excuses. Ignoring indicates the inability of the medical executives to think outside their own box. This, in turn, signals the other executive members' disinterest, noncommitment, and unaccountability. These kinds of behavior indicate unprofessional behavior and foreshadow that no consequences will follow because there is a shortage in the market.

**What type of behavior is mirrored in the code?**

Some executives ignore common goals if these goals are asymmetric to their own agenda.

**What kind of behavior does it contain (other initial codes)?**

unaccountability, noncommitment, lack of think outside the box, lack of think future-oriented, disinterest

**How frequent is this behavior?**

Based on the description, how often this behavior occurs depends on the official goals and how the achievement of the anticipated goals affect the medical executives' agendas.

**What are the causes of such behavior?**

The causes are the lack of thinking outside their box or the inability to think future-oriented and their feelings of not being accountable outside their own box (i.e., prima donna behavior); furthermore, this reinforces the feeling of noncommitment for the common goals if they do not match their own goals.

**What are the processes of such behavior?**

The process occurs when non-medical executives ignore outside their box the major concerns for the hospital and how these can be resolved as an executive board if these goals are not according to their agenda/ interest/ box.

**What are its consequences?**

According to the participants' narratives, such behavior harms collaboration because it signals to the other members that they can carry out dysfunctional behavior at the expense of the hospitals' performance without being sanctioned.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some executives told me the board should prevent such behavior by developing a commitment dimension (i.e., captivating, orienting, convinced) in which every member is convinced about the common goals. A common mindset (i.e., collaborating) helps them to develop sensibility for thinking outside their own box by remaining open-minded and taking seriously what other members solutions/ ideas are (letting themselves be captivated). Common mindset and a committing dimension nurture the feeling of accountability and commitment to common goals and interest (i.e., removing disinterest). Furthermore, the committing dimension reconciles disinterest for other colleagues' issues. In other words, all this supports them to channel their power to reconcile such dysfunctional behavior to perform AL. Here is, again, the concept of channeling the power of the executive board to reconcile or correct the dysfunctional behavior being ignored.

Box 18: Memo about ignoring

**4.2.1.7 Shirking**

First, "shirking" was an initial code, like the other codes in box 19. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., constant comparison method), the researcher recognized that the other initial codes in box 19 became the properties of "shirking." The other codes contain different kinds of behavior corresponding with the concept of "shirking." The theoretical memo about this concept is presented in box 20.

Initial code	Properties of initial code
shirking	- avoiding responsibility - neglecting responsibility

Table 19: Initial code – shirking

**Initial code shirking and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Shirking (original initial code):**

*"R: There I have a certain difficulty because I simply have a lot to do and I like best when I address something, to address responsibility for a topic and then it is processed, and I don't always have to go back and ask until something works. And unfortunately, that happens very often. It ties up a lot of time and resources, which is not really necessary. (...) but what I very often experience is a sentence like: (...)"*

**Avoiding responsibility (original initial code):**

*"R: (...) Yes, this is not my job. And we don't want that." We are a company. (...) And that's just what doesn't work very well everywhere... Because that also hinders. That causes inefficiencies, and that makes us slow. I don't want that. (...) What upsets me are people where I have to get in the back or ask questions."*

**Neglecting responsibility (original initial code):**

*“R: (...) they do not shy away from trying to neglect their responsibility for the interdisciplinary administrative work on the interfaces. (...) they always have the same excuses, and I have to go back and talk to them again (...).”*

*“R: (...) Yes, and then I bring nothing, and if I do, then they only have objections and resistance and don't know what. And why are they on the hospital administration?”*

Box 19: Initial code shirking and its properties

### **Memo about shirking**

The overall term that compromises the act of avoiding or neglecting responsibility for the interdisciplinary work or common goals of the executive board which are not in line with the particular interest of the medical executives is called shirking. First, if an anticipated goal or project results in an “interest asymmetry,” then the medical executives start to avoid or neglect their responsibilities by making excuses. Shirking indicates the inability of the medical executives to carry out responsibility for common projects if such projects are not in line with their particular interest. These kinds of behaviors indicate unprofessional behavior and foreshadow that no consequences will follow because there is a shortage of “prima donnas” in the market.

### **What type of behavior is mirrored in the code?**

Some executives avoid or neglect responsibility for common goals if these goals are asymmetric to their own agenda.

### **What kind of behavior does it contain (other initial codes)?**

avoiding responsibility, neglecting responsibility

### **How frequent is this behavior?**

Based on the description, how often this behavior occurs depends on the common goals and how much their achievement would affect the medical executives.

### **What are the causes of such behavior?**

The causes are the dysfunctional behavior of prima donnas to avoid or neglect their responsibility for common goals if the outcome of such goal achievement brings them disadvantage or if the achievement of such a goal brings them a higher administrative workload.

### **What are the processes of such behavior?**

The process occurs when medical executives avoid or neglect the responsibility for achieving the official goals of the hospital if these goals are not according to their agenda.

### **What are its consequences?**

According to the participants' narratives, such behavior harms collaboration because it signals to the other members that they can carry out dysfunctional behavior at the expense of the hospitals' performance without being sanctioned.

### **What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some executives argued that the board should prevent such behavior by developing a measurement system which incorporates the same goals and same bonus for all executive members (i.e., unifying). In other words, all members of the executive board should be measured by the same outcome so that they are all equally responsible for achieving the goal, as would be the case with co-owners (i.e., co-owner-shiping). Furthermore, this would encourage them to pull together (i.e., unifying) and assimilate (i.e., have a common reality) and reconcile the behavior shirking because this forces the prima donnas to make a visible contribution to the common goal achievement as they are co-responsible for the same goals as the others. All these different tactics support them in transforming an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 20: Memo about shirking

#### 4.2.1.8 Cultivating prima donna behavior

First, “cultivating prima donna behavior” was an initial code like the other codes in box 21. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 21 became the properties of “cultivating prima donna behavior.” The other codes contain different kinds of behavior corresponding with the concept of “cultivating prima donna behavior.” The theoretical memo about this concept is presented in box 22.

Initial code	Properties of initial code
cultivating prima donna behavior	<ul style="list-style-type: none"> <li>- archaic thinking</li> <li>- arbitrariness</li> <li>- dependency</li> <li>- power control</li> </ul>

Table 20: Initial code – cultivating prima donna behavior

**Initial code cultivating prima donna behavior and its properties**  
 The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a taste of it.

**Cultivating prima donna behavior (original initial code):**  
*“R: (...) the socialization of medical doctors is long, and the formation system of doctors is made to cultivate doctors in a self-centered way. This system teaches them how to be a ‘light catcher.’ (...).”*

*“R: (...) but maybe that is effectively socialization (...) You grow up in this system over many years (...), which has so many years of training and further education, where you are in it until you finally get out. Until it has been developed a little bit further, it simply goes on for a very long time.”*

*“R: Yes, and then you’re the boss, and you have maybe ten years of bossing ahead of you, no, then you’re not even the boss.”*

**Archaic thinking (original initial code):**  
*“R: (...) Peter Drucker, who is also standing in my library, wrote around the year 2000 in an essay: “Medicine is perhaps still the only field with archaic, hierarchical structures.” And he also had no solution for this phenomenon or problem. Wherever else you go, you talk about flat hierarchies. You talk about a team-oriented approach; you talk about spaghetti organization, etc. I have tried all that. It is extremely difficult, extremely demanding (...) I also had people who went on from here and quit after five days because the next place was quite stubbornly hierarchical (...), But the system, the chief physician system with these levels that you have, I couldn’t resolve that either, that there is a chief and a vice chief and senior physicians and assistants. And that an assistant doctor is not allowed to work independently for legal reasons alone. That is also a liability problem. (...) this hierarchical system or this sneaky mouse system also has its pitfalls or its disadvantages, where it is often hidden so that mistakes do not become apparent, which can ultimately always lead to patient harm, that is always the threatening risk.”*

**Arbitrariness (original initial code):**  
*“R: (...) The small subjects in Switzerland are organized in such a way that the bosses all know each other. If you get fired from one place because you didn’t participate, you risk not getting in at all at the other place because the bosses talk to each other and say: “You don’t have to hire*



that [last name] at all, he's no good. And then you're actually lost in your career in small Switzerland. This is just arbitrariness.

**Dependency (original initial code):**

*"R: (...) Then I came to the university hospital [place] with a very directive boss—in other words, with a boss, old school. And, of course, also in a surgical company. (...) still promote this directive or this old school. Why? Because young doctors, assistants, but also senior physicians. They have to fulfil their surgical catalogue. That means they have the endless pressure to participate so that they finally get their specialist."*

**Power control (original initial code):**

*"R: (...) At least, I have found out when I assisted or was there, that only one can be in command. Otherwise, you get bogged down. (...) but you must have made a very clear agreement beforehand, which is almost militarily exaggerated, as to who takes responsibility. (...) Who is the surgeon, who is the first assistant, who is the second assistant, they have their clear roles? (...) And if it's still conflicting, then either the senior has to be in a hierarchy and they're in a hierarchy, the chief of staff has to say, "Okay, I heard that, but we decide that way, even if it's wrong." You can effectively just go one way with one step, at least one step further."*

Box 21: Initial code cultivating prima donna behavior and its properties

**Memo about cultivating prima donna behavior**

Cultivating "prima donna" behavior is defined as the socialization of medical executives. The medical executives are acculturated to an archaic and hierarchal structure (i.e., dysfunctional behavior). The acculturation takes a long time (socialization). Therefore, dysfunctional behaviors are deeply rooted in medical executives, which in turn strengthens the collaboration asymmetry on the executive board. Another reason for medical executives to favor a hierarchal structure with an obvious line of authority is the legal aspect. Medical executives face situations, such as in surgery theaters, in which a hierarchical structure minimizes the risk to patients in life-threatening medical treatment situations.

During the professional training of medical executives in the earlier years, they are acculturated to a "bossing culture." If medical trainees refuse to accept such a culture, they cannot get their medical certificate to practice medicine independently. Moreover, because all bosses in Switzerland know each other, they inform each other who and who is not a rebel—growing up in such a professional culture results in the cultivation of prima donnas.

**What type of behavior is mirrored in the code?**

The cultivation of prima donnas.

**What kind of behavior does it contain (other initial codes)?**

archaic thinking, arbitrariness, dependency, power control

**How frequent is this behavior?**

Based on the description, such a behavior is deeply rooted.

**What are the causes of such behavior?**

The socialization at the university during medical studies. Subsequently, the culture in which they need to operate during their formation at the hospital. The internalization of certain dysfunctional behavior (i.e., bossing culture, power control, archaic thinking, arbitrariness, dependency).

**What are the processes of such behavior?**

The process of how prima donnas are cultivated by their superiors and the consequences are the dysfunctional behavior of medical executives who have not worked in their professional life on the collective aspects of collaboration with non-medical executives.

**What are its consequences?**

According to the participants' narratives, such behavior harms collaboration because it signals to the other members that they can carry out dysfunctional behavior at the expense of the hospitals'

performance (i.e., refusing/denying reciprocal authentic board collaboration) without being sanctioned.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some executives argued that the board should prevent such behavior by developing a measurement system that incorporates the same goals and bonuses for all executive members (i.e., unifying). In other words, all executive board members should be measured by the same outcome so that they are all equally responsible for achieving the goal, as would be the case with co-owners (i.e., co-owner-shiping). Furthermore, this would encourage them to pull together (i.e., unifying) and assimilate (i.e., have a common reality), and reconcile the dysfunctional effects of their cultivation because this forces the prima donnas to internalize and incorporate the same mindset for reciprocal authentic board collaboration. In addition, they would make a visible contribution to the common goal achievement because they are co-responsible for the same goals as the others. These different tactics support them in transforming an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 22: Memo about cultivating prima donna behavior

**4.2.1.9 Instrumentalizing**

First, “instrumentalizing” was an initial code like the other codes in box 23. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 23 became the properties of “instrumentalizing.” The other codes contain different kinds of behavior corresponding with the concept of “instrumentalizing.” The theoretical memo about this concept is presented in box 24.

Initial code	Properties of initial code
instrumentalizing	<ul style="list-style-type: none"> <li>- leading to the side</li> <li>- taking advantage of a third party</li> <li>- face saving</li> </ul>

Table 21: Initial code – instrumentalizing

**Initial code instrumentalizing and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Instrumentalizing (original initial in-vivo code):**

*“R: (...) And then, of course, I was instrumentalized to a certain extent. And then, of course, I was (unv., noise). And that doesn’t make it any easier.”*

*“R: (...) And now the doctors have fallen by my side. And that’s why there are always these loops now.”*

**Leading to the side (original initial in-vivo code):**

*“R: (...) And then to lead your own, that’s what I have always said. To lead oneself, that is the first thing. No problem. To lead down, no problem. Leading up, no problem. To the side, difficult.”*

**Taking advantage of a third party (original initial code):**

*“R: (...) and then I always tried, then I had this boss on one side, the director, and then it went over me. And then I tried to regulate until all the water was there for me, and now I have separated myself there, on both sides, and am now gradually doing my thing, but always with the backing.”*

**Face saving (original initial code):**

*"R: They like it as long as it does not affect them. And as long as they still have the benefit. I say now, this has been going well for nine and a half years (laughs), and now they don't find me so funny anymore. I cannot try to suit both sides for not to expose the director or the medical executives."*

Box 23: Initial code instrumentalizing and its properties

**Memo about instrumentalizing**

This is the overall term that compromises the different tactics of an executive member in using another executive member exclusively as a means to realize purposes unknown to the former. In other words, it is a situation in which one executive board member appoints another executive board member to persuade a third party (a third executive member) to save his/her face because s/he is afraid of direct communication, or to avoid finding out this third party's preferences about a particular goal or issue. Instrumentalizing indicates face power. It incorporates the act of leading to the side, taking advantage of a third party, face saving. These kinds of behavior indicate asymmetries within the executive board.

**What type of behavior is mirrored in the code?**

Some executives instrumentalize other executive members for their own interest.

**What kind of behavior does it contain (other initial codes)?**

leading to the side, taking advantage of a third party, face saving

**How frequent is this behavior?**

Based on the description, how often this behavior occurs depends on the asymmetries (i.e., power games) in the executive board collaboration and the situation within the executive board.

**What are the causes of such behavior?**

The trigger is in fact a power game situation, in which indirect power is used by an executive member to save face, or to take advantage of a third person or to persuade another member for his/her intended purpose.

**What are the processes of such behavior?**

It depends on who initializes the process of instrumentalizing. There are three groups (i.e., CEO, prima donnas, and board of directors) and three different processes. The process incorporates how these different groups put a third party in front of their chariot as a pawn sacrifice.

**What are its consequences?**

According to the participants' narratives, such behavior harms collaboration within the executive board and the relations between the two boards, and asymmetries in collaboration harm the hospitals' performance. This carried out behavior (i.e., instrumentalizing) has no consequences for members of the board of directors (i.e., no sanctions for them). Furthermore, instrumentalizing indicates power struggles and this stresses the trust in each other.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some executives argued that the board should prevent such behavior by developing their behavioral dialect (i.e., code of conduct) and internalizing it by becoming co-owners (i.e., unifying). Others explained that the power game situation is triggered by particular interests, mirrored in asymmetric goal visions, resulting in asymmetric collaboration. Therefore, the executive board should engage in intensive communication to shape the climate and bring their ideas in, captivate each other with reliable facts, and orient each other to achieve such goals together. Once the executive board is convinced about the common goals, this would encourage them to pull together (i.e., unifying), assimilate (i.e., have a common reality), and prevent/reconcile using such dysfunctional behavior. These different tactics would support them in transforming an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 24: Memo about instrumentalizing

#### 4.2.1.10 Dominating

First, “dominating” was an initial code like the other codes in box 25. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 25 became the properties of “instrumentalizing.” The other codes contain different kinds of behavior corresponding with the concept of “instrumentalizing.” The theoretical memo about this concept is presented in box 26.

Initial code	Properties of initial code
dominating	- increasing dependency - gaining power

Table 22: Initial code – dominating

#### Initial code dominating and its properties

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

##### **Dominating (original initial code):**

*“R: (...) And the doctors must get used to the fact that other professional groups can and want to work independently, with high quality. (...) Everyone has their knowledge, and the doctor is not omniscient. He must accept that these special areas are also independent professional groups with independent ideas about how it has to be.”*

*“R: The old generation chief physicians find that very difficult. In particular, to accept care as an independent expert group. They think they need to tell nursing what they have to do. This is dominance (...) You can only solve this problem if you take it to a table and discuss it together.”*

##### **Increasing dependency (original initial code):**

*“R: In fact, doctors wish to set the tone in the hospital and raise others' dependency on them. Often they have the idea [that] if others depend on them, they have more power. So they use their legal, medical accountability for patient treatment to direct others.”*

*“R: (...) The fact is, just a few years ago, the experts. In other words, the physicians set the tone in a hospital, and everyone had to do what the doctor said.”*

##### **Gaining power (original initial code):**

*“R: (...) Sometimes they try to control others through the legal aspect that doctors are responsible for the medical treatment. (...) Other professional groups should and want to work on eye level with doctors and not by their reign.”*

*“R: Mostly their greed for power is negative for cooperation and leadership in the executive team, but it is also appreciated when someone grabs power and says what it is all about in uncertain times.”*

*“R: (...) It becomes difficult when people are extremely power-oriented (...) when people are not balanced.”*

Box 25: Initial code dominating and its properties

**Memo about dominating**

The overall term dominating comprises the act of an executive board member controlling another one to force him/her in his/her favored direction or for his/her purpose.

“Prima donnas” raise others’ dependency on them or gain more power by using the legal and medical accountability for patient treatment procedures as a control instrument (i.e., power enhancement) to dominate other executive leaders for their purposes. If a change is disadvantageous for “prima donnas,” then use of dominance is carried out by them by legitimizing this dysfunctional behavior through the aspect of responsibility. They use this excuse of responsibility to demonstrate that they sit on a “higher throne.” Through this legal aspect, there is a dependency of other executive leaders toward medical executives.

**What type of behavior is mirrored in the code?**

Control of another to one’s own purpose and to demonstrate that they are sitting on a higher throne.

**What kind of behavior does it contain (other initial codes)?**

increasing dependency, gaining power

**How frequent is this behavior?**

Based on the description, how often this behavior occurs depends how deeply the greed for power is rooted and on the asymmetries (i.e., power games) in the executive board collaboration.

**What are the causes of such behavior?**

The trigger of such behavior is the prima donnas’ greed for power. By increasing dependency and gaining power, prima donnas dominate other executives to show them that they sit on a higher throne.

**What are the processes of such behavior?**

The process occurs when prima donnas use their legal responsibility for medical treatments for dominating others through the tactics of gaining power and increasing dependency on them.

**What are its consequences?**

According to the participants’ narratives, such behavior harms a reciprocal authentic board collaboration and causes asymmetries. Furthermore, other executives no longer trust the prima donnas. Moreover, the asymmetric collaboration also affects hospitals’ performance.

**What are other executive members’ strategies to reconcile such dysfunctional behavior?**

For example, some executives mentioned that the board should resolve such behavior by developing their behavioral dialect (i.e., code of conduct) and internalizing it by becoming co-owners (i.e., unifying). Others said the power game situation is triggered by particular interests, mirrored in asymmetric goal visions, resulting in asymmetric collaboration. Therefore, the executive board should have intensive communication to shape the climate (i.e., acclimatizing) and bring their ideas in, captivate each other with reliable facts, and orient each other to achieve such goals together (i.e., committing). Once the executive board is convinced about the common goals, this encourages them to pull together (i.e., unifying) and reconcile such dysfunctional behavior. These different tactics support them in transforming asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 26: Memo about dominating

**4.2.1.11 Stalemating**

First, “stalemating” was an initial code like the other code in box 27. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 27 became the properties of “stalemating.” The other codes contain

different kinds of behavior corresponding with the concept of “stalemating.” The theoretical memo about this concept is presented in the box 28.

Initial code	Properties of initial code
stalemating	<ul style="list-style-type: none"> <li>- moving the interest to an impasse</li> <li>- holding onto their interest against the interest of the patients</li> <li>- having a higher power leverage due to their reputation</li> </ul>

Table 23: Initial code – stalemating

**Initial code stalemating and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Stalemating (original initial code):**

*“R: (...) have experienced situations where the (...) the doctors have said everything wrong, simply blocked. You could, that increases into a situation, you can’t get out of it. Or, for example, in oncology—but that’s very difficult when it’s somehow recorded (...)”*

**Moving the interest to an impasse (original initial code):**

*“R: (...) But I will take an example now, so at (...) X there is oncology, there is a gynecological clinic, there is a dermatological clinic, there is a neurological clinic, and in these three clinics, oncology is done in the specialist area. That has been impossible to take away from them, in favor of oncology, as a discipline above all. This stalemate situation still exists today, was recently written in the newspaper. Such problems reach their limits, hurdles that cannot be overcome because everyone threatens to leave. And these are situations you can only manage when people change, aren’t they? So, if someone goes into retirement, you can sometimes wait for years.”*

**Holding onto their interest against the interest of the patients (original initial code):**

*“R: (...) the whole constellation is not in favor of patients. So you try to compromise in favor of chief physicians to keep medical treatments. It is awful that we decrease patients’ quality because of the interest of chief physicians (...).”*

*“R: (...) So at the moment, it’s just that you give in, but you try to keep the whole thing together somehow via tumor boards. You know very well that the competence—for example, in the gynecological clinic—is simply below what you should be able to expect. Then you make compromises. But all I want to say is what I had to do as a compromise. Now, my successor has to make more than a compromise. And that has something to do with the constellation of (...), where people simply slow each other down to some extent.”*

**Having a higher power leverage due to their reputation (original initial code):**

*“R: There are power relations that are still simply on the side of the medical profession today. Of course, doctors have a special position because, in a hospital, nothing works without doctors. This position is simply difficult because it leads to power constellations where some can slow others down, in extreme cases.”*

*“R: (...) It becomes difficult when people are extremely power-oriented (...) when people are not balanced. (...) they have the upper hand, and they simply block some big projects (...).”*

Box 27: Initial code stalemating and its properties

**Memo about stalemating**

The overall term that compromises prima donnas’ threats to leave (withdraw), in a situation in which no progress can be made, or when negotiations with this “prima donna” reach an impasse. In addition, when the other executive leaders assume that a prima donna has a higher leverage due to their prestigious reputation, then they back down and wait for another appropriate situation

to start the negotiation again about this specific goal. Some narratives explained that such stalemates have stood for two decades and it was impossible to overcome them due to the power leverage of the prima donnas.

**What type of behavior is mirrored in the code?**

To bring progress toward an asymmetric goal (a change in favor of the public-sector hospital) to an impasse by holding on to their interests against the interest of the patients and by using their higher power leverage due to their reputation.

**What kind of behavior does it contain (other initial codes)?**

moving the interest to an impasse, holding onto their interest against the interest of the patients, having a higher power leverage due to their reputation

**How frequent is this behavior?**

Based on the description, how often this behavior occurs depends on the official goals and how the achievement of the anticipated goals affect the medical executives agendas.

**What are the causes of such behavior?**

The medical executives fear any reduction in their power and the inability to stick to their agenda.

**What are the processes of such behavior?**

The process occurs when medical executives fear a goal that would have a negative impact on their power (a reduction in their power) and would decrease the dependency of other executive board members on them.

**What are its consequences?**

According to the participants' narratives, such behavior harms collaboration because it signals to the other members that they can carry out dysfunctional behavior at the expense of the hospitals' performance without being sanctioned.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some argued that the board should compromise or repeatedly negotiate intensively. Others said they should focus on their values and jointly implement a code of conduct (i.e., collaborating). Moreover, they should internalize it. The executive board should engage in intensive communication to shape the climate (i.e., acclimatizing), bring their ideas in, captivate each other with reliable facts, and orient each other to achieve such goals together (i.e., committing). Once the executive board is convinced about the common goals, this will reinforce them to pull together (i.e., unifying). Others argued they should be measured by the same criteria for their bonus as other executive colleagues (i.e., co-owner-shiping). The same goals should count. This circumstance would allow them to resolve the stalemate situation in favor of others to get their reward and reconcile such dysfunctional behavior. These different tactics support them in transforming an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 28: Memo about stalemating

**4.2.1.12 Leading up**

First "leading up" was an initial code like the other codes in box 29. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 29 became the properties of "leading up." The other codes contain different kinds of behavior corresponding with the concept of "leading up." The theoretical memo about this concept is presented in box 30.

Initial code	Properties of initial code
leading up	<ul style="list-style-type: none"> <li>- balancing power on the executive board</li> <li>- avoiding to get under the power wheels</li> <li>- goal disharmony</li> </ul>

Table 24: Initial code – leading up

**Initial code leading up and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Leading up (original initial code):**

*"R: (...) that certain CEOs in healthcare believe that they have to run the board of directors?"*

*"R: (...) Specialists are sought for the supervisory boards. In smaller organizations, like ours now, the (univ.) together with the regional political circumstances, it will not cause the committees to become more technically competent. All the more important is the role of the CEO. And in our case, you have to say it. Clearly, the CEO leads the supervisory boards. Because if it's the other way around, it does not work. Because they have too little expertise."*

*"R: That most likely depends on the personality of the CEO. So, to a certain extent, a CEO naturally has leadership influence in a board of directors. Co-determination because he is the one who knows the organization inside out. And that's why, as a member of the board of directors, you naturally depend on it as well and then listen to the CEO. So, he has a leadership role on the board, I think."*

**Balancing power on the executive board (original initial code):**

*"R: (...) the power on the executive board must be balanced, and the board of directors must set the requirement to have a balanced power between both boards and a trustful collaboration (...)."*

*"R: What is actually important in this constellation of the board of directors and executive management is that the executive management accepts that it needs a board of directors. And that this is to the benefit of both if you work well together. I have already experienced that management has invented the board of directors. We don't actually need the board of directors; we can do it better on our own, and that's simply not a good situation. What is needed is this superordinate administrative body that bears responsibility, that ensures control, and so on and so forth. And on the other hand, we need a management team that works constructively on this. (...)"*

**Avoiding to get under the power wheels (original initial code):**

*"R: (...) it is hard sometimes to convince the board of directors. Executives are sometimes afraid of their political power and do not want to fall under their wheels. Some politicians on the board of directors insist on their angles, so you need to adapt to them and find out how you can convince them with a compromise. If you can't force them to change the goals in favor of medical executives, you will face the medical executives. And the good collaboration with them is over. Medical executives and the board of directors always have higher leverage."*

*"R: (...) they always have the upper hand—that's why it's necessary to accept a part of the ridiculous approaches in the strategy—but as a CEO or as an executive board also try to change their minds—but in a way that they can still save face. This is the only way to avoid getting under their wheels."*

**Goal disharmony (original initial code):**

*"R: (...) the problem is [that] the board of directors in small-sized public hospitals have not enough expertise—this fact results in goal disharmony by working on strategy with them. That is why the CEO leads the board of directors. (...) The goals of most members of board directors orient on their legislative duration. These goals are sometimes in disharmony with medical executives' agendas."*



*"R: I don't think that the board of directors does the strategy alone, not at all, that really has to be done together, but it can't be that the management does something, the board of directors then contradicts it, such situations in strategy collaboration creates goal disharmonies. If they cannot get rid of these disharmonies, there are fronts, and mostly the CEO is in danger of running into a stalemate situation. This danger is two-sided and comes from medical executives or the board of directors (...), it doesn't work that way, can it?"*

*"R: (...) I heard, not long ago, in a company, that next spring, we would present the strategy for the period 2020-2023. Then I intervened and said that the strategy is something that the Board of Directors and Executive Management has to work together, and the Board of Directors has the lead. Then the CEO/ managing director looked at me like that and shook her head and said: "No, that's not possible. We know everything about operations much better."*

Box 29: Initial code leading up and its properties

### **Memo about leading up**

The overall term of leading up comprises how a CEO in symmetric board collaboration on the executive board forces the board of directors to change the strategic goals in favor of the executive board. Because the CEO wants to balance the harmony and avoid getting under the wheels of medical executives or the board of directors, if he/she does not harmonize the strategy setting, he/she runs again into a deadlock situation.

### **What type of behavior is mirrored in the code?**

The CEOs try to force the board of directors to change strategic settings in a face-saving manner, and simultaneously protect themselves.

### **What kind of behavior does it contain (other initial codes)?**

Balancing power on the executive board, avoiding to get under the power wheels, goal disharmony

### **How frequent is this behavior?**

Based on the description, it occurs when the board of directors and the executive board works on the strategy. Subsequently, it depends on the hospital and the regulations in the health care market and how many times per year they meet to fix the strategy settings.

### **What are the causes of such behavior?**

This behavior is caused by goal disharmony in strategy settings or anticipated goals between the board of directors and the executive board.

### **What are the processes of such behavior?**

The process occurs when a CEO forces the board director to make changes in favor of medical executives as he/she is afraid to fall under the wheels of politicians or medical doctors.

### **What are its consequences?**

According to the participants' narratives, such behavior harms collaboration between both boards but also within the executive board. Furthermore, the CEO gets into a power struggle with the board directors if the goals are to the detriment of the medical executives.

### **What are other executive members' strategies to reconcile such dysfunctional behavior?**

The interviewed executives explained that the CEO should have intensive communication to shape the climate with the board of directors (i.e., acclimatizing). The CEO should negotiate a compromise repeatedly to avoid the risk for the board of directors of running into a stalemate situation. Others said the board of directors should shape the executive board's climate by lobbying and giving them the space to bring their ideas in, captivate each other with reliable facts, and orient each other to achieve such goals together (i.e., committing). Once both boards are convinced about the common goals, they can prepare the hospital employees to achieve the common goals (i.e., influencing). Some said the executive board needs to develop a code of conduct so the prima donnas internalize such principles and no longer threaten the CEO with

falling under their wheels if the strategy settings are not in their favor. If the prima donnas live such principles, they will no longer try to use others as pawn sacrifices to honor their agenda. These different tactics support them in transforming an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 30: Memo about leading up

#### 4.2.1.13 Vaporizing

First, “vaporizing” was an initial code like the other code in box 31. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 31 became the properties of “vaporizing.” The other codes contain different kinds of behavior corresponding with the concept of “vaporizing.” The theoretical memo about this concept is presented in box 32.

Initial code	Properties of initial code
vaporizing	<ul style="list-style-type: none"> <li>- getting fired</li> <li>- transition in a pawn sacrifice</li> <li>- getting under the wheels of prima donnas and board of directors</li> <li>- face saving tactic of board of directors</li> </ul>

Table 25: Initial code – vaporizing

#### Initial code vaporizing and its properties

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

#### Vaporizing (original initial code):

*“R: Yes, we had a lot of CEO replacements. They are currently sitting on catapults and evaporating rapidly. They serve as pawns so that someone can be held accountable for the results, even though they are not responsible for these results. From the outside, maybe, but the inside view of the inner circle shows a different scenery.”*

*“R: (...) the most turbulent level is at the top. I mean, up until [person], I have had seven CEOs in this (univ.). So, I’ve never had anyone for more than a year and a half. Yes. (laughs)”*

#### Getting fired (original initial code):

*“R: (...) Because, otherwise, the supervisory board might be called to account. If you take (univ.) now, you can see it: From the CEO to the entire Supervisory Board, everyone has been fired. Everyone. Totally. Everyone. What do you think, rightly so?”*

*“R: Yeah, yeah, sure. On the other hand, I also fired several people. That is so.”*

*“R: (...) And if it just does not work, I mean that—if it does not work, you have to separate. Or? That’s possible—because that’s not conducive to everyone else. Of course, you have to make those decisions in leadership as well. They are difficult, but you just have to. If it does not work, you have to decide. (...)”*

#### Transition in a pawn sacrifice (original initial code):

*“R: (...) turbulent times for our CEO (...) if the power struggles between the advisory board and the chief physicians cannot be resolved because the politicians of the advisory board are afraid to dismiss chief physicians, then the CEO becomes a pawn sacrifice. It is ridiculous—today he is*

*a CEO and tomorrow a pawn sacrifice and must disappear in no time—it is because the superior board wants to avoid the CEO having time to tell the employees the truth. It is why experienced economists do not want to be hired by public hospitals.”*

**Getting under the wheels of prima donnas and board of directors (original initial code):**

*“R: (...) They just get under the wheels and are then replaced, but that does not mean that they have done anything wrong. But most of the time, politics is also involved in the supervisory bodies of the hospitals, the health organizations. Often, they are not able to judge this. And that also leads to wrong decisions because people are also dismissed who you would not have to dismiss, and you would have to change the system. But I think in leadership, you have to expect that you will be fired. It is no shame when you get fired.”*

**Face saving tactics of board of directors (original initial code):**

*“R: It is awful, but most of the time, such power struggles are ended by the board of directors firing the CEO to have someone to blame for their mistakes or blame emerging unrest or uprising on the CEO. A board member told me that CEOs can always be found to hire, but chief physicians are more difficult to recruit. Thus, from their point of view, the CEO has a weaker position. But you know that as an insider.”*

Box 31: Initial code vaporizing and its properties

**Memo about vaporizing**

The overall term vaporizing comprises the dismissal of a CEO and his quick disappearance. Vaporizing occurs when a CEO serves as a pawn sacrifice for the face-saving tactics of the board of directors or prima donnas and mostly to end up an uprising. The CEO firing act uses the board of directors to balance power between them and the executive board. In other words, the CEOs fall under the wheels of prima donnas or the board of directors and are fired to save face for those who caused the power struggles. Furthermore, when the CEO transitions into a pawn sacrifice, then he/she disappears quickly at the request of the board of directors.

The data confirm the dysfunctional behavior of prima donnas and some politicians sitting in executive boards and how they blame others for their mistakes and power games.

**What type of behavior is mirrored in the code?**

Misuse of power by the board directors and prima donnas by blaming the CEO for their own mistakes and dismissing he/she quickly to end up the uprisings. The dysfunctional behavior of prima donnas to stop at nothing to achieve their particular interest.

**What kind of behavior does it contain (other initial codes)?**

getting fired, transition in a pawn sacrifice, getting under the wheels of prima donnas and board of directors, face saving tactic of board of directors

**How frequent is this behavior?**

Based on the description, how often this behavior occurs depends on the power struggles and how often they reach an impasse or result in uprisings.

**What are the causes of such behavior?**

The causes are the face-saving tactics of the board of directors when they cannot resolve a power struggle caused by their own decisions between them and the prima donnas.

**What are the processes of such behavior?**

The processes are the face-saving tactics of the board of directors when they fire the CEO to blame him/her for their own mistakes, or when the CEO gets under the wheels of prima donnas as the board of directors have the higher leverage.

**What are its consequences?**

According to the participants' narratives, such behavior harms trust, respect, collaboration, and the relations between the board of directors and employees. Furthermore, it harms the ties between the medical executives and the employees as such dysfunctional behavior is unfair and unacceptable.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

The interviewed executives explained that this dysfunctional behavior could be reconciled by developing a code of conduct and internalizing it (i.e., developing the behavioral dialect). Others argued that the board of directors should give the executive board the space to bring their ideas in, captivate each other with reliable facts, and orient each other to achieve such goals together (i.e., committing). In addition, the board of directors should also internalize the code of conduct to remain fair and not blame others for their mistakes (i.e., collaborating). Once both panels are convinced about the common goals, they can prepare the hospital employees to achieve the common goals (i.e., influencing). These different resolving tactics support them in transforming an asymmetric collaboration into an authentic, reciprocal one (i.e., performing AL) by PC.

Box 32: Memo about vaporizing

**4.2.1.14 Avoiding change**

First, “avoiding change” was an initial code like the other codes in box 33. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 33 became the properties of “avoiding change” The other codes contain different kinds of behavior corresponding with the concept of “avoiding change.” The theoretical memo about this concept is presented in box 34.

Initial code	Properties of initial code
avoiding change	<ul style="list-style-type: none"> <li>- fearing uncertainty</li> <li>- being exposed</li> <li>- losing control</li> <li>- losing safety</li> <li>- fearing failure</li> <li>- fearing impermanent</li> </ul>

Table 26: Initial code – avoiding change

**Initial code avoiding change and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Avoiding change (original initial code):**

*“R: (...) Change is not a culture in healthcare. Change is danger.”*

*“R: In public hospitals, change is a threat and should be avoided because people are afraid of its causes.”*

*“R: Yes, change culture is one of the biggest problems (...) because such a change is not desired. They do not want change. You want to—I can say, for example, with our decision (...) that was a brave decision, but (...) instead of adapting to this change, they feel their business model is being damaged.”*

**Fearing uncertainty (original initial code):**

*“R: Yes, it’s both. I don’t know where we’ll be as a business in six months. (...) There are many uncertainties, and if there is a shortage, in the sense of no more beds, then I have to take the blame. I have to get down to the grassroots, and then I have to see how we deal with it. So, then the pressure comes from all sides, and that is the demanding part. It’s not the predictable stories.*

*Let me put it this way. I think hiring, layoffs, small change projects—that's not the issue, but the big litters."*

**Being exposed (original initial code):**

*"R: Sometimes I feel like the clown on stage, and then the scenery changes constantly, and yes, it is very, very exposed in such situations."*

*"R: (...) But the role is changing. In such a role, I am very exposed. So it is changing a lot, and that is very, very demanding. Even now, with 10 years of experience in such a position. It's very challenging."*

**Losing control (original initial code):**

*"R: (...) Having doctors/clinicians have difficulties with the change process. They try to refuse the change. You need to awaken them. They resist the change because they think, if something changes, they will receive circumcision from their positions of power. They need to learn, to develop their departments with their people and not dictate what is suitable for their position of power."*

*"R: Yes, well, or another example. Strategy group. (...) Of course, I can still hear from the doctors that they were not involved in the development of the strategy. But why were they not invited? They would have everything, for every change, they would have said, that's not possible, and that's not possible, and that's not possible."*

*"R: (...) Well, let's work on a new concept. Okay, they're all busy again. Then all of a sudden, "Yes, now (window?), now we have no doctors, now we have no gynecological background." Well, then we look again for solutions. And then push, here comes something, and then in the hospital management, the chief physicians again disagree. (...)"*

**Losing safety (original initial code):**

*"R: Yes, but what does successful mean? (...) or I'm in an industry right now that's really changing, that's really under financial pressure."*

*"R: (...) No one of us wants to have change all the time, and that change has to be led. (...) Oh, I do not have a job tomorrow. I think there will be some resistance."*

**Fearing failure (original initial code):**

*"R: (...) Sometimes I miss the good feeling, yes, we are successful. Tomorrow the conditions will be completely different again. And will I still be successful then? That is the uncertainty."*

*"R: Yes, you need to prove yourself again and assert yourself in change situations. In such situations in some executive, the fear to fail grows (...)."*

*"R: (...) And change can only happen if you believe in it—if you really do it against all resistance."*

**Fearing impermanent (original initial code):**

*"R: (...) But never knowing exactly how the individual specialist areas will develop, how the political situation is developing?"*

*"R: (...) how far can I anticipate the future and be successful with my prognosis? The impermanence in this sector makes the planning very demanding."*

Box 33: Initial code avoiding change and its properties

**Memo about avoiding change**

The overall term of avoiding change comprises denying and refusing change because the executive board members are afraid of it. They are afraid as change brings uncertainty, fear of failure, and fear of impermanence. The executives cannot anticipate the future as the sector is constantly changing. Furthermore, it compromises losing control and safety as executives need to prove and assert themselves in changing situations. In addition, such change situations are

demanding and some executives are more exposed in such cases. Primarily, medical executives refuse the change because they are afraid to relinquish their positions of power. This behavior of the medical executives makes the change for other executives harder (i.e., power struggles, goal disharmony, asymmetric interest), which is why they are afraid of change. Therefore, these fears cause change avoidance. To avoid change, they use tactics characterized by dysfunctional behaviors (i.e., instrumentalizing, dominating, stalemating, leading up, vaporizing).

**What type of behavior is mirrored in the code?**

The avoidance of change as the term change in this public-sector hospitals is not associated positively.

**What kind of behavior does it contain (other initial codes)?**

fearing uncertainty, being exposed, losing control, losing safety, fearing failure, fearing impermanent

**How frequent is this behavior?**

Based on the description, how often this behavior occurs depends on the inevitable changing situations due to regulations and interventions from the governmental body and, furthermore, how the public-hospital sector as a whole develop. However, it is also due to personnel changes in crucial positions in the hospital.

**What are the causes of such behavior?**

The prior experience of changing situations and if the process of change and the consequences were positive or negative for the executive board members. Negative experiences cause fear, which results in avoidance.

**What are the processes of such behavior?**

Avoiding change occurs when executives are afraid of change (i.e., fearing uncertainty, being exposed, losing control, losing safety, fearing failure, fearing impermanent) and use denying tactics for the upcoming change.

**What are its consequences?**

According to the participants' narratives, such behavior harms collaboration and affects hospitals' performance, and the board of directors and medical executives get away without sanctions.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some executives argued that the board should prevent such behavior by developing the commitment dimension in which every member is convinced about the new common goals brought by change. As change situations cause goal disharmony again by asymmetric interests, there is a need to refocus on captivating, orienting and convincing tactics. Once the executive board is convinced about the common goals, this would reinforce them to pull together (i.e., unifying). Others argued they should be measured by the same criteria for their bonus as other executive colleagues (i.e., co-owner-shiping). The same goals should count. This circumstance would enable them to resolve the asymmetric interest situation and make a compromise to get their reward and reconcile such dysfunctional behavior. Furthermore, all the resolving tactics in other memos to reconcile power imbalance can be used. These different tactics support them in transforming an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 34: Memo about avoiding change

#### **4.2.1.15 Arguing over a goal – economy vs medicine**

First, “arguing over a goal” was an initial code like the other codes in box 35. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 35 became the properties of “arguing over a goal.” The other codes

contain different kinds of behavior corresponding with the concept of “arguing over a goal.” The theoretical memo about arrogance is presented in box 36.

Initial code	Properties of initial code
arguing over a goal -economy vs medicine	<ul style="list-style-type: none"> <li>- blurring the goals</li> <li>- missing clear direction</li> <li>- changing goals in the favor of medicine</li> <li>- face saving</li> </ul>

Table 27: Initial code – arguing over a goal – economy vs medicine

**Initial code arguing over a goal -economy vs medicine and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Arguing over a goal -economy vs medicine (original initial code):**

*“R: You can talk about medicine versus profit with many different medical executives and other executives around various hospitals. There is still a saying today: Profit should not mandate medicine. You can argue hour and hour about that subject—as long as the old generation of chief physicians do not change their mindset and see that profit is necessary to survive, we will still have such nonsense discussions and goal disharmony.”*

*“R: (...) And that is also a management problem. How can you communicate this to your people, teach them that we have to become more efficient, we have to make more profit, we have to make a profit in order to survive? All the wheels of leadership have to do it. And that is the problem. Not all executives see it that way.”*

*“R: (...) Economizing of medicine is a philosophical challenge – a problem in everyday life. (...) a fundamental question (...) That cannot be. Health is not an economic good, from which now money is squeezed out. Resources must be well distributed; that is, we must have an economic approach to medicine. We have limited resources and want to do as much as possible, but the primary motivation of hospital operators should be to distribute the resources well—not to make a minus quite obviously; to operate economically, but not to generate a return on non-medical claims.”*

*“R: (...) We have to make a profit. In the last 6 years, we have certainly managed to do that. I believe that I have succeeded in doing this in the last 6 years with all this information and statements that you have to make a profit, that you also have to make a profit today as a listed hospital so that you can continue to exist. (...) that the operating profit must be right, that you can survive, innovate, invest, and digitalize.”*

**Blurring the goals (original initial code):**

*“R: (...) which is the highest goal you want to achieve, that is not so clear. Because there are very different views on that (unv.). (...) There are very different perspectives. (...) And that’s different with a hospital because, in the end, I ask, what is our ultimate goal?” (unv.), then I get different answers. And that doesn’t make it easy for the people in the executive board (...). And if you have three or four goals on the same level as the top goals, then there are always many conflicts of goals (...) There are many upheavals, also goals that conflict with personal principles, and so on. And now you are supposed to get all this under control in executive board leadership somehow. (...)”*

**Missing clear direction (original initial code):**

*“R: (...) I miss a clear direction - it is complicated at the moment - constantly adjusting the direction, which is a big challenge for me in leadership. I need to sit and wait and can not tell the sublevels of management a clear direction.”*

*“R: (...) And now these committees are changing. That is also difficult at the moment. ... for me, it is clear that the medical strategy must be implemented and hospital planning must be based on it, but, actually, I just need a short commitment, and then you can go. And then I can also say, left and right, “Look, this is the focus. Get ready for it.” Yeah, and also the trust and the togetherness. But we don’t really feel that in the hospital executive board. Everyone has another approach and arguing becomes the new togetherness.”*

*“R: (...) I can ask, I still have different opinions, but the goal, in the end, is somehow torturing. And that makes it very demanding as it is. (...) it makes it incredibly demanding in the lead.”*

**Changing goals in the favor of medicine (original initial code):**

*“R: (...) In the sense of directing in a direction, which he would like to have. I did it myself. But they are also sent by the board of directors in a different direction if it does not work. It may well be that, as a CEO, you have the impression, or, you know, that we have to go that direction. (...) If you stick to the profit approach, the medical executives threaten to leave, and the board of directors says immediately it to think about the risk, or too quick, or we have to balance this out, and then you just have to talk it out.”*

*“R: (...) Doctors sometimes have different goals, and I think that’s the big challenge in hospital leadership. If we do not compromise, then they threaten to leave.”*

**Face saving (original initial code):**

*“R: (...) It is a specialty in our sector. First, the superior board sets the strategic goals, and then you talk to them and show foresight [of] the risks, but they are reluctant to listen. And when the sh\*t hits the fan, and the certain executives threaten to leave again, then everything is debated and revised again so that the Board of Directors can save face.”*

Box 35: Initial code arguing over a goal- economy vs medicine and its properties

**Memo about arguing over a goal – economy vs medicine**

The general term arguing over a goal—economy vs. medicine—comprises the fight to get the upper hand in setting goals between the two camps (i.e., economy vs. medicine) within an executive board. The debate about this subject reinforces hostilities within the executive board members, and entrenches new ones. Because of the threats of medical executives (i.e., prima donnas) to leave the board of directors, they use face-saving tactics like adjusting the goals, which then blurs the goals. The particular interest and discussions around the changing goals are very challenging for leadership, and changing plans in favor of medicine affects hospitals' economic performance.

**What type of behavior is mirrored in the code?**

The two sides' disagreement is shown and how both sides are running in different directions. In addition, who is sitting on the longer lever is revealed.

**What kind of behavior does it contain (other initial codes)?**

blurring the goal, missing clear direction, changing goals in the favor of medicine, face saving

**How frequent is this behavior?**

Based on the description, how often this behavior occurs depends on the official goals and how the achievement of the anticipated goals affects the medical executives' agendas.

**What are the causes of such behavior?**

The change in the financing system of hospitals, in that public hospitals now have to finance their losses themselves (see DRG introduction and its provisions) and the mindset of the old-established executives. They still act as if it is not a problem if hospitals make losses. However, the public hospitals have political representatives on their boards of directors, who in turn believe that economic goals have priority.

**What are the processes of such behavior?**



One of the processes is when a board of directors changes goals in favor of medicine to neutralize the threat of medical executives leaving and simultaneously saving face. In turn, such an act of the board of directors blurs the goals so a clear direction is missed. In such a circumstance, arguing becomes the new togetherness and makes the leadership very challenging.

**What are its consequences?**

According to the participants' narratives, such behavior harms collaboration, trust and relations within the executive board and board of directors because it signals to the other members that they (i.e., medical executives and the board of directors) can carry out dysfunctional behavior at the expense of the hospitals' performance without being sanctioned.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

For example, some executives argued that the board should prevent such behavior by developing the commitment dimension in which every member is convinced about the new common goals brought by change and can present them credibly to the board of directors. As goal disharmony is caused again by asymmetric interests, they need to refocus on captivating, orienting, and convincing tactics. Once the executive board is convinced about the common goals, this would enable them to pull together (i.e., unifying). A critical instrument seems to be a shared measurement system for the bonus of all executive board members so that medical executives are subtly forced to feel accountable for the hospital's performance (i.e., co-owner-shiping). This circumstance would allow them to resolve the asymmetric interest situation and make a compromise to get their reward and reconcile such dysfunctional behavior. These different tactics support them in transforming an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 36: Memo about arguing over a goal- economy vs medicine

**4.2.1.16 Pursuing short-term vs long-term success**

First, "pursuing short-term vs long-term success" was an initial code like the other codes in box 37. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 37 became the properties of "pursuing short-term vs long-term success." The other codes contain different kinds of behavior corresponding with the concept of "pursuing short-term vs long-term success." The theoretical memo about this concept is presented in box 38.

Initial code	Properties of initial code
pursuing short-term vs long-term success	<ul style="list-style-type: none"> <li>- weighing short-term success higher</li> <li>- befitting the legislative requirements of authorities</li> </ul>

Table 28: Initial code – pursuing short-term vs long-term success

**Initial code pursuing short-term vs long-term success and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Pursuing short-term vs long-term success (original initial code):**

*"R: (...) we all learned in the business school decisions based on long-term value should mandate but, unfortunately, politicians govern public hospitals. And, however, they also want to demonstrate their legislative duration success. The financial pressure and trenches within the*

executive board force some CEOs to run after short-term success. This is one of the biggest challenges in our sector."

**Weighing short-term success higher (original initial code):**

"R: (...) unfortunately, it has also taken over—that talking about periods. You talk about quarters, semesters, years, and that's a hindrance because you put more emphasis on short-term success rather than the long-term strategic value of decisions. And that's a big problem today. (...) The short-term success is weighted higher than the long-term benefit, and this is one of the biggest problems we have today."

"R: (...) And there are today—due to the situation and the cost pressure—there are very many organizations. There's also that the CEO, or he believes it at least, has no time to deal with what should happen in 3 years. And that's the biggest mistake. This is happening right now—it's happening a lot, and I can see how individual hospitals in this canton will get into trouble because they do not handle current developments with enough foresight."

"R: (...) unfortunately we've taken that from politics in our day-to-day business—politics think in legislatures, and they do not think beyond this."

**Befitting the legislative requirements of authorities (original initial code):**

"R: (...) At least there are tendencies—executives have talked about it for a long time, but you barely see it, that you just choose the (governmental) approach, but that's still (...) – mainly talked about, but little is done. And the stakeholder value is long-term; all employees are involved, the social engagements are involved, the clientele is involved. That's much more important than legislative desires. But the stakeholder value has a long-term approach. The governmental approach is very short-term. At the moment, combining the two things is being attempted. That does not work. Unfortunately, it does not work, because if the short-term success does not happen, then heads will roll. However, you have to comply with the authorities and their deputies in the boards of directors. (...) some CEOs need reputational capital in our sector."

"R: (...) but that the whole issue from politics is just created by the pay scales are not really mapped cleanly by making demands or making unprovable claims. So, politics today is the most difficult element for executives in hospitals, be it chief physicians or CEOs. Politics is unpredictable and makes medium-term planning, long-term certainly, but even medium-term planning almost impossible. You have to be able to handle this, and many cannot handle it. They just get under the wheels and are then replaced (...)"

"R: (...) Politicians think only in their period of office. Up to a certain degree, it is certainly that way. On the other hand, if they later see that things go wrong, it may be a result of what they did before, and that's not nice to look at."

Box 37: Initial code pursuing short-term vs. long-term success and its properties

**Memo about pursuing short-term vs. long-term success**

This general term comprises the process of the executive members to meet the political bodies' (i.e., the deputies of political bodies as members of the board of directors) demands by weighing the short-term approach over the long-term. However, the strategy of a public-sector hospital is linked to the legislative duration of the political bodies, which influences the time aspect in the goal dimension. In addition, the political bodies also wish to present success in their legislative period, and they have the upper hand. The data indicate that if the CEO or executive cannot handle the demands of political deputies as members of the board of directors, they will get under their wheels and be replaced. Therefore, the CEOs pursue short-term success to gain reputational capital.

**What type of behavior is mirrored in the code?**

The befitting process to meet the demands of some members of the board of directors by weighing up the short-term approach over the long-term to gain reputational capital.

**What kind of behavior does it contain (other initial codes)?**

weighing short-term success higher, befitting the legislative requirements of authorities

**How frequent is this behavior?**

Based on the description, how often this behavior occurs depends on the official goals given by the board of directors and how the achievement of the anticipated goals affects the governmental bodies' agendas.

**What are the causes of such behavior?**

The involvement of governmental political bodies and their deputies sits in public-sector hospitals' boards of directors causes such behavior.

**What are the processes of such behavior?**

The processes are how executives and especially CEOs benefit some board members to their own disadvantage and to the disadvantage of hospital performance. In doing so, they decide based on short-term success (i.e., the legislative duration of politicians on the board) and gain reputational capital for a time of scarcity.

**What are its consequences?**

According to the participants' narratives, such behavior harms trust in the board of directors and their collaboration because it signals to the executive board that the board of directors is "preaching water and drinking wine" because they are setting goals that are in favor of them and not the hospital.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

Some members of the executive board or the board of directors, who are not politicians, have argued that the situation with politicians and their way of thinking, linked to their legislative duration, cannot be solved. These malpractices cannot be made public because they are very sensitive. However, what can be changed is how to develop goals and strategies jointly and how to set them (i.e., the committing process). Above all, a common mindset would contribute by internalizing a common code of conduct based on shared values (collaborating). Living this mindset would ensure that in the case of arbitrary changes of goals by some members of the board of directors, the executive board can stand together to unite their arguments (i.e., unifying). Once the executive board unitedly presents its arguments, this would enable them to pull together (i.e., unifying). A critical instrument seems to be a shared measurement system for the bonus of all executive board members so that all executives are subtly forced to feel accountable for the hospital's performance (i.e., co-owner-shiping). This circumstance would enable them to resolve the asymmetric interest situation and make a compromise to get their reward and reconcile the dysfunctional behavior caused by asymmetric interest. These different tactics support them in transforming an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 38: Memo about pursuing short-term vs. long-term success

**4.2.1.17 Asymmetric values**

First, "asymmetric values" was an initial code like the other codes in box 39. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 39 became the properties of "asymmetric values." The other codes contain different aspects of behavior corresponding with the concept of "asymmetric values." The theoretical memo about this concept is presented in box 40.

Initial code	Properties of initial code
asymmetric values	<ul style="list-style-type: none"> <li>- socializing affecting professional values</li> <li>- professional values affecting common goals</li> </ul>

Table 29: Initial code – asymmetric values

**Initial code asymmetric values and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Asymmetric values (original initial code):**

*“R: Yes, this is certainly a discussion of values, clearly, yes, or a weighting of values. They may not be exclusions, but how does a chief nurse weight the value of the patient. That is certainly different from a financial executive who writes numbers anonymously. (...) And it is not care or consideration or social status that is the decisive factor. I think these are differences. These are the values, yes, clearly.”*

**Socializing affecting professional values (original initial code):**

*“R: (...) The different values result in different interests. And then there is this whole professional group, which of course grew up in a totally different way, and so on, etc., etc., and then to put all this in a company into one goal, so to speak, is very demanding. Then, depending on the institution, academic structures, and so on are added, which then tick in a completely different way. So, this is a very demanding mix.”*

*“R: Yeah, that’s for sure. But even there, from leadership, I can’t say that from tomorrow onwards, everyone will have this goal and everyone will have prescribed values. Of course, we have formulated values for our hospital, but they are all based on the lowest common denominator that everyone can subscribe to. But afterward, in daily operations, there may be challenges. But I also always say that I know why I studied natural sciences and not nursing sciences. Yeah, I know that. Of course, that depends on the values, but I have different ideas about how I want to achieve my goals in my professional life than someone who might be working in nursing. This is not a judgement of good or bad, but rather preferences that a person has or also desire or joy or empathy, and that is the direction in which you want to go. I would probably be a bad career, yes.”*

*“R: (...) And then there’s not, but what’s more, this healthcare system attracts executives with very different motivations. And that makes the work in the executive board culture difficult again. Some executives’ say, “Yes, this is a public task, and it is ultimately to be taken as a public task, like those who say, “No, we are also in (unv.), have to make a profit and so on, and that in turn influences the motivation to work, stays that (unv.), influences the background of executives, how they think, their concepts, and then of course worlds collide with each other.”*

**Professional values affecting common goals (original initial code):**

*“R: (...) That the weighting of the values then leads to a greater or lesser harmony of objectives.”*

*“R: I think this is really the difference between the professions. So, a chief nurse wants to be a good nurse and will always put the economic background second, if not even further back, but primarily the patient, which is okay. (...) We are talking about a good to very good quality. And that with a sensible use of resources. And that is certainly not a harmony of goals. If you ... with this approach ... you become a chief nurse, a chief physician, maybe you can also mention the helper syndrome here and not for ecological reasons. And I believe that we are working intensively on this (...) that this is not always understood in the same way at the board level.”*

Box 39: Initial code asymmetric values and its properties

**Memo about asymmetric values**

The term asymmetric values explains why the different socialization backgrounds of executive members results in different professional values. All these different values of the executive members can cause asymmetric values, and these asymmetric values trigger a goal-setting dilemma. In other words, value asymmetries are equal to interest asymmetries and trigger different agendas. Goals which are not in harmony with these agendas cause goal-setting dilemmas and cause power struggles to arise again.

**What type of behavior is mirrored in the code?**

The executives align their actions by their values (i.e., stick to their own values). This circumstance is entirely normal as values trigger humankind's actions. The various values of the different members cause asymmetric values.

**What kind of behavior does it contain (other initial codes)?**

Socializing affecting professional values, professional values affecting common goals

**How frequent is this behavior?**

Based on the descriptions, this behavior is frequently observable as various values are sometimes incongruent and cause asymmetric values and goal disharmony.

**What are the causes of such behavior?**

The causes of such behavior come from the executives' professional socialization.

**What are the processes of such behavior?**

There is no specific process as asymmetric values are not behaviors but comprise the behavior to stick to own values.

**What are its consequences?**

According to the participants' narratives, asymmetric values result in a goal-setting dilemma. A goal-setting dilemma triggers power struggles and reinforces the trenches and clashes within the executive board.

**What are other executive members' strategies to reconcile such dysfunctional behavior?**

To resolve the issue of asymmetric values, participants explained that the board should focus on shared values (i.e., behavioral dialect, focusing) and develop a code of conduct (i.e., conduct with shared values and principles, norming) that can serve as a compass to align their behavior on it in difficult situations or when facing dilemmas. Furthermore, they stated that one internalizes (i.e., internalizing) these values through daily use and thus anchors them more deeply. To bridge the adverse effects of asymmetric values by hospital staff, they described their experience of campaigning for the hospital goals by emotionally-triggered associative pictures (i.e., associating) and adapting by target groups (i.e., framing). Some said these campaigns are expensive and should be funded (i.e., funding), but the effects are very satisfying. In addition, they stated that such campaigns evolve the we-culture and resolve the socialization discrepancies. These different tactics support them in transforming an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 40: Memo about asymmetric values

#### **4.2.1.18 Sitting in the prison of regulations**

First, "sitting in the prison of regulations" was an initial code like the other codes in box 41. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), this researcher recognized that the other initial codes in box 41 became the properties of "sitting in the prison of regulations." The other codes triggers different kinds of dysfunctional behavior contained in the concept of "sitting in the prison of regulations." They are also conditions contained in this concept. The theoretical memo about this concept is presented in box 42.

Initial code	Properties of initial code
sitting in the prison of regulations	<ul style="list-style-type: none"> <li>- dead regulating</li> <li>- unbalanced power</li> <li>- pressure for cost reduction</li> </ul>

Table 30: Initial code – sitting in the prison of regulations

**Initial code sitting in the prison of regulations and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Sitting in the prison of regulations (original initial code):**

*"R: (...) public-sector hospitals in Switzerland are over-regulated. First, federalism strengthens the effects of regulation. Second, the regulations are mostly in favor of the large hospitals. They have their experts in different policymaker commissions responsible for the consultation of the federal public health officials. The power to intervene and change policy is unbalanced across the hospitals. Third, the media is bashing with cost explosions and blames public hospitals but never the politicians or publish something about regulations. That is awful—and hospitals can no more move freely."*

*"R: (...) That's—well, I think it's over-regulated and in healthcare, and if it's in the public sector, it is"*

*"R: (...) are also induced by regulations. So, we have exogenous shocks in the system. (...) And the whole law, that pushes me into the big picture, and it's getting harder for smaller hospitals."*

**Dead regulating (original initial code):**

*"R: (...) And you have to be able to cope with these conditions. But this is basically true for the hospital. The healthcare system is dead-regulated. The market is zero. (...)."*

*"R: (...) On the other hand, we have public pressure or regulatory uncertainty."*

*"R: (...) And there derived the second biggest risk is the uncertainty and unpredictability, where it arises. Where I then regulate that later. And that is the risk of regulation, the unpredictability of regulation, because everyone thinks, can and does, and does it. And now activism is entering a very complex system where nobody knows about the interactions. (phone ringing) And derived from that, one can say again, yes, regulation, where we are now, but is not regulation per se, (unv.) how can I arrange myself, but it is the uncertainty, what is still to come. And it is getting stronger and stronger and because of the wrong perception. And, actually, we have to start from the very beginning. That is my action like that."*

**Unbalanced power (original initial code):**

*"R: (...) But there are also people who like it because it also protects. Certain hospitals are also looking for them because they then live better. If, as a large hospital, I can say yes, all gynecological tumors only come to the center in [A] or to [B], then I make my life extremely comfortable because then I no longer have to be customer-friendly. I no longer have to talk to the family doctors. That makes it much more elegant for me."*

*"R: (...) And the umbrella term, which I see as the main problem in the system, is the wrong perception of the healthcare system. And that is wrongly portrayed in the media. These are only cost explosions. The scapegoats are the hospitals, the pharmaceutical industry, and the doctors. So, and this is simply a bashing. And that's the main problem, which is actually upstream. And we can't get rid of it because we hospitals are doing it wrong."*

**Pressure for cost reduction (original initial code):**

*"R: (...) I think to bring it to a common denominator, that's the downside of our federalist system. As much as I like it, but there the federalist system eventually stops. It cannot be that every municipality and every canton have different regulations, and we – and, in parallel, there is always*

*the big outcry about expensive healthcare. In the worst case, you save in the wrong place. If I could save in a simple way, just simplify the administration, you would the whole—the whole—such patients—that is actually ongoing for years, and it will not come about that way.”*

*“R: (...) but the wrong perception creates hysteria. Every politician now has the feeling that he has to do something to reduce costs.”*

*“R: The financial pressure, which is growing, coming from outside. We have to show always positive figures, never negative. This is quite hard.”*

*“R: (...) It’s difficult because the costs are exploding due to these regulators. And that makes it more and more difficult to maintain hospitals of course that medium or whatever size, and to get this top service up and running.”*

*“R: (...) The pure departmental apparatus. That is—we cannot afford that anymore. That simply does not work.”*

Box 41: Initial code sitting in the prison of regulations and properties

### **Memo about sitting in the prison of regulations**

“Sitting in the prison of regulation” explains how regulations (i.e., mandatory policies) negatively affect hospitals. Furthermore, it highlights the unbalanced power across the various public-sector hospitals by revealing that some policymakers sit as executives or members of the board of directors in large hospitals. Their policies enable large hospitals to expand their medical departments and simultaneously weaken small-sized hospitals. Such regulations aim to reduce the number of public-sector hospitals. This aim is well known across Switzerland as this goal has been publicly published. However, such regulation pressures the smaller public-sector hospitals to reduce costs and makes them scapegoats in the media for the exogenous shock of health costs. These regulations are characterized as unpredictable and uncertain. New mandatory regulations trigger change and reinforce goal-setting dilemmas, which trigger dysfunctional behavior.

### **What type of condition is mirrored in the code?**

These are the mandatory regulations that slow the smaller-sized public-sector hospitals down and cause the increase of costs until such hospitals can no longer afford the effects of the costs of these regulations.

### **What kind of properties does it contain (other initial codes)?**

dead regulating, unbalanced power, pressure for cost reduction

### **How frequent is this condition?**

Based on the description, this condition is unpredictable and causes uncertainty which triggers fears as described in the memo about avoiding change.

### **What are the causes of such condition?**

This condition is caused by the goal of federal health officials to reduce costs and the number of hospitals in Switzerland. Furthermore, the policymaker in their double role uses the policymaking (i.e., regulations) to enable their own hospitals and weaken small-sized hospitals to expand their medical departments. In addition, the power to intervene is unbalanced across the various hospitals. Mostly, small-sized hospitals have less capacity to have influence in advance of the upcoming policies.

### **What behavior triggers such condition?**

This condition is unpredictable and triggers fear of uncertainty. The fear of uncertainty triggers, as already described in the memos above, the dysfunctional behavior mirrored in “avoiding change” and causes goal-setting dilemmas.

### **What are its consequences?**

According to the participants' narratives, such a condition reinforces goal-setting dilemmas and dysfunctional behavior. In addition, dysfunctional behavior harms the collaboration and relations within the executive board.

**What are other executive members' strategies to reconcile such dysfunctional behavior triggered by this condition?**

However, as change situations cause goal disharmony again by asymmetric interests, they need to refocus on captivating, orienting, and convincing tactics. The agreement about the common goals reinforces them to pull together (i.e., unifying) and become co-owners as the same criteria and goals count for the bonus of each of the executives. This circumstance would enable them to resolve the asymmetric interest situation and make a compromise to get their reward and reconcile such dysfunctional behavior. Furthermore, all the resolving tactics in other memos to reconcile a power imbalance can be used. These different tactics support them in transforming an asymmetric board collaboration into a reciprocal authentic one (i.e., performing AL) by PC.

Box 42: Memo about sitting in the prison of regulations

**4.2.1.19 Missing trust in a paralyzed lobby association**

First, “missing trust in a paralyzed lobby association” was an initial code like the other codes in box 43. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the other initial codes in box 43 became the properties of “missing trust in a paralyzed lobby association.” The other codes contain different aspects of behavior and conditions corresponding with the concept of “missing trust in a paralyzed lobby association.” The theoretical memo about this concept is presented in box 44.

Initial code	Properties of initial code
missing trust in a paralyzed lobby association	<ul style="list-style-type: none"> <li>- paralyzing one's own lobby</li> <li>- remaining neutral</li> <li>- poor outcome</li> </ul>

Table 31: Initial code – missing trust in a paralyzed lobby association

**Initial code missing trust in a paralyzed lobby association and its properties**

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

**Missing trust in a paralyzed lobby association (original initial code):**

*“R: (...) Others have a relatively strong lobby in [town]. I don't want to name any (laughing) industries that are actually very successful in securing their position, although, in my opinion, there is no future there for a long time now. Whereas hospitals are simply not represented strongly enough. Even the pharmaceutical industry is massively better represented and can still talk to/ Yes, we don't have to talk (laugh). Some kind of regulation, where now comes from next year, where plays directly into their hands. And we are simply not aggressive enough. Our association, which is more concerned with itself, but it is simply not aggressive. And that simply has to become stronger. Yes, yes. When I hear that three children's hospitals manage to put something in at the national level, the three hospitals are better organized than the entire association. They have small partial interests. We can't manage to do anything with our cantonal association. We don't even manage to do anything in the canton. We can see that there too now (laughter). It's strategic. (...)”*



**Paralyzing one's own lobby (original initial code):**

*"R: (...) And the difficulty is simply that the interests of the association have to represent so many different interests in order not to stand on anyone's feet, preferably not to do anything at all."*

**Remaining neutral (original initial code):**

*"R: (...) our association still tries to balance the various interests to not stand on anyone's feet, foremost not on politicians' feet and large hospitals— [we] prefer to remain neutral. This brings us poor outcomes, and therefore, we think about leaving this association. It is just ridiculous."*

**Poor outcome (original initial code):**

*"R: (...) We're not coordinated. We have our associations that do nothing. And we have also discussed this on several occasions—i.e., active hospitals—and we have also made our displeasure known in an exemplary manner (...)"*

Box 43: Initial code missing trust in a paralyzed lobby association and its properties

**Memo about missing trust in a paralyzed lobby association**

This term explains why increasing numbers of executives in charge miss the trust in their own lobby association. The official association of public-sector hospitals has no penetrating power because its representatives try to remain neutral to avoid stepping on anyone's toes (i.e., they are paralyzed) to satisfy the interest of the largest hospitals. The outcomes are poor as they operate on the lowest common denominator (i.e., various asymmetric interests). In Switzerland, all hospitals are direct competitors among themselves, even if they have cooperation agreements or belong to the same group. Under challenging market conditions, each hospital tries to defend its interests without regard for the others. A hospital closure is a win for the other hospital as a competitor because one expects to gain patients and achieve better capacity utilization. Even two hospitals in a network fight each other to close one, so the other can survive. Fights will be provoked among all hospitals. The superficial cooperation and diplomacy are, among other things, facades of veiling. In addition, most politicians sit on the board of directors and elect the executive board members, which creates a gentle lobbying influence that drags on over time.

**What type of condition is mirrored in the code?**

The condition mirrored in this code is the weak penetration power of the official lobby association and how the poor outcomes diminish association members' trust.

**What kind of properties does it contain (other initial codes)?**

Paralyzing one's own lobby, remaining neutral, poor outcome

**How frequent is this condition?**

Based on the description, this condition is constant because the representatives of this official association are under the gentle influence of politics.

**What are the causes of such condition?**

The representatives of such lobbies are afraid of losing their jobs when they force the interest of public-sector hospitals in the negotiations with politicians (i.e., governmental bodies) and they want to remain neutral so that they do not lose out in politics.

**What behavior triggers such condition?**

The behavior of the representatives of such lobbies are perceived by the other members of such lobby association as dysfunctional behavior resulting in mistrust in them.

**What are its consequences?**

According to the participants' narratives, such condition results in mistrust as described above and poor outcomes of the lobby association.

**What are other executive members' strategies to reconcile such behavior triggered by this condition?**

Some executives opined that such dysfunctional behavior could be resolved when the public-sector hospitals leave the lobby associations. The cost of their membership can be used as an investment in other projects. Some said that if they want to still be a member, they cannot resolve such conditions as long as they do not have sufficient influence.

Box 44: Memo about missing trust in a paralyzed lobby association

#### 4.2.1.20 Facing momentous change

First, “facing momentous change” was an initial code like the other codes in box 45. By reflecting and writing short memos about this behavior and comparing the other codes with this code (i.e., the constant comparison method), the researcher recognized that the additional initial codes in box 45 became the properties of “facing momentous change.” The other codes contain different kinds of conditions corresponding with the concept of “facing momentous change.” The theoretical memo about this concept is presented in box 46.

Initial code	Properties of initial code
facing momentous change	<ul style="list-style-type: none"> <li>- transformed values of work</li> <li>- changing views of society</li> <li>- lack of innovation</li> </ul>

Table 32: Initial code – missing trust in a paralyzed lobby association

#### Initial code facing momentous change and its properties

The raw data employed in the box are only used as examples and do not include all raw data of a code or its properties. They are solely intended to give the reader a flavor of it.

##### Facing momentous change (original initial code):

*"R: Yes, our society change develops constantly supported by new techniques and innovation in digitization. We need to catch up and address such meaningful changes in our societies to remain competitive in the job market. Moreover, these developments influence how a job is valued and what the work values are all about."*

##### Transformed values of work (original initial code):

*"R: (...) Basically, I believe that the challenge is the change in society as such. (...) So, we are living in a situation where we have never had, and that is changing, where the employees no longer just work but have a life next door. They have the work-life balance, or perhaps, even more extreme (laugh), they prioritize the private life more. (...); you have to develop other concepts."*

##### Changing views of society (original initial code):

*"R: (...) And the hospital is, in principle, probably not yet so modern. Full-time is still the job model. Job sharing, management responsibility is not possible, that is the attitude. You have to be present around the clock. And that is no longer quite in line with where society is actually developing. And you have to look at the issue, and that leads to the fact that it is increasingly difficult to recruit employees or only certain employees can be recruited. In certain job profiles, you're not really in a position to get tons of applications. The market situation is relatively thin. And I think that you have to think about how to design the job profile or the workplace. Working from home is basically not possible with us (laugh). It is tolerated in special situations. (...) But it needs a rethink. And I believe that in the future the employees, they will not only be the wage and super brand there (...) It's also the soft factors such as fringe benefits (...) And we have no solution to this. I believe that this is an issue that simply has to be put on the agenda, or simply,*

yes, it has to be addressed, or we have to see how we can remedy it. And what attitude or what solution should a hospital develop here.”

**Lack of innovation (original initial code):**

“R: (...) In the field of e-health, we are lagging behind.”

“R: (...) And I’m completely surprised at what he’s got in the third semester. He is still educated conservatively or conventionally (...) And what is coming up to us is, on the one hand, the whole artificial intelligence story, where we have to learn that these systems are getting better and better, at least in certain areas they are getting better and better than doctors. (...) The second is actually related to that: genetics. Here, too, we are in a transitional area. (...) This means that the doctor of the future must be able to deal with the situation, that he must constantly learn new things (...), and the medical profession will then increasingly no longer be what it used to be. (...) We are entering a system where the doctors are no longer the knowing ones but the translators of collective knowledge in the concrete individual case. (...) Someone has to (...) understand why a robot will operate on him now, or understand why a certain gene therapy could be carried out (...), etc. So, this translator function will always be needed, and today’s young people are not optimally selected and trained for this. So, this is a/”

“R: (...) I am convinced that digitization in the healthcare sector will experience some very bad surprises.”

“R. Yes. Right, so the medical profession will be one of the last to die. (...) The doctors will be needed for a very long time before only machines do everything (...). But the tasks will be completely different and, with it, the leadership will change, but with it, also the training, and this is all connected. (...) The middle-aged people, who still have 20 years of professional life ahead of them and who have learned something, are more afraid that what they have learned will then no longer be needed.”

Box 45: Initial code facing momentous change

**Memo about facing momentous change**

This term explains that the momentous change is triggered by society's transformation and affects the value of work. Furthermore, these changing views of society affect the work models and the future technical developments will change the tasks of different professions in a public-sector hospital. The data explain this transformation of society, and its consequences should be addressed in strategy and goal-setting meetings. Unfortunately, there are examples in which new approaches, including such adaptation, are fought (i.e., dysfunctional behavior) because senior executives try to avoid becoming familiar with such changes. However, some executives opposed innovation and the implementation of new technologies because they feared that increasing efficiency and automation could mean the loss of autonomy. Moreover, this term compromises how the transformation in technology will change patients' expectations, therefore, public-sector hospitals should prepare themselves for such a conversion.

**What type of condition is mirrored in the code?**

The condition mirrored in this code is the ongoing transformation of society and how it triggers momentous change.

**What kind of properties does it contain (other initial codes)?**

Transformed values of work, changing views of society, lack of innovation

**How frequent is this condition?**

Based on the description, this condition is a slow constant one because transformation in society caused by historical events and technology is a constant ongoing process.

**What are the causes of such condition?**

The transformation of society is the cause.

**What behavior triggers such condition?**

The dysfunctional behavior of goal-setting dilemma.

**What are its consequences?**

According to the participants' narratives, such condition results in a lack of innovation, poor workplace attractiveness and poor attractiveness for modern patients.

**What are other executive members' strategies to reconcile such behavior triggered by this condition?**

For example, some executives explained that such dysfunctional behavior could be resolved once all members have assimilated the same mentality (i.e., assimilating, unifying) because that would help them develop into open-minded executives. In addition, they should focus on the commitment dimension (i.e., captivating, orienting, and convincing) to reconcile the goal-setting dilemma triggered by some senior executives trying to avoid changes and transformation.

Box 46: Memo about facing momentous change

**4.2.2 Second stage – transition of the initial into focused codes**

In the second stage of the analysis and synthesis, data saturation occurred. Once, a point like a break-even occurred, when in each analytic conceptualization (each of the executive leaders) kept revealing the same conceptual concepts and codes. At this break-even point, when these theoretical concepts as properties of the theoretical core category "PC" evolved into an interrelated model, the moment of data saturation occurred. As soon as this theoretical core category *"revealed no new properties nor yielded any more theoretical insights about the emerging"* PC theory, there was no further obligation on the part of this researcher to gather more data (Charmaz, 2014:345).

This second phase served to focus, selectively sort, synthesize, integrate, and organize the initial codes (i.e., initial categories and concepts above) (Charmaz, 2014). It was a matter of arranging the data volumes already pre-fragmented by the initial codes into categories through focused codes (e.g., "facing prima donnas," "facing power," "goal setting dilemma," "facing regulations," "facing momentous change"). The second phase of analysis was kept direct. As described above, the first phase helped to crystallize possible paths and directions based on the data, but in the second phase, the question arose of how the initial codes (i.e., initial categories and concepts) are related to each other. Further, how the focused code (i.e., major subcategories) are related to each other. As explained and presented in Chapter 3 this researcher used to transform and transfer the initial codes into focused codes questions during sorting (see Chapter 3). The questions aided the researcher as she more closely examined the codes that linked other codes together or to combine them into major subcategories without losing the details of the first analysis or placing them in an incorrect light. The purpose of focused coding was to increase the comparison process to check the adequacy, plausibility, and conceptual strength of the initial codes that formed provisional major subcategories. In the process, the researcher returned to earlier stages of her analysis and re-examined

them in relation to the focused codes because, as Charmaz noted, researchers should allow themselves “to raise the analytic level of a code when your data indicates it. Subsequently, check how and to what extent this code fits other data” (Charmaz, 2014:146). The focused codes also gave resonance to participants’ experiences.

#### 4.2.2.1 The focused code – facing prima donnas (in-vivo code)

As already explained in the earlier theoretical memos regarding the initial codes, the behavior mirrored in these different codes present processes about how “prima donnas” behaved and are perceived by other colleagues (i.e., dysfunctional behavior). Hence, it characterizes the triggers which hinder them from performing AL. The code “facing prima donnas” incorporates all these characteristics and behavior described in the initial codes. Therefore, this focused code interrelated all these initial codes below and became a major subcategory. The term “facing prima donna” was the most appropriate abstract one and an in-vivo code. In-vivo codes have a conceptual and analytical power and can incorporate other codes as their properties.

Focused code (major subcategory)	Initial codes (category)	Properties of initial codes
<b>facing prima donnas</b> in-vivo code  “R: (...) we have an expert organization. Or if you work with the chief physicians and so on, that’s not the same if you have cleaning staff somewhere. (...) but you have to be in leadership – (...) the <b>prima donnas and divas</b> or—as broad a path as possible, so that all move about on it somehow, but do not make clear rigid rules.”	arrogance (high-hatting)	<ul style="list-style-type: none"> <li>- having expert power</li> <li>- being indispensable</li> <li>- demanding</li> <li>- difficult to please</li> <li>- keeping their people small</li> <li>- feeling accountable in a clinical context</li> </ul>
	authoritarian autonomy (being trained as lone fighters in-vivo code)	<ul style="list-style-type: none"> <li>- individualizing</li> <li>- independence</li> </ul>
	postponing	<ul style="list-style-type: none"> <li>- asymmetry of interests</li> <li>- using of delay tactics</li> <li>- stalling</li> <li>- gainsaying</li> <li>- unmatured decision</li> <li>- resignation of a decision</li> </ul>
	dancing on eggshells in-vivo code	<ul style="list-style-type: none"> <li>- demanding</li> </ul>
	letting someone down	<ul style="list-style-type: none"> <li>- dilution of own goals</li> <li>- selfishness</li> <li>- feeling powerless</li> </ul>
	ignoring	<ul style="list-style-type: none"> <li>- unaccountability</li> <li>- noncommitment</li> <li>- lack of think outside the box</li> <li>- lack of think future-oriented</li> <li>- disinterest</li> </ul>
	shirking	<ul style="list-style-type: none"> <li>- avoiding responsibility</li> </ul>

		- neglecting responsibility
	cultivating prima donna behavior	- archaic thinking - arbitrariness - dependency - power control

Table 33: Major subcategory: facing prima donnas

#### 4.2.2.2 The focused code – facing power (in-vivo code)

As already explained in the in the earlier theoretical memos regarding the initial codes, the behavior mirrored in these different codes present processes about how “power” is used by the executive board members within the board and characterize the triggers which hinder them from performing AL and, hence, what behavior they carry out using power tactics. Therefore, the focused code to incorporate these faced tactics is “facing power.” Consequently, this term was the most appropriate and abstract one and also an in-vivo code. In addition, the code “facing power” contains all the characteristics and behavior described in these initial codes. Thus, this focused code interrelated all these initial codes below and became a major subcategory.

<b>Focused code (major subcategory)</b>	<b>Initial codes</b>	<b>Properties of initial codes</b>
<b>facing power in-vivo code</b>  "R: (...) the collaboration becomes very difficult if board members are strongly power-oriented. It is a very delicate issue. (...) It is about how do you <b>face power</b> and assert yourself. How do you move your projects forward even if such power-oriented members try to block them?"	instrumentalizing	- leading to the side - taking advantage of a third party - face saving
	dominating	- increasing dependency - gaining power
	stalemating	- moving the interest to an impasse - holding onto their interest against the interest of the patients - having a higher power leverage due to their reputation
	leading up	- balancing power on the executive board - avoiding to get under the power wheels - goal disharmony
	vaporizing	- getting fired - transition in a pawn sacrifice - getting under the wheels of prima donnas and board of directors - face-saving tactic of board of directors

Table 34: Major subcategory: facing power

#### 4.2.2.3 The focused code – goal setting dilemma

As already explained in the theoretical memos above regarding the initial codes, the behavior mirrored in these different codes present processes about how the “goal setting dilemma” is triggered by the executive board members within the board. This goal setting dilemma hinders them from performing AL, hence, what behavior they carry out using tactics to avoid some goals. Therefore, the focused code to incorporate these tactics is “goal setting dilemma.” Consequently, this term was the most appropriate and abstract one and also an in-vivo code. In addition, the code “goal setting dilemma” contains all these characteristics and behavior described in the initial codes. Hence, this focused code interrelated all these initial codes below and became a major subcategory.

Focused code (major subcategory)	Initial codes	Properties of initial codes
<b>goal setting dilemma</b> in-vivo code  "R: (...) another very challenging issue is the <b>goal setting dilemma</b> within the strategy process. It is very challenging to do this with chief physicians. This dilemma is getting more challenging when you face new regulations – then you start again (...). This is why last year we did the strategy meetings without the chief physicians."	avoiding change	- fearing uncertainty - being exposed - losing control - losing safety - fearing failure - fearing impermanent
	arguing over a goal – economy vs medicine	- blurring the goals - missing clear direction - changing goals in the favor of medicine - face-saving
	pursuing short-term vs long-term success	- weighing short-term success higher - befitting the legislative requirements of authorities
	asymmetric values	- socializing affecting professional values - professional values affecting common goals

Table 35: Major subcategory: goal setting dilemma

#### 4.2.2.4 The focused code – facing regulations

As already explained in the theoretical memos above regarding the initial codes, in the following table, the different initial codes show that executive members face conditions triggered by regulations. As these reforms are imposed on them from outside, the executive board can hardly act on them to influence these reforms. The executive board can only affect the consequences of these regulations, such as the goal setting dilemma. Therefore, regulations are conditions and not causes of their resolution strategy. Moreover, these conditions trigger dysfunctional behavior (i.e., goal setting dilemma) and hence causes asymmetries. These dysfunctional behaviors hinder them from performing AL. Therefore, the focused code to incorporate these sub-conditions is “facing

regulations.” Consequently, this term was the most appropriate and abstract one and also an in-vivo code. In addition, the code “facing regulations” contains all these characteristics described in the initial codes. Hence, this focused code interrelated all these initial codes below and became a major subcategory.

<b>Focused code (major subcategory)</b>	<b>Initial codes</b>	<b>Properties of initial codes</b>
<b>facing regulations</b> "R: (...) is getting more challenging when you <b>face new regulations</b> – then you start again (...)." 	sitting in the prison of regulations	<ul style="list-style-type: none"> <li>- dead regulating</li> <li>- unbalanced power</li> <li>- pressure for cost reduction</li> </ul>
	missing trust in a paralyzed lobby association	<ul style="list-style-type: none"> <li>- paralyzing one’s own lobby</li> <li>- remaining neutral</li> <li>- poor outcome</li> </ul>

Table 36: Major subcategory: facing regulations

#### 4.2.2.5 The focused code – facing momentous change

As already explained in the theoretical memos above regarding the initial codes, in the following table, the different initial codes show that executive members face “momentous change” triggered by society and epoch changes. As these changes are imposed on them from the outside, the executive board can address them but not reverse them. Therefore, “momentous changes” are conditions of the resolving strategies of dysfunctional behavior and not causes. However, the causes of these resolving tactics are dysfunctional behavior. Moreover, these conditions trigger dysfunctional behavior (i.e., avoiding change) and hinder them from performing AL. Thus, the initial code to incorporate these properties (i.e., sub-conditions) is “facing momentous change.” This initial code became a focused code as it could not be categorized under the other focused code (facing regulations). Because momentous change is not mandated as is the case with reforms of the governmental body, this term was the most appropriate and abstract one and it incorporated and interrelated all the characteristics described in the initial codes. Hence, it became a major subcategory.

<b>Focused code (major subcategory)</b>	<b>Initial codes</b>	<b>Properties of initial codes</b>
<b>facing momentous change</b> "R: (...) the mentality of work changes; the younger generations want to have other work models home office, part-time and shared-positions, you name it. And for them, is work-life balance more important (...). So work value changes and takes another 	facing momentous change	<ul style="list-style-type: none"> <li>- changing views of society</li> <li>- transformed values of work</li> <li>- lack of innovation</li> </ul>



<p>place than in the last 20 years. So we must address these substantial changes of our epoch. (...) Unfortunately, chief physicians are not interested in such topics. Because they think the next one can address them once they hand over their positions."</p>		
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Table 37: Major subcategory: facing momentous change

#### 4.2.2.6 The two major categories

The two major categories in this analysis are theoretically built to contain the causes and conditions (i.e., indicators) of the resolving strategy PC. The codes' causes and conditions emanate from the six Cs coding family. Hence, both are theoretical codes that conceptualize how these five are focused (i.e., major subcategories, see table 38) and how the other codes as their properties are related to each other. In building these major categories, the researcher used for the first time the theoretical codes of the six Cs coding family. The two major categories are abstract explanations for the causes and conditions of PC and construct the fractured story mirrored in each code back together (Glaser, 1978).

<b>Major categories:</b>	<b>taking-up challenges, dysfunctional behaviors (indicators and causes)</b>			<b>taking-up interventions (indicators and conditions)</b>	
Major sub-categories:	facing prima donnas	facing power	goal-setting dilemma	facing regulations	facing momentous change

Table 38: The main major categories

The first major category is "taking-up challenges" because, first, executives usually face dysfunctional behavior. They subsequently take up these challenges to resolve them using the contingencies of PC. Taking-up challenges contain all the discovered dysfunctional behavior of the executive members within board collaboration and in collaboration with the board of directors. Thus, the concepts of "dysfunctional behaviors" in taking-up challenges were discovered to be less analytical in terms of the constant comparison method because it was subsequently found that these are the triggering concepts to employ the strategy of PC. In other words, "dysfunctional behavior" (taking-up challenges) are the indicators and causes, and not the subcategories of, the theoretical core category and cannot explain how this triggering of concerns and challenges of executive board members could be continuously resolved.

The second major category is “taking-up interventions” because it contains changes. These changes are imposed on them from the outside, and the executive board can address them but not reverse them. Both focused codes contained in this major subcategory trigger dysfunctional behavior, as explained above. Thus, this major category contain the indicators and conditions. Furthermore, it was found to be less analytical in terms of the constant comparison method because it was subsequently discovered that these are the indicators which cause the triggering concepts to employ the strategy of PC. In other words, “dysfunctional behavior” (taking-up interventions) are the conditions and not the subcategories of the theoretical core category and cannot explain how this triggering of concerns and challenges of executive board members could be continuously resolved.

#### **4.2.3 The third stage – the theoretical subcategories and core category**

The first memos first revealed to this researcher the low-level descriptive data as explained above. By using the constant comparison across all the various memos, specific theoretical codes commenced emerging. Theoretical codes implicitly conceptualize how the focused codes that are related to each other are modelled and reveal interrelated abstract ideas by using abduction to resolve the major concern and challenges. Or, in other words, theoretical codes “weave the fractured story back together again” (Glaser, 1978:72) into “an organized whole theory” (Glaser and Strauss, 1998:163). The triggers of the main concern in this thesis are power games, dysfunctional behavior, and collaboration asymmetry as elucidated above. The major concerns of the executive leaders were resolved by PC the substantive AL strategy.

To give the reader the flavor of the theoretical memos about the theoretical subcategories of PC, five examples are listed below. It is important to reiterate that this research method was not a linear process, but instead it was characterized by going back and forth. In other words, sometimes going back is employed to proceed with new ideas and hints which have occurred by constantly comparing the concepts which have appeared across a range of various memos. Therefore, some memos were distilled down or modified and reviewed again. Five theoretical memos have been written to integrate the major categories and theoretical subcategories into an interrelated model. These five theoretical memos summed up 15 memos by consolidating them. Originally, for each property of a theoretical subcategory, a memo had been written.

The memos below have been rewritten, delimited, and all the hand drawings are sorted out. The aim of the following memos is to give reader the flavor of the analysis and synthesis process.

Each memo was scrutinized for bias, and the following questions in the box above assess each memo. As each memo was written based on the same schema and system and assisted by the same questions, the answers to these assessments are the same for each memo.

**Evaluation criteria to reduce bias in the following memos:**

Have my memos achieved a close familiarity with the research environment?

*Yes, the codes in these theoretical categories are grounded in data. The data are analyzed by different sources and from different angles to densify its content.*

Do I have sufficient data for this memo to answer my research questions?

*Yes, there is sufficient data to reveal the resolution strategies of asymmetric board collaboration.*

Have I used the constant comparison method in my memos?

*Yes, this is mainly shown by the different properties of the theoretical subcategories and the different raw data segments themselves. Furthermore, it is demonstrated by its demarcation to other resolution mechanisms characterized as the contingencies of PC.*

Do the theoretical categories and codes in these memos reveal my vital empirical observations in the data?

*Yes, they do, as the codes of this theoretical subcategory are grounded in raw data and constantly compared to each other—only like this can the properties be discovered and contained in this theoretical subcategory, and delimited and related to the theoretical core category. These theoretical subcategories are, in fact, strategy tactics to transform an asymmetric board collaboration into a reciprocal authentic one to maximize the executives' engagement, toward the achievement of a goal. Furthermore, the contents of these theoretical categories are analyzed and synthesized by different questions in the following memos.*

Is the reasoning and synthesis in the memos based on the data?

*Yes, they are based on data and not on the researcher's fiction. Certainly, the raw data are interpreted by the researcher subjectively and her knowledge as an insider to consider correctly the content. However, her ability to speak the same jargon with the respondents supported her attempts to make meaning of their leadership narratives. When faced with unclarity of meaning in raw data, she talked to the respective respondent to provide clarity.*

Has my data provided sufficient evidence to support the theoretical categories in the memos?

*Yes, this is demonstrated above each memo in the presentation of codes with raw data segments.*

In this context, can readers understand and agree with the conclusions in the memo?

*Yes, the researchers' supervisor and her external methodology experts who consolidated her analysis understood the conclusions by reviewing them.*

Box 47: Evaluation criteria to reduce bias in the theoretical memos

#### **4.2.3.1 Theoretical subcategory “acclimatizing”**

Theoretical memo part 1- definitions from data (descriptive):

This theoretical subcategory describes adapting to changing corporate conditions by the executive board connecting within the executive leadership team, lobbying the executive board in advance on the changing conditions, and getting buy-in from critical people.

The data describe that, on the one hand, connecting for executives means connecting with oneself to reflect and gain an overview of a changing situation. On the other hand, it describes intensifying the exchange between the executive body members and the board of directors' members. In the concept of taking-up challenges, the data described that various tactics to resist change or power struggles between executives have weakened relations between two camps. Therefore, intensifying communication between the “stepped-up” colleagues becomes essential for the executive board members. The data describe taking the executives to sit down at one table and discuss the unpleasant issues. Furthermore, the data describe that it is also essential to connect with all public-sector hospital areas by “walking around” and “holding short talks”. The data describe that dialogues help to measure the working atmosphere’s pulse. The data describe that dialogues and connecting should also be systematically carried out.

“R: (...) *Having a regular retreat with your executive team as your C-Level Managers. In this round, you analyze the past and future (connecting). It is like a comprehensive overview, and this gives you the possibility to create transparency and the foundation for reflective thinking (reflecting and gaining a common comprehension/ understanding). So, you get the same or common information level. That is the basis for transparency. (connecting through transparency)*”

“R: (...) *You have to take them together and bring them to a table together (connecting through bringing them together). Then you have to discuss what it’s all about. (pulse of the atmosphere)*”

“R: (...) *It is important to communicate well. Point out the problems early enough—or the challenges. Show possible consequences earlier. (connecting through transparency) There must be no surprises—negative ones. You have to—leading means also informing. And I think even bad news is digestible if you get prepared for it. And the supervisory body also has opportunities to ask, as well as to order measures. But they do not like surprises. Nobody likes them.” (connecting with the supervisory body)*

“R: (...) *From a certain management level, –my focus is no longer for a particular professional group—but I am no longer representative of the professional group (medical executive), I am a representative of the institution (hospital). And the first thing is, I have to understand the institution as a whole, with all the necessities, and finally I also have to understand the motives, needs of the central services (administrational body, steering committee).” (connecting supports executives to understand the other needs and the institution as a whole, common understanding)*

Box 48: Data segments about connecting

This concept describes, how the executives engage in lobbying as a method of action by intensifying their influence on their executive colleagues, as they are, for each other, the most influential decision-makers (see Box 48). The data describe that these members are responsible for decision-making processes such as strategy reviews with the board of directors. The data describe that, under ever-changing conditions, the executive board and the board of directors must continuously reformulate and elaborate strategy and adapt it repeatedly. Therefore, the data describe that it is vital to achieve a

consensus among the executive body before entering negotiations with the board of directors. The data describe creating transparency to increase confidence among the executive body members. Bringing everyone to the same level of knowledge helps to avoid the damaging exercise of power. Further, the data suggests that support diminishes the fear of change as executive team members have more information, anticipate the objectives of change, and understand the interventions and their consequences in the public-sector hospital's whole context. The data describe that, depending on the basis of trust and communication between the members, lobbying can be successful quickly (see Box 48). The data indicates that in an executive board where relations are strained, the executive members need more time for this phase so that they can eliminate disagreements and ambiguities through discussions and meetings. Interviewees have said that, for most board members, the aim is to strengthen the relationship in a positive context.

Moreover, the data describe that a CEO is not always able to obtain one hundred percent commitment from every board member for the same goals during this phase.

"R: (...) *If I come up with a topic, I have to act like an advocate. On the one hand, I have to find advocates that it works. (...), it doesn't work, it is not lived, and then I can actually do it again (unv).*" **(lobbying indicates skills to influence others to find advocates for an idea)**

"R: (...) *You have to have certain alliances. (lobbying supports to build alliances by common ideas) (...) but I also try to motivate executives by thinking along, by involving them, or ... yes, that's actually how I try to strengthen it. That does not always work out equally well. (...) to let executives, think, to let them bring in ideas, and also to show certain perspectives through a transparent process.*"

**(lobbying stimulates other executives to bring their own ideas on the table and supports a mutual exchange, augment transparency)**

"R: (...) *Basically simple. (...) I am trying, through thinking and living with them (...), where I can then also convey a different value to the other executives (departments) through my function—that's why we raised it to me—that the exchange with these other executives (departments) is also then raised to a different level. And I have to see how I can accompany this, how I can shape it, and so on. (lobbying influence other executives to resolve value asymmetries and shape their perspectives)*

"R: (...) *And of course, whatever is good, really there—go there and join a day. Run with them (other executives) and if it is only half a day and develop an understanding of the other side. Conversely, of course, that works, too.*" **(lobbying trough joining other departments to bridge discrepancies and give the executive the occasion to win the other side over, getting buy-in.)**

"R: (...) *Those are just crucial to positioning a person, absolutely crucial. (...) In conversation—yes.*" **(lobbying supports to position an executive)**

"R: (...) *Another critical point in this process is, walking around the hospital (being tangible and visible as CEO). (connecting) Hence, you have the chance to get some small talk (...) These short talks and being close to your people allow you to generate ideas. (exchange by connecting) It is essential to involve your people by creating plans when you have to go through*

*a change process.” (committing after connecting and lobbying, it indicates that involving other executives (committing) is only possible when they have paved the way by lobbying.*

Box 49: Data segments about lobbying

The concept of “getting buy-in” describes capturing the emotions of the executive members (see Box 49). The data describe that it is about understanding emotions such as shock, denial, anger, depression, or acceptance about the upcoming change or a specific conflict situation. The data describe that it is important to take seriously the feelings resulting from experiencing the impending change as a threat and to share them in order to define a common approach. The data describe that open and trustful exchange between executive members builds a transparent communication field. The data shows that it helps to get buy-in from members who are unsure about change that can result when the other executives take them seriously in such intensive exchanges. The data describe that taking members seriously and discussing their conflicts builds trust. The data describe that, through proactive communication and fostering trust, the toleration of a new agenda will occur and critical colleagues in turn will back-up and participate in new agendas.

“R: (...) *But in principle again the view for the big picture has to be sharpened, empathy or feeling for others for the other side must be actively promoted. Experience of the other side actively promoted. (...) Then you can bridge the trenches more quickly, and I can leave my own patch faster, which the other then feels again and comes more towards me.*” **(empathy and developing an understanding for the stepped-up executive helps them to get buy-in this executive.)**

“R: (...) *So if you address these trenches, they exist. They really need to be overcome actively. It comes—yes, it happens that people look after their little patch and not the big picture.*” **(getting buy-in needs actions, trenches can be resolved by getting buy-in)**

“R: (...) *And those who don't want to, you might have to part with them (laughter). But at least in the beginning, everybody got the chance to participate. So, good.*” **(indicate that getting buy-in take place to resolve resistance and bring them back on track by giving a chance)**

“R: (...) *I'm sure there've been situations where you are wondering, “What am I going to cause by raising the issue the way I perceive it and the way I feel about it?”* **(getting buy-in can be carried out by transparency and open dialogue)** *And during the conversation, a feeling may arise that some people don't understand. If you can illustrate your point clearly, even the last person in the room is going to get your point. (getting buy-in is carried out by jargonizing it (personal point; argument) in the way that other executives can understand) (...) it is your responsibility to change the pattern and improve it.* **(getting buy-in can change the pattern of dysfunctional behavior)**

“R: (...) *Basically, that's certainly how it is, although I have experienced myself as someone who has tried not to let things burn. (getting buy-in indicates taking care of the stepped-up executives) So, I brought clarifications. (winning them over through clarification) As quickly as possible, (getting buy-in should be done in short time, this indicates time is important aspect of not extending trenches) (...) Important for me was the clarification. (...) So, I think it's fundamentally important if it is still about leadership, about leadership situations, simply not to let things burn. (indicates if getting buy-in cannot be carried out the trenches extend and the*

**executive board collaboration is “burning”/ asymmetric)** *This is actually always very simple and clear to all, but not easy to manage in everyday life.”*

Box 50: Data segment about getting buy-in

**Theoretical memo part 2 - definition (Conjecture by using abduction):**

**Acclimatizing** is PC to shape the “climate” within the executive board. It is mainly characterized by intensive exchange and communication of executive leaders with each other to shape the “climate” and reduce hostility among themselves.

In the first stage of this strategy of power channeling, the goal is for the executive board to develop the relationship level, which had previously suffered due to power struggles, into a positive authentic one (reciprocal). This step is mainly characterized by intensive exchange and communication with each other and with the key persons. This theoretical subcategory is called “acclimatization” because the executive board accustoms itself to new conditions and shapes the “climate,” in which others also begin to accustom themselves to this “climate.” Thus, there is an attempt to reduce hostility among themselves. Connecting, lobbying, and getting buy-in are the characteristics of this phase. Connecting, lobbying, and getting buy-in are interrelated, as connecting make it possible to again get in closer touch with one another; lobbying is not possible in relationships where two persons of a board do not talk to each other outside the formal communication on board meetings. To get the buy-in of critical executives, there is need of intensive and influencing communication, which is provided by lobbying. Therefore, the use of these three characteristics depends on the relationship stage of the executives, and they use it to re-acclimatize themselves to each other to evolve the relationships among them.

**What is the place of acclimatizing in the model of 6Cs?**

Acclimatizing is a strategic step of the executives to continually resolve their primary concern about “being disconnected” in a “climate” of dysfunctional behaviors. And therefore, the acclimatizing process is a contingency of PC.

**Why Perpetual?**

Acclimatizing is happening all the time due to the fact that public-sector hospitals’ executive boards go through ever-changing situations and every change triggers dysfunctional behaviors and potential power struggles. Therefore, acclimatizing is the process to rebuild the relational basis for communication and evolve the relationship. In the dynamics of temporary and perpetual “acclimatizing,” it occurs fully, whereas, in spasmodic dynamics, only the two properties of acclimatizing (connecting and lobbying) occur as the executive board is only provisionally interested in channeling their power for a goal without goal disharmony (goal setting dilemma).

**What are the triggers involved in acclimatizing?**

The dysfunctional behavior of lower-level concepts of facing prima donnas, facing power, and goal setting dilemma are the triggers involved in acclimatizing.

**Properties of acclimatizing:**

- Connecting
- Lobbying
- Getting-buy in

**The link between authenticity and AL in this theoretical subcategory:**

Acclimatization suggests the link between authenticity and AL, since its purpose is to shape the climate, as the data reveal that this strategy step is carried out by executives in order to engage in intense communication with each other, which indicates the importance of building trustful relationships. In other words, an executive's idealized self wants to carry out such processes. The idealized self indicates to what extent an executive feels authentic. As the processes of connecting, lobbying, and obtaining buy-in are based on the experiences of the interviewed executives, this category indicates that they carry out such strategy steps of their own free will, according to their idealized self, and are not forced to do so. As long as the executives are not forced to carry out these steps, their authenticity is not violated.

Box 51: Definition of acclimatizing by using abduction

#### 4.2.3.2 Theoretical memo about “collaborating”

Theoretical memo part 1 - definitions from data (descriptive):

This theoretical subcategory describes how an executive board, after the step of acclimatizing, builds new norms to evolve a “behavioral dialect” on the executive board (see Box 51). They anchor these norms in a C-Carta (contract for the new collaboration conduct; code of conduct). The data describe that, in this step, the various existing guidelines, corporate values, and mission are reflected and critically scrutinized. Further, the data describe that executives focus on these various guidelines in joint negotiations to define new rules that will norm the behavior among executive management. In the final phase, the data describe that executives start to live this new conduct (C-Carta) and, through living it, they internalize it until the behavioral dialect is mirrored in their everyday collaboration in the public-sector hospital.

*“I: What is the difference between a successful executive committee which works together and a weak one?”*

*“R: Good question. I think successful steering committees have a common philosophy, a common mindset bases on a joint code.”* **(collaborating – behavioral dialect trough common internalized norms and values – code means a code of conduct, power channeling trough common code of conduct?)**

*“I: Can you please explain codex closer?”*

*“R: I’m old-school, and the code (**code of conduct**) is dated back to our old Confederates. The code is, in the modern world, a more powerful concept than a mission statement. **(indicates that mission statements are broad and have not the power to influence the behavior of an executive)** A code has a strong norm that is linked to a strong ideal. **(indicates that the code of conduct is based on the values of its participants)** Because by a code, you give a personal oath or swear executive board in this code. **(a common oath is the base of a code of conduct)** (...) But when they do it the right way, it is one of a leader’s most powerful instruments. **(power channeling)** (...) In the long run, only a leader who lives his words and inspires other executives by his mindset will meet outstanding success.” **(indicates internalizing process of the code of conduct.)***

Box 52: Data segments about collaborating

The focusing concept describes how the executive body critically reflects upon and revises their collaboration and their principles in it. The lower-level concept of vaporizing indicates that there is a frequent change in the members of the executive body and therefore, the data describe, that focusing on the collaboration norms are vital to transform an asymmetric board collaboration into a reciprocal authentic one. The data describe that, in focusing to scrutinize the asymmetric collaboration, the executive understands that the time is mature to rethink such dysfunctional behaviors.

The data describe that the executive board focuses on this dimension to evolve their behavioral dialect (see Box 52). Therefore, the data describe this focusing triggers



coherence as negotiations happen jointly together. However, the data identify this process as starting to build the base for a new mindset. The data describe further that this process allows the executive board to learn about each other's values and attitudes.

*"I: How do you sharpen such guidelines for professional interaction to create shared values and be lived?"*

*"R: Yes—Hmm. We reviewed our professional collaboration values **(focusing on the values and norms indicates norming through picking up particular norms)** and questioning if they are the right ones. What is maybe missing, and what changed regarding the values as the management team also has personnel changes? This process of reviewing was done altogether. The Board of Directors was involved so that they can have a say in this process. **(focusing includes the superior board)** Another significant point was that the different informal norms of diverse professional groups were on the table **(focusing indicates norms that have the power to bridge the value asymmetries)**. Later on, we created an official Carta **(a document in which the code of conduct as summary of norms are placed, indicates a process of norming)** that presents these values and principles so our executive committee can orient themselves on these norms **(indicates that a code of conduct serves like a compass)** and get their subordinated cadre on board by living these norms." **(living it indicates jargonizing- indicates internalizing this code of conduct- augments behavioral dialect)***

*"I: Why is it necessary for you to join these processes altogether?"*

*"R: On the round table based on discussions, you learn each other's reactions and your colleagues' attitude. You come so closer to building a common mindset and learning about their way of thinking, and sometimes, if you are a reasonable observer, you can take more information out of their mimic." **(power channeling through common behavioral dialect, indicates board cohesion)***

Box 53: Data segments about focusing

Through norms, executive board members know what collaboration behavior is appropriate and that the violation of such norms will be sanctioned. The data describe how principles and norms should address executive board behaviors in collaboration and interaction. Furthermore, the data indicate that this fact makes it more important to observe and rethink the norms of collaboration in times of high fluctuation in the executive board. The data describe that, through the norming step, the executive board defines new norms and principles for a reciprocal authentic board collaboration. The data identify that this procedure is intended to convey psychologically, once again, that responsibility is a common good and cannot be divided (see Box 52). The data describe that making these common norms together increases the commitment to them and later compliance.

*"I: When gets such a Carta, the official character?"*

*"R: It is mandatory that the signature of every single member seal this Carta." **(indicates that the code of conduct is binding and norming is carried out)***

*"R: Only people who are capable of approaching others and solving problems together can represent a good board of directors because the responsibility in a board of directors is undivided **(power is channeled through undivided responsibility)**, each member is just as responsible as everyone else, and the chairman is included **(equality – equal power- reciprocal authentic board collaboration)**. It is not the case that the Chairman is a little more responsible than the*

*other members. It is really distributed. And that is why we have to organize ourselves in the Board of Directors in such a way that everyone can share this responsibility. If that is not the case, then nothing will happen as long as everything goes well, but if things do not go as well as they should, then things will become very difficult.” (explains why superior board is involved in creating a code of conduct and why executive board seal a code of conduct to legitimize its binding character.)*

Box 54: Data segments about norming

The data describe internalization occurs when the executive board aligns personal behavior with them (code of conduct) until it becomes a matter of course in collaboration (see Box 53). Internalizing starts with learning and defining the norms that the C-Carda contains. The executives go through a process of understanding why these norms are important to them and why these are vital for their collaboration until they finally accept the norms as their own point of view and exemplify them.

In the previous memos about dysfunctional behavior, the data describe that there are critical interdependencies and decisions in line with particular interest. The data describe that, if these executive board members' behavior deviates from the principles of the new common norms, the others' reaction will follow and they will try to bring the erring executive back on track. The data identify that internalization occurs because, in a diffuse situation, an executive board member does not know in advance how a dysfunctional behavior will be sanctioned. Therefore, in such a situation, an executive will behave in line with new norms to not lose his/her credibility. The data describe that the aim of such collaboration conduct is to minimize dysfunctional behavior. Further, the data indicate that the internalization of these norms also means that coherence occurs on the executive board. The data reveal that such norms commit the executive board members to a specific behavior which is appropriate for a reciprocal authentic board collaboration.

*“I: When are these norms binding and lived by the C-level management team?”*

*“R: When these norms are anchored in your daily actions, and these norms became routine.”*

*“I: Can you explain this fact of routine?”*

*“R: Every member should orient daily professional decisions in line with the Cartas principles (code of conduct serves like a compass and indicates internalizing). Only someone who internalized these values and principles can live it. (internalizing) If your inner voice insists against these values and regulations, you should have a closer look at this fact and questioning if you can work with people around you who have a different mindset entirely.” (internalizing cannot take place if the code of conduct is for an executive painstakingly to carry out)*

*“I: What happens if a member's behaviors deviate from the Carta?”*

*“R: If a members' behavior is self-interest oriented, other members will back him on the expected professional behavior path (internalizing trigger behavior correcting actions of executives, indicates coherence). As this Carta intends, decisions should be free of personal interest. (augments behavioral dialect, minimize dysfunctional behavior.) (Hmm) Another example is also the Carta signifies to treat other people in our hospital with respect. The Carta secure that the yardstick of behavior now lies in members' expectations. (internalizing the code of conduct channels their understanding of functional appropriate collaboration behavior) Good so?”*

*“I: What happens if a member behaves strongly averse to Cartas principles?”*

*"R: He or she will be sanctioned by the executive committee and lose his/ her credibility. It depends on the situation how far the sanction will be."* (**internalizing trigger behavior correcting actions of executives**)

Box 55: Data segments about internalizing

**Theoretical memo part 2 - definition (Conjecture by using abduction):**

**Collaborating** is power channeling to develop the behavioral dialect. This step is characterized by focusing on the mission, norming shared values i.e., to build a common code of conduct. The living quality of this code of conduct helps executive leaders over time to internalize it, which positively affects the behavioral dialect.

Resistance and power struggles are overcome in this stage in which executive board cohesiveness develops, new norms evolve, and new collaboration principles are adopted and internalized. In the goal orientation and public-sector hospital steering dimension (board collaboration), personal opinions and deviations are expressed and discussed jointly. Therefore, this theoretical subcategory is labelled as collaborating.

The development of executive board cohesion aims to create a climate that informs the "behavioral dialect" (living quality of the common code of conduct) of the executive board in order to develop reciprocal authentic board collaboration. The willingness to develop such a "behavioral dialect" indicates cohesion and supports the next step, the 'pulling together'. Such a behavioral dialect helps members to re-integrate themselves into the executive board. This theoretical concept supports the creation of bridges to cross the discrepancies arising from the socialization background of the members. A common dialect based on shared values and defining the criteria for collaboration is summarized in a conduct. This behavioral dialect is reflected through the joint review of the mission, and revised in the exchange with each other as the theoretical concept "focusing." This exchange helps the executives move closer together to establish new norms for a common conduct as the theoretical concept "norming." A common behavioral dialect summarized in a conduct and anchored in a C-Charta (contract of the code of conduct) serves as a compass of behavior for the executive board. The living quality of the code of conduct helps executives over time to internalize it, which positively affects the behavioral dialect. In problematic situations, it helps the executive board members to align their own behavior with this compass to avoid the negative influence of potential dysfunctional behavior or deviation in their behavior.

**What is the place of collaborating in the model of 6Cs?**

Collaborating is a strategic step of the executives to continually resolve their primary concern about dysfunctional behaviors in board collaboration. Therefore, the collaborating process is a contingency of PC.

**In which dynamics does collaborating occur?**

Collaborating depends on the dynamics of PC under the conditions of which this strategy is resolved. For short-term major projects or public-sector hospital mergers, the period is too short to carry out all the steps (properties) so that collaborating can occur fully. Therefore, "norming" is achieved in temporary power channeling dynamics. In "norming," the executive board starts to establish the new collaboration principles for a reciprocal authentic board collaboration (i.e., performing AL) during a temporary period until the project, the goal or merger of public-sector hospitals, comes to an end. In the dynamic of perpetual power channeling, collaborating occurs as all the steps of this strategy are employed by the executive board.

**What are the triggers involved in collaborating?**

The dysfunctional behavior of lower-level concepts of facing prima donnas, facing power and goal setting dilemma are the triggers involved in collaborating.

**Properties of collaborating:**

- Focusing
- Norming
- Internalizing

**The link between authenticity and AL in this theoretical subcategory:**

This theoretical subcategory reveals, through the data, how shared values and principles are jointly defined and determined by executives. Further, it shows how the executives internalize such norms. Internalization can only occur if an executive's authenticity is not violated because s/he pretends to live by such norms if s/he feels forced to do so. Authenticity means enacting values that reflect the values of the different 'mes' of the 'I' (i.e., the idealized self).

Box 56: Definition of collaborating by using abduction

**4.2.3.3 Theoretical memo about “committing”**

Theoretical memo part 1 - definitions from data (descriptive):

This theoretical subcategory describes how an executive board, after the step of collaborating, starts to interact in the goal dimension to resolve the goal setting dilemma. The data describe that committing occurs by captivating, orienting, and convincing other executives through a common mindset or code (see Box 56). It describes that the “behavioral dialect” (new conduct, mindset) channels an executive board’s power in the goal dimension to commit them to a common goal.

*“R: (...) For many years, the ceremony of jointly swearing the old covenants and treaties remained the essence by which all confederates were held together. The common mindset behind the Confederation’s swearing-in was “freedom.” (committing, captivating by a strong ideal) In these times, freedom was a substantial value. (strong ideal) Today in German-speaking areas of Switzerland, we call it swearing-in (einschwören) people on a goal, but mostly the executives try to commit the board without a strong claim or lived common code. But when they do it the right way, it is one of an executive board’s most powerful instruments. (power channeling in goal setting dimension through committing) Not only your words in the moment of swearing-in should be captivating. (indicates that captivating is part of committing) In long turn, only an executive who lives his words and inspires other executives by his mindset will meet outstanding success.” (indicates captivating must be a strong idea of an executive who carries it out that influence, other executives, perception as sincere)*

*“I: What should executive leaders do regarding committing other executives on a goal?”*

*“R: We have a say in Switzerland: The fish stinks from the head. Therefore, executive leaders should create a code based on robust values and powerful ideals and be honest about their personal goals. (indicates that collaborating ‘code of conduct’ takes place before committing) They need to know precisely “why” they are working for a hospital. (the why is the strong ideal of a purpose) And to reflect on it and put the real reason on the table requires a lot of brave. Real bravery is when people treat others as they want to be treated. (indicates reciprocal authentic board collaboration can be carried out by executives who treat other executive as they want to be treated) This kind of courage needs you to face your inner voice, confront yourself with your behavior, and work on it. (analyzing the own dysfunctional behavior) Only if you unite your power, you can reach more remarkable outcomes for yourself and the board and develop yourself. (...)” (power channeling brings advantages for every member of the executive board.)*

*“R: What does executive leadership mean? Leadership means taking executives into one boat sometimes on a stormy sea (power channeling). To motivate them (committing-captivating). To hold them together (unifying). To swear them to a task (committing) - is too much to say, but to work together (collaborating in a reciprocal authentic way). And then to make a difference for something bigger in the team (why message in goal-setting). (...) Captivate, convince (committing process). I stand up and explain an overall situation (orienting), trying to win them over (convince), to motivate (influencing through persuasion). To be able to stimulate in them the desire to commit themselves to it (committing). (...) Secondly, also to protect and support them (co-owners’ concept). Stand up for them in their needs (co-*

**ownership- unifying- stand up for each other).** (...) but *the desire to develop their power for the big picture (power channeling), to use that for the group (pulling together in unifying) and the goal (power channeling in goal-setting dimension). For the mission of the institution (norming in collaborating). And to feel like an important part of it (co-owners, unifying). The mission of the institution includes the task, the basic task and also the value to the society (purpose in the goal-setting, committing after norming the values). Then it gives rise to a personal motivation to get involved, and simply to contribute their power (power channeling), and to feel that they are an important part of it (unifying). This also creates an identification (commitment, augments behavioral dialect). So, there has to be one - I try to strengthen their identification by taking them along the way to accomplish this certain task or goal (collaborating, committing, unifying).*

Box 57: Data segments about committing

The data describe that captivating occurs when executives are perceived as sincere because their intention through their body language and their actions are consistent in the other executives' eyes (see Box 56). The data describe that, to be perceived as sincere as an executive member, it requires being honest about their personal goals and about their own behavior. The data describe that, after captivating each others' attention, the executive body will start with the orientation process.

*"I: How do you inspire your colleagues from an idea?"*

*"R: The performing competence (skills of captivating) is important because you cannot pick up the management colleagues or also staff with only factual information from a certain level (indicates persuasion skills in captivating). You have to pick them up through your enthusiasm and emotions about an idea (explains that feelings and the expression of them with your mimic convey sincerity). Only if I am rock-solidly convinced of this idea can I illustrate my ideas with the help of my body posture and choice of words and my social attitude through appropriate pictures. (being perceived as sincere through the match of body language and words, which helps other executives to detect this executive as sincere) If I am not so convinced of it, then I can present my idea well to a certain extent with good arguments and practiced presentation techniques, but I cannot win my colleagues' attention and inspire them for my project. (captivating) That isn't easy to put into words. In other words—winning the attention for the optimal goal through your charisma, but captivating everyone through your inspiration for this solution." (captivating is carried out through the sincere own inspiration, channeling the attention)*

Box 58: Data segments about captivating

Orienting is the process of analyzing and creating together a plan or goal by a concomitant exchange of the different perspectives. The data describe that there are different perspectives due to the different social backgrounds of executive board members. The data describe that executives can learn through this exchange why sometimes goals are conflicting. Further, the data describe that this process needs time and space for the executive board members. The data describe that this process supports them changing their perspective by a critical joint analysis.

The data describe that this process helps medical executives dig deeper into the public-sector hospital business to understand the economic side better. Further, this process

also allows administrative executives to dig deeper into the public-sector hospital's main "medical dimension" and understand the progress of ongoing developments. The data emphasizes that, for success and having a common orientation, every executive member of a Swiss public-sector hospital needs to understand the effort, knowledge, and hurdles in everyday public-sector hospital life from the perspective of the other areas. The data describe that, through this process, comprehension for the different dimensions evolves and a common understanding of the institution occurs (see Box 57).

*"I: How do you achieve the highest possible common denominator in the development of hospital goals?"*

*"R: The best way to create the highest possible denominator in goals is to analyze the hospital challenges together (**orienting through common understanding of challenges**). No more beautiful statistics from business economists. That has already been preconceived and no more annual retreats about goals, but rather analyses with an exchange of perspectives (**orienting through understanding the other perspectives**). A common mindset emerges when the medical profession deals with business management goals. (**common understanding of goals indicates the occurring of orienting**) It is not about the physicians themselves compiling statistics but about how they analyze and interpret a particular challenge. Similarly, the management board members from the business administration corner would have to deal more with the medical goals and challenges. (**exchange augments the common understanding of common challenges in the orientation process**) Perhaps physicians and nurses should also exchange perspectives to understand better the conflicting goals that arise. Only when all members of management fully realize why conflicting goals appear can they contribute to their resolution. (**indicates that understanding of goal asymmetry augments the desire to resolve them**) There must always be a critical and balanced joint analysis (**critical analysis balance the understanding of goal asymmetries**) at the round table of what can be achieved realistically (**setting achievable goals -goal harmony**). If, for example, a chief physician or the director of nursing can then reasonably manufacture the business goals vis-à-vis the board of directors without falling into a trap, we reached a common understanding of the institution. And it is possible to achieve good results for the hospital." (**orienting occurs when common understanding for goals are built jointly; indicates a reciprocal authentic board collaboration and coherence**)*

*"I: What is the time horizon for this?"*

*"R: It is important to us that the executive board members can already work out these analyses and solutions for common goals with their teams. (**orienting - involving lesser-level hierarchy**) This process takes much time. In return, middle management has a hand in this and can then orient itself better."*

*"I: Why don't you set the goals defined by the board of directors traditionally? As the board of directors is responsible for the strategic level?"*

*"R: In the past, we informed the management and the hospital about our strategy's direction and the goals we derived from it, but unfortunately, the achievement of goals was very poor. (**goal asymmetry when the key people are not involved, no commitment**) There were conflicting goals due to changes such as regulators or the mindset of the different professional groups. Now we rely on the card of common orientation, in which a common understanding develops through the intensive exchange and change of perspectives — a common mentality occurs." (**indicates that involving lesser-level managers supports the executive board by detecting potential goal asymmetries and dysfunctional behavior or to avoid poor goal outcomes. Orienting through coherence and involving key people to convince them**)*

Box 59: Data segments about orienting

Convincing is the last step of this process (see Box 58). The data defines convincing as the ability of the executive team to cause, collectively, the board of directors, other

management levels, and employees to believe that the chosen path to cope with change or achieve a common goal is the most appropriate.

*"I: How was the achievement of goals afterward?"*

*"R: Much better and goals became more binding (indicates such a goal can be implemented/achieved, indicates that prima donnas agree and do not use dysfunctional tactics to avoid or postpone them, convincing occurs) for the cadre, and they were able to involve their employees in the orientation process. Perhaps these goals became more also more realistic—as the big picture becomes more visible. (convincing occurs when the goals are realistic, are achievable and key people were involved) Our people at all levels are convinced (convincing) about the appropriateness of these goals as they understand the goals. (indicates that convincing needs a common goal comprehension, goal symmetry) They also get support from their superior, and these goals are mirrored in their yearly goal settings." (convincing reveal that the set goals are included in the lesser-level managers yearly goal settings.)*

Box 60: Data segments about convincing

### **Theoretical memo part 2 - definition (Conjecture by using abduction):**

**Committing** is PC to commit for goals on the highest denominator. In this third step, the balanced interpersonal power structure becomes the goal-defining tool. The professional power of executive members is channeled into the goal dimension.

The data revealed that the executive board attains the third stage in which a balanced, interpersonal power structure becomes the goal-defining tool. The professional power of executive members becomes flexible and functional, and board power is channeled into the goal dimension. Power structural and personal issues have been resolved, and the balanced power structure of the board can now become supportive of the goal definition process as explained by the characteristics of captivating, orienting, and convincing. This theoretical subcategory is labelled as committing.

Captivating occurs when executives are perceived as sincere because their intention through their body language and their actions are consistent in each other's eyes and in others' (peers, board of directors, or employees). To be perceived as sincere is vital for them, as this lets the other executives feel that the intention and points of this person in the definition process of the public-sector hospital goals are genuine and do not serve a hidden agenda. The data revealed that, after captivating each other's attention positively, the ideas shared in the round tables about goals will receive greater attention. If captivating does not occur, then the orientation step will be protracted and problematic. After captivating each other's attention, they align the possible paths to coping with major changes in the public-sector hospital market through orienting. Orienting helps them to create appropriate, achievable goals at the highest denominator. Orienting supports mutual respect, evolves the behavioral dialect, and allows them to understand each other's standpoints in the decision-making process of a common goal. This better understanding augments the comprehensiveness of the different perspectives. This comprehensiveness also supports the executives in the goal alignment process with their subordinate teams. Convincing is defined as the ability of the executive team to cause, collectively, the board of directors and other management levels to believe that the chosen path to cope with change is the most appropriate. This ability, in turn, helps the executive board to be perceived as one and supports erasing the picture of divisiveness in others' eyes.

### **Why Perpetual?**

Committing is happening all the time due to the fact that public-sector hospitals' executive boards go through ever-changing situations and every change triggers new goal setting and achievement processes. Therefore, committing is carried out in all the different dynamics of temporary, perpetual, spasmodic, and latent power channeling fully.

**What is the place of committing in the model of 6Cs?**

Committing is a strategic step of the executives to continually resolve their primary concern about the “goal setting dilemma.” And therefore, the committing process is a contingency of PC.

**What are the triggers involved in committing?**

The dysfunctional behavior of lower-level concepts of facing prima donnas, facing power, and goal setting dilemma are the triggers involved in committing.

**Properties of committing:**

- Captivating
- Orienting
- Convincing

**Why does it occur after the strategic step of collaborating?**

Committing in the perpetual power channeling dynamic occurs after collaborating because the interpersonal power is balanced, and board cohesion is developed to channel the executive board's power into the goal dimension. Before the executive board's old negative culture had dissipated, the dysfunctional behaviors were continuously carried out by executive members. To eliminate such an old negative culture, the executive board members must develop board cohesion and a new climate in which the behavioral dialect can evolve. In the temporary and spasmodic power channeling dimensions, committing is carried out provisionally due to the limited time aspect. In the latent power channeling dimension, the collaboration is characterized as mature, reciprocal, authentic, such that, for setting new goals, there is no need to evolve board cohesion beforehand as it is already there.

**The link between authenticity and AL in this theoretical subcategory:**

Commitment suggests the link between authenticity and AL, since its purpose is to define common goals. In other words, an executive's idealized self wants to commit to common goals. The idealized self indicates the extent to which executives feel authentic. As the processes of captivating, orienting, and convincing are based on the experiences of the interviewed executives, this category indicates that they carry out these strategy steps of their own free will, according to their idealized self, and are not forced to do so. As long as the executives are not forced to carry out these steps, their authenticity is not be violated.

Box 61: Definition of committing by using abduction

**4.2.3.4 Theoretical memo about “unifying”**

Theoretical memo part 1 - definitions from data (descriptive):

This theoretical subcategory describes when the executive board is unified and therefore, perceived externally as one person (see Box 60). The data describe that it is about the fact that they have united, assimilated to the commonality and joint action as co-owners to channel their power to resolve their major concerns. The data describe that all members internalized the new norm in the contract of the C-Carta. The data explain that they have assimilated a common mindset and live this philosophy. This state describes that the members can put their personal interests aside when it comes to the public-sector hospital's progress. “Pulling together” is the living of the we-culture in the executive board. The new way of thinking cultivates the executive member's mindset, which pulls them together. The data describe that pulling together gives the executive board a different kind of penetrating power to cope with changes brought to them by those challenges of dysfunctional behaviors. In the previous memo, the data described



the process of “acclimatizing,” “collaborating,” and “committing.” Further, the data indicate that the flipside of power is the shared responsibility. Moreover, the data revealed that the power in the executive board is channeled through the motivation for common goals or through the same interest.

*“I: How does your C-level management achieve the most tremendous success you ever had?”*  
*“R: When the executive board is united (**unifying, coherence, reciprocal authentic board collaboration**), and this is also perceptible to all employee levels (**unifying, requires to be perceived as one executive board, indicates a mature reciprocal authentic board collaboration and mature behavioral dialect**). This unity gives them a different kind of penetrating power (**power channeling to cope with change and achieve goals**). In this way, power is concentrated on a joint project and less on a department’s personal needs. Through unity, we can also discuss and find solutions to emerging differences (**indicates a safe haven for transparent exchanges about upcoming difference, potential dysfunctional behaviors**). We can present our interests more effectively to the Board of Directors and the public (**unifying**). As a result, we are better able to convince and motivate the Board of Directors to work with us on common goals (**the ability to persuade superior boards that the chosen path is the most appropriate one**). Without unity or fake unity, success is not sustainable. One day others detect this fake unity, and sometimes someone will make use of this fact and try to divide the executive committee to assert their own goals.”*

*“I: How do you create the conditions for unity in the executive committee?”*  
*“R: When everyone has developed a common philosophy or a common mentality (**requires living the behavioral dialect, unifying occurs only when common mindset is lived, which in turn requires the process of collaborating**), everyone feels like they have a safe haven to address differences or conflicts on the higher-level issues, where there is an open dialogue (**behavioral dialect; reciprocal authentic board collaboration**). For this to happen, however, the relationship level has to be right, and you have to involve your colleagues no matter how difficult the issues are (**indicates the acclimatizing process and collaborating**). The relationship among the C-level must always be cultivated (**indicates that collaborating is a process and is carried out before unifying**). And there must also be a common code (**explains the code of conduct**) so that one can reflect on oneself as a member of this management based on this code. (**code of conduct as a compass**) Hmmm—yeah, that’s kind of how I think you can do it. Sounds a bit theoretical—but just adequate and binding and authentic communication helps to maintain the relationship. (**committing supports the behavioral dialect**) I forgot one more thing, but certainly creating understanding for each other—speaking the same language or jargon.” (**indicates that the behavioral dialect base on the same jargon**)*

*“I: How should I understand the power in this context?”*  
*“R: I don’t subscribe to positional power. All management team members are valuable members, and without the doctors or nursing, the hospital does not function. Moreover, positional power is quite relative and depends on the situation (**explains the power structure of executive board without a center, this is indicated by the term situational**). From my point of view, this kind of power is not sustainable (**explains power asymmetry triggered by dysfunctional behavior**). Being the boss is a thing of the past (**explains dysfunctional behavior in an authoritative structure**). “Unity” can only be achieved by channeling power or the motivation for power (**power channeling through the same motivation- setting common goals**). To put it another way, by convincing the executive board members and middle management that if you use your power for the common interests, you will create a fulfilling situation for everyone (**power channeling resolve collaboration and goal asymmetry, brings everyone an advantage, indicated by the term “fulfilling”**). The flip side of positive power is bearing responsibility. (**responsibility as a synonym of power?**) If I am authorized to contribute my expertise and make decisions for the hospital’s overall good, then I must also bear the responsibility. And those who bear responsibility also have the power to say something. I understand power as something which must be channeled. (**unifying power and then channeling it to resolve the dysfunctions in executive board leadership**)*

Box 62: Data segments about unifying

The process of assimilation is described by living the common culture (common mindset and philosophy) as the dominant collaboration culture (we-culture) of the executive board. The data describe that, when assimilation occurs, the collaboration mentality of the chief physicians can no longer be distinguished from that of the CEO or the director of nursing. The data describe that there is an equalization of the dominant and weak members of the executive body. While in the sub-process of internalization, executives finally accept and exemplify the norms in the C-Charta as their own view; assimilation is described as the higher stage of internalization and is only achieved when the members of the management live the common “we-culture” (see Box 61). This assimilation does not change that the doctors are perceived externally as the flag-bearer, but they have changed their mindset from prima donna into an equal C-suite member.

*“I: What precisely do you mean when you say that all members are important, but no hospital can function without doctors and nursing?”*

*“R: Doctors and nurses work directly on patients in the core process (**explains their indispensability**), which means that we cannot replace them with other professional groups. But they cannot do their work without a coherent working environment (**reciprocal authentic board collaboration, collaborating, coherence, indicates assimilation**). (...) But if everyone in the management knows each other’s work field, then one develops a common understanding of the hurdles that exist in achieving this correct environment. Then a balance extends, and from this, a common philosophy and attitude (**behavioral dialect is assimilated – highest quality level of living it- mature**). This leads to all members realizing that all fingers are needed for the full strength of one hand.” (**assimilation augments the functionality in acting as a unity**)*

*“I: Can you explain this last point about the hand of the Executive Board?”*

*“R: Everyone in the Executive Board is equal, and there is no dominance of one professional group over another. None of our colleagues can be distinguished from the other in terms of the importance of their tasks. (**assimilation occurs when all executives are treated and perceived as equal members**) Without the finance department, we cannot issue invoices and have no income to pay doctors or nursing staff. Without the purchasing department, the desired material is not available, and without the cleaning service, we cannot operate because the environment is not sterile and so on. Each member of the management sees the other departments as their customers.” (**assimilation change the executives’ perspectives from lone fighters to service-oriented colleagues, indicates co-owner-ship.**)*

*“I: Does having the same philosophy in management mean that everyone has the same leadership style?”*

*“R: No, absolutely not. Everyone has their character and personality, and we can still have a common philosophy on how we do and approach things. Consciously and sometimes unconsciously, I adapt my leadership style to the situation.” (**assimilation is mirrored through a mature behavioral dialect between the executive board members and let them space to carry out their own leadership style depending on their teams’ leadership.**)*

Box 63: Data segment about assimilating

This concept of co-ownership-ing describes when the executive board members co-create the public-sector hospital’s overall goals as co-owners to cope with change. In the

upper range of the major concerns about dysfunctional behavior, transparency and sharing meaningful information was a problem. After the steps of pulling together and assimilating a shared “we-culture”, they can co-create significant processes to cope with changes. The data reveal that the new “we-culture” becomes oriented by maximizing the expected output. The data indicates that the co-creation augments the executive identification with the common goals and supports the new “we-culture” about pulling together. The data describe that one requirement as a co-owner is that all executive members are measured by the overall goals and receive a bonus based on the outcome (see Box 62). The data describe that, in involved narratives, each executive board member has different goals. In the involved cases, the goals are related to their professional areas. The data describe that the nursing director is no longer the only one given the goal of improving the nursing process, but every executive member has this goal in common. In other words, the Chief Physician of surgery is in charge of increasing the number of surgery cases, but the CFO and the CEO are responsible too. Still, the data describe that, if a common mentality is cultivated and internalized, then the common goals’ outcomes must affect all executive members. The data highlight that it must not happen that one member enjoys more incentives and achieves a higher bonus when he has not contributed more than the other members to the result, just because the board of directors is afraid that, due to the dried-up job market, a Chief Physician might run away. The data infer that the moment a member of the C-level decides to leave because his bonus is not as high because the public-sector hospital’s goals are stagnating, then you have to let that person go. Because the data infer that, by demanding a higher reward, such a member shows that he is putting his particular interests above those of the executive team’s common mindset and the C-Carda. The data suggest that this does not mean that every member of the executive board has the same salary, but that the same results also measure a part of the bonus linked to the common goals. The data conclude that every C-suite member gets the same quota.

*“I: How do I have to imagine hospital management cooperation, which is united or speaks as one voice or acts as one body?”*  
*“R: Good question—we have become like co-owners. **(co-owner-ship-ing)** That’s how I perceive my colleagues. Our identification with our task is enormous. We are measured by the fulfilment of the goals together.” **(concepts of co-owners depend on being measured on the same outcomes as it is in investment companies?)***

*“I: Why is that the case within your executive board?”*  
*“R: I have to backtrack a bit—when you join a new executive board, it’s like emigrating to a new region with its traditions **(explains the concept of assimilating)**. And in a new region, I have to familiarize myself with a new way of thinking and see things. **(assimilating, explains that familiarizing or internalizing with new mindset is the lesser-level of assimilation)** And in our management, we pull together **(concept of pulling together after collaborating in which internalizing occurs)** and have a similar way of thinking and orient ourselves towards each other.*

**(explains internalization and the code of conduct which serves them as a compass)** *Of course, you have to be open to adapting to management and familiarizing yourself with their way of thinking. (again, internalization of code of conduct in norming as part of collaborating process)* *At some point, it comes automatically that you live the customs without thinking about it. (explains the higher state of internalization is assimilation)* *We respect and trust each other—we realize that everyone has an important part to play, and everyone contributes to making us successful. (explains the mature behavioral dialect which is mirrored through assimilation)* *If I try to prevent a colleague from doing his or her job, I know that I am doing myself harm because we are all measured by the same goals, (co-ownership-ing, power is united) and we all bear the responsibility (power of the unity). Just like co-owners—if one co-owner is prevented from doing his work, then the profit at the end of the year is not right, and everyone has fewer bonuses.” (the common advantage through power channeling)*

Box 64: Data segments about co-ownership-ing

**Theoretical memo part 2 - definition (Conjecture by using abduction):**

**Unifying** is PC to transform from lone fighters into united members. This transformation is carried out by pulling together, assimilating to common reality, and co-ownership-ing like a functional instrument. Unifying supports the living of the we-culture.

After the “committing” process and the old negative culture of the executive board has disappeared, unifying occurs and is followed by a great sense of “pulling together” in the executive board and being more sensitive to one another. This sensitivity to one another is mirrored in the development of the executive board members from lone fighters to board members and represents an essential aspect of the assimilation process.

Finally, the executive board members become co-owners as a functional instrument for dealing with the public-sector hospital’s overall task dimension and coping with changes. The data reveal that interpersonal problem issues lie in the executive board’s past, and its present can be channeled to a realistic estimation of coping with changes and attempting the task at hand. This interdependence and “assimilation to common reality” is also mirrored by the mature co-owners.

The data reveal that unifying supports the living of the we-culture as the first step. It helps the executive board channel their powers to push through the acceptance for the new goals to cope with changes across the public-sector hospital. This unifying step intensifies their perception by others as one unity. This strong perception of unity by others protects them like a barrier from the instrumentalizing issues of others. Assimilation occurs as a higher state of internalization and mirrors the common reality of the executive board. It supports the sensitivity to one another in the socialization of the executive board members, from lone fighters to unity members. Assimilation is characterized by when the members from the old dominant camp are no longer distinguishable from the less dominant camp. Additionally, it helps them to take responsibility for overall goals. Assimilation cannot occur without the step of pulling together. The co-ownership-ing stage reveals that the executive board members work as a functional instrument on the public-sector hospital’s overall goals and tasks as they understand that only co-owners can share the responsibility to cope with changes in the long turn.

**In which dynamics does unifying occur?**

Unifying depends on the dynamics of PC under the conditions of which this strategy is resolved. For short-term major projects or public-sector hospital mergers, the period is too short to carry out all the steps (properties) so that unifying can occur fully. Therefore, in the different dynamics of PC, “pulling together” is achieved in temporary, spasmodic, and perpetual dynamics. In pulling together, the executive board starts to collaborate in a reciprocal authentic way for a temporary period until the project, the goal or merger of public-sector hospitals comes to an end. In the dynamic of perpetual PC, unifying occurs as all the steps of this strategy are employed by executive board.

**What is the place of unifying in the model of 6Cs?**

Unifying is a strategic step of the executives to continually resolve their primary concern about “being divided” in an evolving collaboration from asymmetric to reciprocal authentic one. Therefore, the process of unifying is a contingency of PC.

**What are the triggers involved in unifying?**

The dysfunctional behavior of lower-level concepts of facing prima donnas, facing power and goal setting dilemma.

**Properties of unifying:**

- Pulling together
- Assimilating
- Co-ownership-ing

**Why it occurs after the strategic step of committing?**

Unifying can only fully occur when the old negative culture of the executive board has worn off. To wear off such an old negative culture, the executive board members must beforehand acclimatize to accustom themselves to a new climate, followed by the step of collaborating to establish new norms for a reciprocal authentic collaboration; this is followed by internalization of these new norms. After that, the committing step is carried out to channel their power into the goal-setting dimension.

**The link between authenticity and AL in this theoretical subcategory:**

Unifying reveals the link between authenticity and AL, since its purpose to transform lone fighters into united members. In other words, an executive's idealized self wants to transform into united members. The idealized self indicates the extent to which executives feel authentic. As the processes of pulling together, assimilating, and co-ownership are based on the experiences of the interviewed executives, this category indicates that they carry out these strategy steps of their own free will and are not forced to do so. As long as the executives are not forced to carry out these steps, their authenticity is not violated. Furthermore, assimilation can only occur if it contributes to different 'mes' of the 'I', as assimilation reveals that specific behavior or ideas became a part of the executive's mindset.

Box 65: Definition of unifying using abduction

**4.2.3.5 Theoretical memo about “influencing”**

Theoretical memo part 1 - definitions from data (descriptive):

This theoretical subcategory describes the influencing process when the C-suite stimulates public-sector hospital employees' perception positively by associating concepts that entirely link to the desired goal. In other words, “influencing” is characterized as “preparing” the public-sector hospital workforce for a desired goal. First, the C-level create campaigns by using associative pictures to transmit the “why message” behind the desired goal. The data describe that emotions, thoughts, and actions are contextual and relate to the preceding situation.

Moreover, the data describe “influencing” is a technique for positive influence and positive communication in a precise and organized way that is strongly linked to the public-sector hospital's goals.

Further, the data describe that such campaigns with the “why message” are different from other marketing campaigns or marketing activities. An interview participant described ‘associating’ as a process to arise when stimulation by words, by odors, or another kind of illustrations enable a person's link to a specific fact or experience to which

those illustrations are related (see Box 64). He explained that marketing campaigns are based on association effects. He brought in to imagine a car in the various scenes. He explained that such advertiser will trigger with this serial picture the state of a specific lifestyle. If the viewer feels a link to those affections, he/she will prefer this car, and the buying interest is carried out. He explained that executive boards can use the same concept for internal influencing campaigns to get the employees prepared for achieving common goals.

*"I: How do you ensure that all employees work towards the common goals?"*

*"R: We have started to get employees on board by organising purposeful internal campaigns to reach out to our employees." (concept of influencing – preparing the employees for common goals)*

*"I: What are these campaigns about?"*

*"R: It's not about classic information letters or classic Christmas dinners. It's about communicating to the employees why we do what we do. (influencing by communicating the why-message or purpose of the goal) It's not about telling the employees what we do but why we have a specific goal." (why-message, augments the comprehensiveness of the goal, augment the identification with the goal)*

*"I: Very interesting. How do you transmit specifically this "why"?"*

*"R: In stories or in images that are coordinated with each other. (concept of associating the why-message in campaigns as a part of influencing process) Difficult to explain. By incorporating the why messages. It's a kind of personal branding, except that it relates to goals." (explains associating)*

*"I: Do you advertise the goal?"*

*"R: Something like that, we look at the implementation of our goals as if they were consumable products (association or transition of goals in associated pictures) and come up with ideas on how to motivate our employees to achieve them (influencing by the concept of associating). In my view, goals should also have a benefit for the employees. And, of course, the why is linked to values and ideals. (linking values in association with the goal) No nurse works in nursing because she only earns money. Caring for patients and their recovery is fulfilling for a nurse."*

*"I: Can you give me an example?"*

*"R: We have the goal that our employees are less absent and stay healthy. So, we have educated not only them about nutritional issues. We have put up posters in the corridors leading to the changing rooms with subjects showing simple healthy eating and movements they can do every day while working in the wardroom, office, or the operating theatre. (associating what means health way of living) We have adapted the offer for the daily staff meal for this. And on our intranet, there is the possibility to participate in internal sports competitions. We have our football team that plays against other football teams from other institutions. Every employee gets free fruit and free drinks like tea, mineral water, discounted offers for medical massages. But these are just motivating associations (linking or including motivational factors in the associations). The "why" behind this campaign is "nothing is more valuable than health."*

*"I: Why do you do this?"*

*"R: Health is the base for personal goals in life and the essential factor in success. I mean both physical and psychological health. When our employees are fit, have opportunities to relax, and feel motivated by the community to do sports, it positively affects their health. You can't be happy without health. Happy employees are a blessing for our patients and also for the atmosphere in our hospital." (explains the hidden goal or advantage of having health employees, health employees augment the treatment quality of patients, this in turn mirrors the leadership performance of the executive board)*

Box 66: Data segments about associating

The concept of framing describes how a desired core message about the public-sector hospital goals can be conveyed with “associations” in different ways adapted to the different target groups (see Box 65). The data describe that the why message is framed by presenting or reproducing the “associative ideas” in different ways without changing their core message. In summary, the data describe that “framing” means changing the presentation of a powerful message without changing its content so that this message can influence the target group.

The data indicates that framing opens a lot of creative ways to communicate a core message to different occupational groups. Therefore, the data describe that the executive board need to communicate a core message in different ways to increase understanding to this message among different occupational groups.

*“I: What experience have you had with such campaigns so far?”*  
*“R: I have had a great experience. (...) An essential thing in these campaigns is framing the message—that they incorporate the possible preferences. As I said before, some people love football, some people love outdoor sports (...) You have to apply the message in different ways and preferences.” (framing as concept to match the preferences of a target group)*

*“I: Do you have some other examples in the medical context?” (example of how to link values and ideals of target group members to frame the why-message to match their preferences to influence them in achieving a common goal, e.g. power channeling)*  
*“R: For example, we switched to one supplier for medical equipment because it gave us better value for money and faster support for maintenance. That was a big project. In the beginning, we had many disagreements, and it seemed like the project would fail. Then we changed our tactic. First, we got feedback from the users of these medical devices. We asked them why they were so attached to one brand. (analyzing the why-message or advantage) Then we worked out the advantages of these devices with the new provider and showed them in video films. We visited doctors who were transparent about their experience. (analyzing the different experiences) Of course, we also showed how much money we save and how quickly the technical support can correct errors (associating the advantages and framing them), and thus, we are prepared for failures. We also showed that they are in a pioneering role. We wanted to be “pioneers.” That is the value of our mission and wanting to be a pioneer is ideal (the strong idea of being a pioneer as the why-message). To do justice to such a value, you also have to make something possible for the employees to take on the pioneering role (linking this strong ideal in an achievable goal). Our doctors should always work with the latest and best equipment. You cannot expect quality and let the employees work with an outdated infrastructure. (augmenting credibility and the sense of advantage by paving the way for a common goal) Besides, we were able to empower the residents better. They did not have to work with one ultrasound in one doctor’s department and another in the other department. The use of the same ultrasound also saved the senior doctors time in training the residents. We packed all this into a funny film with different scenarios. The actors were our hospital staff.”*

*“I: Why did you use your employees for this?”*  
*“R: Because the chief physicians are the flag bearers and because, from our point of view, familiar faces can break down barriers better. We also wanted to frame what the future will look like.” (including the flag bearers in influencing process trigger motivation by medical professional group members)*

Box 67: Data segments about framing

The data describe that such campaigns require a financial investment (see Box 66). Therefore, the data describe that the executive board work out ways to finance financial resources for such campaigns. Further, the data describe such campaigns are linked to specific goals and influence the employees to commit themselves to achieve such goals.

The data describe that common goal achievement is essential for the financial dimension of a public-sector hospital.

*"I: How do you finance such campaigns, as they require major investment and hospitals have difficulty making investments in the DRG system?"*

*"R: We fund part of it ourselves. **(funding concept)** We calculate how much we save by meeting such a goal or how much we earn through satisfied patients and set aside a part of these sums, which we can later invest in such campaigns. We have part of it financed externally. Sometimes our suppliers of medical equipment also fund. Sometimes our insurance companies fund our movements because they reduce accidents and increase our employees' well-being. Sometimes health insurance companies also invest if the aim is to improve patients' chances of recovery."  
**(explains the different possibilities in funding process to get money for carrying out influencing)***

*"I: But what if a hospital has negative EBITDA? What do you recommend?"*

*"R: Look, if you cannot reach the hospital goals successfully, you will have financial problems in the future. Suppose such campaigns or communication is needed for success. In that case, I recommend everyone to find creative ways to save money in other places in the hospital **(funding)** and invest less in other areas to fund motivation, rethinking. **(for funding someone should rethink)** Not every executive committee needs to fund several of these campaigns in 1 year. Maybe there are more cost-effective ways to prepare the cadre and employees towards a goal."*

Box 68: Data segments about funding

#### **Theoretical memo part 2 - definition (Conjecture by using abduction):**

**Influencing** is PC to sensitize employees for common goals, toward the same direction. In this step, the executive board prepares the public-sector hospital for common goals through campaigns.

Finally, this theoretical subcategory of influencing reveals that the executive board prepares the public-sector hospital for common goals through campaigns where the public-sector hospital's goals are associated, framed to get the employees familiar with these vital goals. The last step is to implement a regular fund for such campaigns. The data identify that employees' sensitivity for common public-sector hospital purposes augments by emotional triggered associative pictures. Such campaigns are implemented perpetually and held throughout the year to ensure sensitivity even with high fluctuation. Such campaigns evolve the we-culture across the public-sector hospital and helps to penetrate the socialization discrepancies across the public-sector hospital. Additionally, a higher sensitivity for common goals channels the energy of the employees toward the same direction.

#### **In which dynamics influencing occurs?**

Influencing depends on the dynamics of PC under which conditions this strategy is resolved. For major short-term projects or public-sector hospital mergers, the period is too short to carry out such influencing campaigns. Further, mergers and major projects initialized mainly by the board of directors or by politics and urge that this goal must be carried out are communicated by them. In such goal aligning communication of the advisory board, the researcher could not identify a systematically organized structure with target groups. Therefore, this researcher was not able to



locate in the temporary PC dynamic the influencing strategy step. Hence, “influencing” is carried out in spasmodic, perpetual and latent power channeling dynamics. In this strategy step of “influencing,” the executive board starts to prepare their employees to achieve common goals.

**What is the place of influencing in the model of 6Cs?**

Influencing is a strategic step of the executive board to continually resolve their primary concern about the “goal-setting dilemma” and preparing the public-sector hospital to achieve common goals. Therefore, influencing, as a process, is a contingency of PC.

**What are the triggers involved in influencing?**

The dysfunctional behavior of lower-level concepts of facing prima donnas, facing power, and goal setting dilemma are the triggers involved in influencing.

**Properties of influencing:**

- Associating
- Framing
- Funding

**Why does it occur after the strategic step of unifying (pulling together)?**

Influencing can only occur when the executive board’s power is channeled in the goal dimension to achieve common goals. In other words, it can occur when they are ready to communicate achievable common goals to the rest of the public-sector hospital, which requires having common goals. This specific communication of common goals of the executive board is essential for the employees as influencing augments their credibility and understanding of the why-message of a particular purpose.

**The link between authenticity and AL in this theoretical subcategory:**

Influencing suggests the link between authenticity and AL, since its purpose is to motivate employees through common goals. In other words, an executive’s idealized self wants to motivate employees through common goals. The idealized self indicates the extent to which an executive feels authentic. As the processes of associating, framing, and funding are based on the experiences of the interviewed executives, this category indicates that they carry out these strategies of their own free will, according to their idealized self, and are not forced to do so. As long as the executives are not forced to carry out these steps, their authenticity is not violated.

Box 69: Definition of influencing by using abduction

#### **4.2.4 The model of Power Channeling**

The six C’s coding family (see the model in Glaser, 1978:74) was used to evolve the theoretical memos and integrate the revealed categories about the triggers of the major concerns of the executive board members into the model of PC. How these concerns have been continuously resolved by employing the PC strategy is addressed in the theoretical memos of the theoretical subcategories and the lower-level concepts above. The used coding family contain causes, conditions, contingencies, covariance, consequences, context and support to integrate the different categories, codes in one model. The codes in this family are theoretical codes.

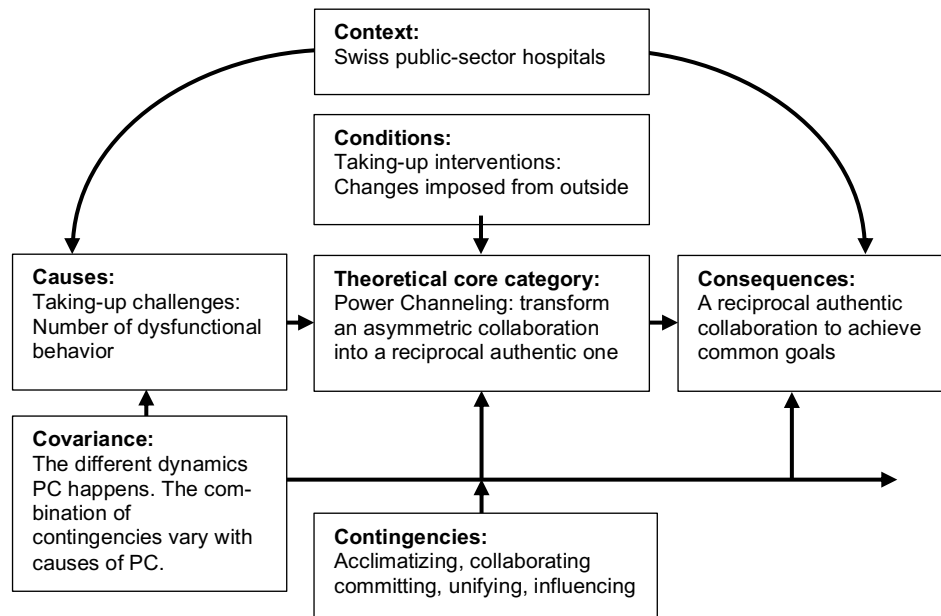


Figure 3: Model of Power Channeling 1

In this model, PC contains the triggers of asymmetric board collaboration (20 lower-level concepts) delimited in two different major categories (**causes and conditions**). The first is “taking-up challenges,” delimited by the overall term dysfunctional behavior as the causes of PC: facing prima donna, facing power, goal setting dilemma. The second is “taking-up interventions,” delimited as the conditions of PC: facing regulations, facing momentous change. PC is the theoretical **core category** and reveals a group of five strategy steps, each of which is a theoretical subcategory of PCT. In GT, these theoretical subcategories are called **contingencies** and form a “basic social process” with the different ways in which PC occurs. The **context** of PCT is Swiss public-sector hospitals and the **consequences** are the reciprocal authentic collaboration, which maximizes the engagement of executive leaders, toward the achievement of a goal. In other words, to perform AL. PC is characterized by temporary, spasmodic, perpetual, and latent dynamics (i.e., **covariance**). A PC strategy can be started by every member of the executive board and continued by other members.

PC exists because such executive boards have no official center of power, because their leadership structure is based on the so called “Primus Inter Pares” principle, which causes collaboration asymmetries. To ensure reciprocal authentic collaboration they channel their power as a group to shape the “climate,” to develop the behavioral dialect, to commit for goals, to transform from lone fighters to united members, and to sensitize employees for common goals.

The term PC is an in-vivo code, as presented in the following box 69, and it is the theoretical core category because it encompassed most of the variation in the data, and it was also the dominant substantive strategy of AL which the executive board members chose to resolve their major concerns and challenges.

**Power channeling (original in-vivo code):**

*R: I don't subscribe to positional power. All management team members are valuable members, and without the doctors or nursing, the hospital does not function. Moreover, positional power is quite relative and depends on the situation (explains the power structure of executive board without a center, this is indicated by the term situational). From my point of view, this kind of power is not sustainable (explains power asymmetry triggered by dysfunctional behavior). Being the boss is a thing of the past (explains dysfunctional behavior in an authoritative structure). "Unity" can only be achieved by **channeling power** or the motivation for power (PC through the same motivation- setting common goals). To put it another way, by convincing the executive board members and middle management that if you use your power for the common interests, you will create a fulfilling situation for everyone (PC resolve collaboration and goal asymmetry, brings everyone an advantage, indicated by the term "fulfilling"). The flip side of positive power is bearing responsibility. (responsibility as a synonym of power?) If I am authorized to contribute my expertise and make decisions for the hospital's overall good, then I must also bear the responsibility. And those who bear responsibility also have the power to say something. I understand **power as something which must be channeled** (unifying power and then channeling it to resolve the dysfunctionalities in executive board leadership).*

Box 70: Power channeling – in-vivo code

**Short definition of Power Channeling:** PC is the authentic process of social impact to form reciprocal authentic collaborations, which maximizes the engagement of executive leaders and their stakeholders, toward the achievement of a goal. It is the dominant AL strategy executive leaders chose to transform their asymmetric board collaboration into a reciprocal authentic one.

### 4.3 Conclusion

The data in the 5 theoretical memos of the theoretical subcategories above and 20 theoretical memos of lower-level concepts organized in the six Cs' coding family revealed that once the public-sector hospitals had red numbers, and disunity and interventions from the controlling body (board of directors) are no longer avoidable, the executive boards resolve their main concerns through the dominant substantive AL strategy of PC. To continuously resolve their concerns, they use five strategy steps: acclimatizing (i.e., PC to shape the "climate" within the executive board); collaborating (i.e., PC to develop the behavioral dialect for collaboration); committing (i.e., PC to commit for goals on the highest denominator); unifying (i.e., PC to transform from lone fighters into united members); and influencing (i.e., PC to sensitize employees for common goals toward the same direction).

At the heart of this strategy, the core intention is to channel power by resolving a reciprocal authentic board collaboration (i.e., performing AL), which is characterized by mutual respect and sensitivity to another. This has been identified as “behavioral dialect.” The existence of a living quality code of conduct helps build the foundation to establish a togetherness or “we-culture”. The assimilation supports the sensitivity to one another in the socialization of the executive board members, from lone fighters to unified members. Additionally, it helps them to channel their power to carry out a common responsibility for overall goals. The co-ownership-ing stage identifies that the executive board members work as a functional instrument on the public-sector hospital's overall goals and tasks as they understand that only co-owners can share the responsibility to cope with changes in the long term. PC was found to emerge in various contexts in Swiss public-sector hospitals.

The next chapter examines the theory of PC.

## 5 The Power Channeling Theory

This chapter elucidates the emergent theory of PC. The first section details the ways in which executive board members adopt PC and presents an overview of the PC model. The subsequent section explains the dynamics of this theoretical core category (i.e., PC) as temporary, spasmodic, perpetual, and latent. The last section provides the two major categories of PC and its subcategories revealed by and in the course of this study. All the subchapters are based on the analysis of findings presented in Chapter 4.

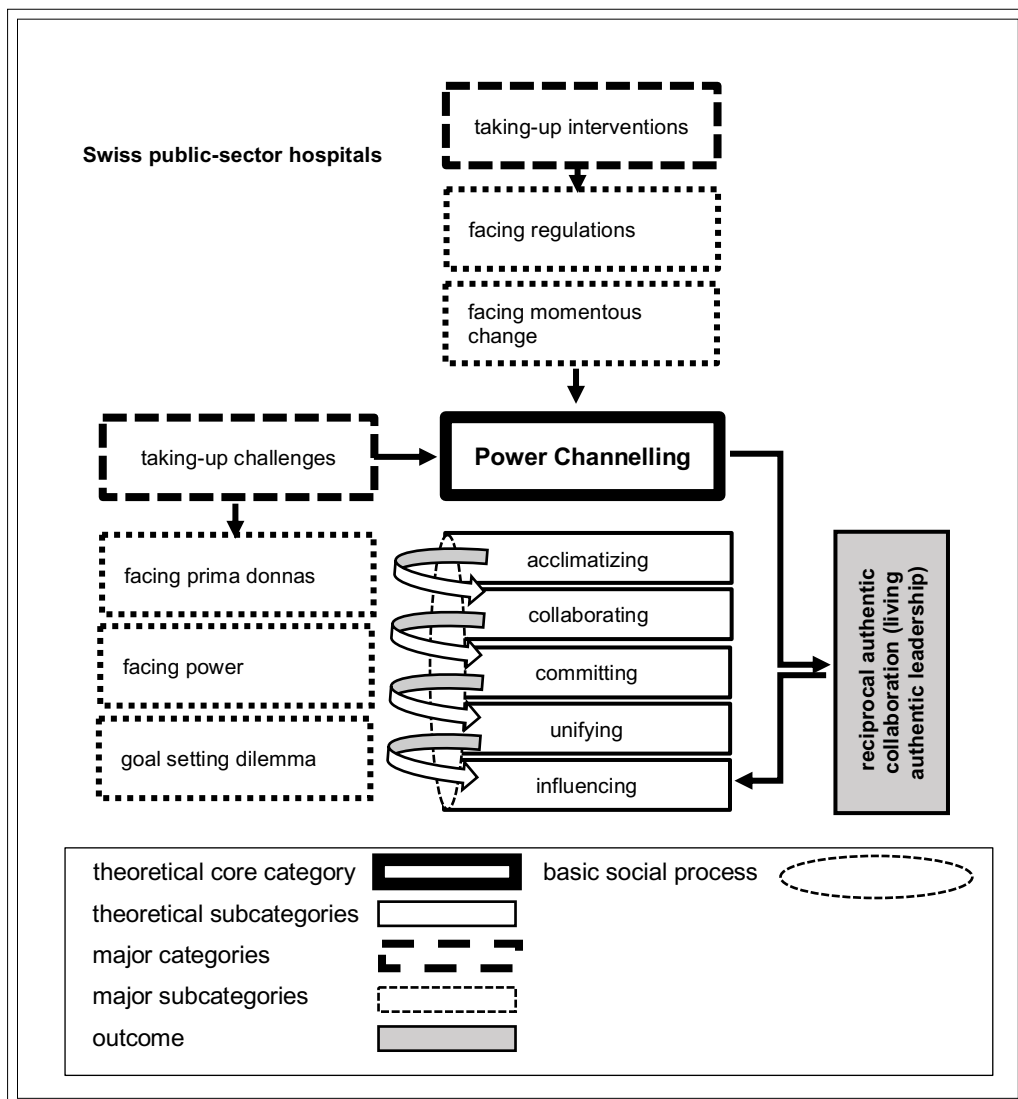


Figure 4: Model of Power Channeling

**Short definition of Power Channeling:** PC is the authentic process of social impact to form reciprocal authentic collaborations, which maximizes the engagement of executive leaders and their stakeholders, toward the achievement of a goal. It is the dominant AL

strategy executive leaders choose to transform their asymmetric board collaboration into an authentic, reciprocal one.

PC has been discovered within executive boards of Swiss public-sector hospitals. By studying the major concerns of executive board members and how they resolve them, PC has emerged as the theoretical core category; it is the main concern of those at the center of this thesis—executive board members that trigger PC. This substantive AL strategy has five theoretical subcategories. Hence, PC deals with what substantive tactics of AL executive members use within the executive board to have a reciprocal authentic collaboration. PC contains the triggers of asymmetric board collaboration (20 lower-level concepts) delimited in two different major categories. The first is “taking-up challenges,” delimited by overall term dysfunctional behavior as the causes of PC: facing prima donna, facing power, goal setting dilemma. The second is “taking-up interventions,” delimited as the conditions of PC: facing regulations, facing momentous change.

This substantive AL strategy can be conducted by every executive board member and continued by different members. To continuously resolve the triggers of asymmetric board collaboration, the following five strategy steps were used: acclimatizing (i.e., PC to shape the “climate”); collaborating (i.e., PC to develop the behavioral dialect); committing (i.e., PC to commit for goals); unifying (i.e., PC to transform from lone fighters to united members); and influencing (i.e., PC to sensitize employees for common goals). Performing AL helps the executive board to minimize asymmetries triggered by ongoing changes. These five contingencies form a “basic social process” (i.e., AL process, possibilities to PC) through the different ways in which PC occurs. PC is characterized by temporary, spasmodic, perpetual, and latent dynamics. The consequence of this AL strategy is reciprocal authentic board collaboration (i.e., performing AL).

### **5.1 Theoretical Concepts of Power Channeling**

This section details in which ways executive board members adopt PC. It shows how they employ this strategy by acclimatizing, collaborating, committing, unifying, and influencing (see Figure 4).

The analysis characterized that the recurrent and incisive changes and the increasingly rigid regulations of Swiss public-sector hospitals, and the main concerns of these executive leaders and politicians in these public-sector hospitals were focused on how to resolve the dilemma of dealing with various forms of dysfunctional behavior. This behavior has been characterized by power asymmetries “facing power,” misbehavior of experts “facing prima donnas,” goal disharmony and asymmetry “goal-setting dilemma,” and regulations and epochal change. This circumstance and “climate” led to rivalries being played out in the authority sphere for becoming the central figure. These subtle power struggles are fought because the one who becomes the unofficial central figure has more to say afterwards about coping with the change that is coming and therefore pushes his hidden agenda and interests through. These power struggles led to the emergence of a rivalry between two camps in the executive board. In this challenging stage, a new CEO, which is officially the central figure (representative and voice of the executive board to the board of directors), is put to the test to see to what extent this person can be influenced (dominating, or postponing as in the subcategory of ‘facing power’). The data emphasizes that this person or CEO will also try to control the other members through tactics of instrumentalization. These two executive board camps tend to be classified by the executive leaders as those who are dependent (works more closely with the CEO; non-medical executives) on the CEO, and those who are more independent (chief physicians; medical executives) of the CEO.

According to these executive leaders, this division and the subtle power struggles are also perceived by the subordinate levels of management and employees. These power struggles lead to goal disharmony and asymmetries: “goal-setting dilemma.” This background is characterized by challenges and polarization around interpersonal issues and interests with concomitant misbehavior in the goal orientation and board collaboration. These behaviors serve as resistance between these two executive board camps to gain power and are therefore labelled as “taking-up challenges.”

To develop the collaboration in a board characterized by power asymmetry (due to the many particular interests) into a unity characterized by reciprocal authentic collaboration (i.e., performing AL), the dominant strategy of PC is employed. In this strategy, the aim is to jointly cope with change and achieve common goals at the highest possible denominator by living a reciprocal authentic board collaboration (consequences).

*Theoretical subcategory “acclimatizing”*

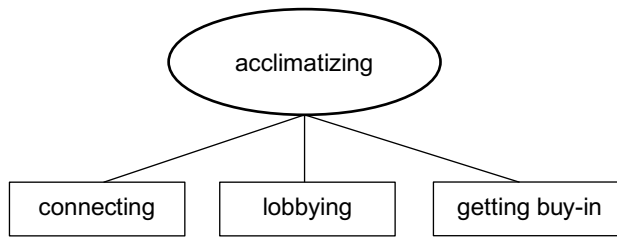


Figure 5: Theoretical subcategory “acclimatizing”

**Acclimatizing** is PC to shape the “climate” within the executive board. It is mainly characterized by intensive exchange and communication of executive leaders with each other to shape the “climate” and reduce hostility among themselves.

Box 71: Acclimatizing – short definition

In the first phase of this strategy, the goal is for the executive board to develop the relationship level, which had previously suffered due to power struggles, into a positive one (reciprocal and authentic). This step is mainly characterized by intensive exchange and communication with each other and with the key persons. This theoretical subcategory is called “*acclimatizing*” (see Figure 5) because the executive board accustoms itself to new conditions and shapes the “climate,” in which others also begin to accustom themselves to this “climate.” Thus, there is an attempt to reduce hostility among themselves. Connecting, lobbying, and getting buy-in are the characteristics of this phase. Connecting, lobbying, and getting buy-in are interrelated, as connecting makes it possible to get again in closer touch with one another, and lobbying is not possible in relationships where two persons of a board do not talk to each other outside the formal communication of board meetings. To get the buy-in of critical executive leaders, there is a need for intensive and influencing communication, which is provided by lobbying. Therefore, the use of these three characteristics depends on the relationship stage of the executive leaders, and they use it for re-acclimatizing themselves to each other to evolve the relationships among them.

*Theoretical subcategory “collaborating”*

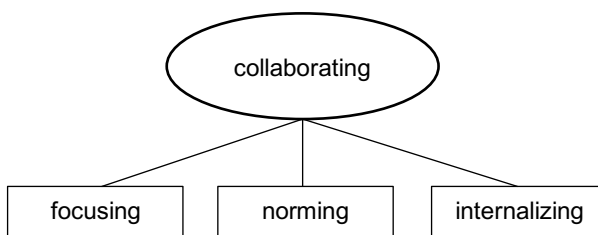


Figure 6: Theoretical subcategory “collaborating”



**Collaborating** is PC to develop the behavioral dialect. This step is characterized by focusing on the mission and norming shared values i.e., to build a common code of conduct. The living quality of this code of conduct helps executive leaders over time to internalize it, which positively affects the behavioral dialect.

Box 72: Collaborating – short definition

Resistance and power struggles are overcome in this phase in which executive board cohesiveness develops, new norms evolve, and new collaboration principles are adopted and internalized. In the goal orientation and public-sector hospital steering dimension (board collaboration), personal opinions and deviations are expressed and discussed jointly. Therefore, this theoretical subcategory is labelled as “*collaborating*” (see Figure 6).

The development of executive board cohesion aims to create a climate that informs the “behavioral dialect” of the executive board in order to develop reciprocal authentic collaboration (i.e., performing AL). The willingness to develop such a “behavioral dialect” indicates cohesion and supports the next step, the “pulling together”. Such a behavioral dialect helps members to re-integrate themselves into the executive board. This theoretical concept supports the creation of bridges to cross the discrepancies in the socialization background of the members. A common “behavioral dialect” based on shared values and defining the criteria for collaboration is summarized in a document as the code of conduct. This “behavioral dialect” is reflected through the joint review of the mission, and revised in the exchange with each other as the theoretical concept “focusing.” This exchange helps the executive leaders move closer together to establish new norms for a common conduct as the theoretical concept “norming.”

A common behavioral dialect summarized in a code of conduct and anchored in a C- Carta (contract of the code of conduct) serves as a compass for behavior for the executive board. The living quality of the conduct helps executive leaders over time to internalize it, which positively affects the behavioral dialect. In problematic situations, it helps the executive board members align their own behavior with this compass to avoid the negative influence of potential dysfunctional behavior or deviation in their behavior.

Theoretical subcategory “committing” (einschwören)

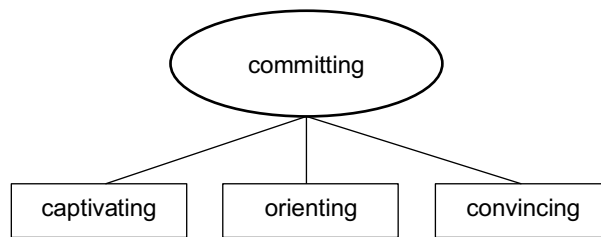


Figure 7: Theoretical subcategory “committing” (einschwören)

**Committing** is PC to commit for goals on the highest denominator. In this third step, the balanced interpersonal power structure becomes the goal-defining tool. The professional power of executive members is channeled into the goal dimension.

Box 73: Committing – short definition

The data revealed that the executive board attains the third phase in which a balanced interpersonal power structure becomes the goal-defining tool. The professional power of executive members becomes flexible and functional, and board power is channeled into the goal dimension. Power structural and personal issues have been resolved, and the balanced power structure of the board can now become supportive of the goal definition process as explained by the characteristics of captivating, orienting, and convincing. This theoretical subcategory is labelled as “*committing*” (see Figure 7).

Captivating occurs when executive leaders are perceived as sincere because their intention through their body language and their actions are consistent in each other's, and others, eyes (peers, board of directors, or employees). To be perceived as sincere is vital for them, as this lets the other executive leaders feel that the intention and points of this person in the definition process of the public-sector hospital goals are genuine and do not serve a hidden agenda. The data revealed that after captivating each other's attention positively, the ideas in the round tables about goals will receive greater attention. If captivating does not occur, then the orientation step will be protracted and problematic. After captivating each other's attention, they align the possible paths to coping with major changes in the public-sector hospital market through orienting. Orienting helps them to create appropriate, achievable goals at the highest denominator. Orienting supports mutual respect, evolves the “behavioral dialect,” and allows them to understand each other's standpoints in the decision-making process toward a common goal. This better understanding augments the comprehensiveness of the different perspectives. This comprehensiveness also supports the executive leaders in the goal alignment process with their subordinate teams. Convincing is defined as the ability of

the executive board to cause, together, the board of directors and other management levels to believe that the chosen path to cope with change is the most appropriate. This ability, in turn, helps the executive board to be perceived as one and supports erasing the picture of divisiveness in others' eyes.

*Theoretical subcategory “unifying”*

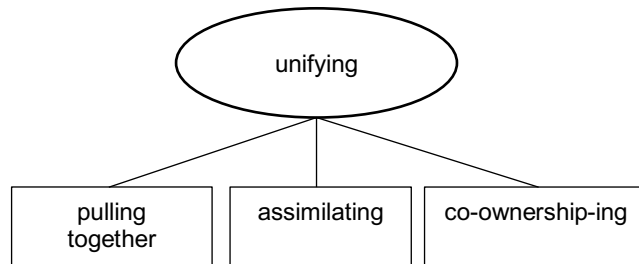


Figure 8: Theoretical subcategory “unifying”

**Unifying** is PC to transform from lone fighters to united members and is the fourth major contingency of the AL strategy called PC. This transformation is carried out by pulling together, assimilating to common reality, and co-ownership-ing like a functional instrument.

Box 74: Unifying – short definition

After the “committing” process and the old negative culture of the executive board has worn off, “*unifying*” (see Figure 8) occurs and is followed by a great sense of “pulling together” in the executive board and being more sensitive to one another. This sensitivity to one another is mirrored in the transformation of the executive board members from lone fighters to board members and represents an essential aspect of the assimilation process.

Finally, the executive board becomes co-owners like a functional instrument for dealing with the public-sector hospital’s overall task dimension and coping with changes. The data identified that interpersonal problem issues lie in the executive board’s past, and its present can be channeled to a realistic estimation of coping with changes and attempting to tackle the task at hand. This interdependence and “assimilation to common reality” is also mirrored by the mature co-owners.

The data identified that unifying supports the living of the we-culture as the first step. It helps the executive board to channel their powers to push through the acceptance of the new goals to cope with changes across the public-sector hospital. This unifying step intensifies their perception by others as one unity. This strong perception of unity by

others protects them like a barrier from instrumentalizing issues of others. Assimilation occurs as a higher state of internalization and mirrors the common reality of the executive board. It supports the sensitivity to one another in the socialization of the executive board members, from lone fighters to unity members. Assimilation characterizes when the executive board members from the old dominant camp are no longer distinguishable from the less dominant camp. Additionally, it helps them to take responsibility for overall goals. Assimilation cannot occur without the step of pulling together. The co-ownershiping process identifies that the executive board members work like a functional instrument on the public-sector hospital's overall goals and tasks as they understand that only co-owners can share the responsibility to cope with changes in the long term.

*Theoretical subcategory “influencing”*

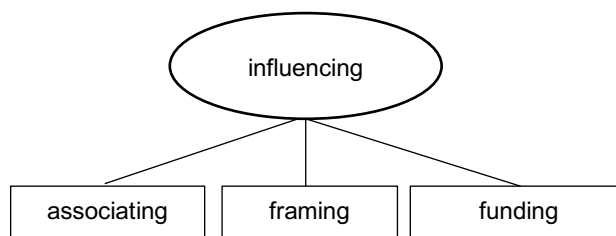


Figure 9: Theoretical subcategory “influencing”

**Influencing** is PC to sensitize employees for common goals, toward the same direction and is the fifth major contingency of the AL strategy called PC. In this step the executive board prepare the public-sector hospital for common goals through campaigns.

Box 75: Influencing – short definition

Finally, the theoretical subcategory of “*influencing*” (see Figure 9) reveals that the executive board prepares the public-sector hospital for common goals through campaigns where the public-sector hospital's goals are associated and framed to get the employees familiar with these vital goals.

The last step is to implement a regular fund for such campaigns. The data identify that employee sensitivity for common public-sector hospital purposes is augmented by emotionally-triggered associative pictures. Such campaigns are implemented perpetually and held throughout the year to ensure sensitivity, even with high fluctuation. Such campaigns evolve the we-culture across the public-sector hospital and help to resolve the socialization discrepancies across the public-sector hospital. Additionally, a higher sensitivity for common goals channels the energy of the employees toward the same direction.

## 5.2 Dynamics of Power Channeling

This section explains the different dynamics of PC. After the emergence of the theoretical core category of PC, this researcher adopted “transformational dynamic” as a filter to identify the dynamics of PC and to analyze how the filtered strategies are employed to resolve major concerns characterized by constant change (triggers). The term “dynamic” accounts for the constant change of concerns (dysfunctional behaviors) of the executive board, whereas “transformation” accounts for the length of time for transforming a board collaboration asymmetry into a reciprocal authentic one (i.e., performing AL).

Through this filter of “transformational dynamics,” the theory of PC discovered that a board collaboration asymmetry in a determined short period of time is transformed into reciprocal authentic temporary collaboration by adopting the “temporary PC” strategy.

In a high-level hierarchical public-sector hospital structure, turning the board collaboration asymmetry into a provisionally reciprocal authentic one in a short period is resolved by using the “spasmodic PC” strategy. The theory identified this dynamic as spasmodic because the trigger to PC is initiated by a sudden goal, which is based on a common denominator of the executive board and is achieved in a shorter period.

Through this filter of “transformational dynamics,” the theory of PC discovered that asymmetric collaboration in a long period of time is transformed into reciprocal authentic board collaboration by adopting the “perpetual PC” strategy.

Additionally, through this filter of “transformational dynamics,” there was discovered a “latent PC” dynamic. However, given the small number of narratives in which this latent pattern of dynamics could be observed, more data are needed to confirm these dynamics or to discover other dynamics.

The different model constructions concerning the “dynamics of PC” are presented below, which build on the theoretical subcategories, and inform about the different PC dynamics” discovered by adopting the filter of transformational dynamics in the data.

### 5.2.1 Temporary Power Channeling

*Temporary power channeling* (see Figure 10) occurs when vital plans are endorsed by all members of the senior teams. In such circumstances, they must be implemented by a senior project team (selected executive members in collaboration of one or two public-sector hospitals with external experts). Senior project teams are context-based and are assembled on a project-by-project basis and temporary by nature. A project executive team carries out the responsibility for its success. The data explains that responsibility can only be carried out if executive leaders have the competence to make decisions and take action. This circumstance, in turn, gives these executive leaders the power to act. In such a situation, it is crucial for the major project's success that power is channeled for the project goals and its implementation. It is vital that none of the project members make use of dysfunctional behaviors in line with their self-interest (particular interest). Since a project is temporary in its nature, it is impossible to employ the PC strategy fully in a determined period. In this dynamic of temporary PC, project executive members employ "acclimatizing," "norming," "committing," "pulling together" (Figure 10, highlighted areas).

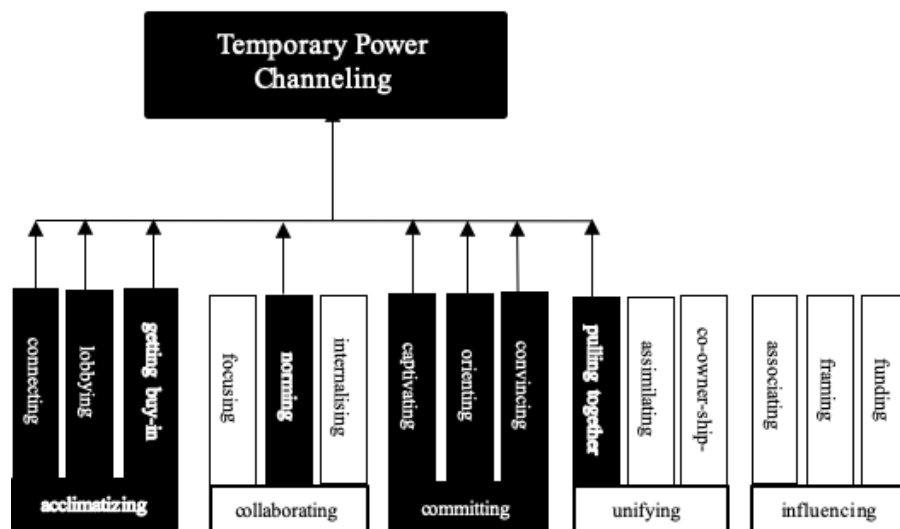


Figure 10: Temporary Power Channeling

As the membership of this team differs from the executive board team in the first step, project executive members aim to develop the relationship level for a reciprocal authentic board collaboration (i.e., performing AL). The data explains that at the beginning of such projects there is a distrust and subtle hostility between the internal executive leaders and the external experts (who are chosen by the board of directors) as major projects mainly are targeted by the higher-control body of Swiss public-sector hospitals.

This first step of this dynamic is mainly characterized by intensive exchange and communication with each other to accustom themselves to the new conditions of the project team and shape this new “climate,” which triggers that the external experts begin to accustom themselves to the new “climate.” Thus, there is an attempt to reduce hostility among themselves. Connecting, lobbying, and getting buy-in are interrelated, as connecting makes it possible to get in closer touch with one another; conversely, lobbying is not possible in relationships where two persons of a project team do not talk to each other outside the formal communication in project meetings. To get buy-in from critical project members, there is the need for intensive and influencing communication, which is provided by lobbying. Therefore, the use of these three sub-strategies depends on the relationship stage of the project members, and they use it toward acclimatizing themselves to each other to evolve the relationships among them.

Connecting creates a provisional understanding for each other’s way of thinking and working. This understanding, in turn, positively influences their relationship dimension and establishes a first step for collaboration. Connecting can be also carried out in a short period of time by employing steps which are appropriate for the person who carries it out. Lobbying is employed to sensitize each other about their own ideas of how the project can be carried out, since, at the beginning, there are mutual paths to plan and implement a specific project. Lobbying, in this dynamic, is also carried out for sensitizing important higher or external bodies concerning the project goals. Besides, the data reveals that some decisions cannot be made by the project team alone. In such situations, the project team leader or an elected member will sensitize the higher-level decision-makers or external decision-makers (the health directorate at the cantonal and national level) to highlight the project’s goals. The disagreements during this provisional collaboration are tackled by “getting buy-in” to resolve the critical voices, balance the decisions, and avoid upcoming hostilities. In other words, to win critical members over and get them back on the project track. Acclimatizing helps the project members to establish a positive work climate, which supports them by becoming a temporary functional instrument for the task dimension of the project.

The next step the project team carries out is employing “norming” to establish a conduct for the project team collaboration in which the behavioral rules are aligned. The data reveals that the project team attains the last stage in this dynamic of PC in which a balanced interpersonal power structure becomes the project-goal-planning tool. The professional power of the project’s members becomes flexible and functional, and their

power is channeled into the planning dimension. Power structural and personal issues have been resolved, and the balanced power structure of the project team can now become supportive of the planning process. Captivating occurs when project members are perceived as sincere because their intentions, through their body language and their actions, are consistent in each other's eyes. To be perceived as sincere is vital for them, as this lets the other project members feel that the intention and points of this person in the planning process do not serve a hidden agenda. The data identify that, after captivating each other's attention positively, the project ideas become the focus. After captivating each other's attention, they align the possible paths to coping with major changes in the project through orienting. Orienting helps them to create an appropriate, achievable project planning. Orienting supports mutual respect, evolves the behavioral dialect, and allows them to understand each other's standpoints in the planning process. This better understanding augments the comprehensiveness of the different perspectives. This comprehensiveness also supports the project members in the project alignment process with their subordinate teams. Convincing is identified as the ability of the project team to cause collectively the board of directors and external governmental bodies to believe that the chosen path to carry out the project is the most appropriate. This ability, in turn, helps the project team to be perceived as a functional team. In pulling together they start to collaborate in a reciprocal authentic way for a temporary period until the project comes to an end.

Secondly, the dynamic of "temporary PC" occur when public-sector hospitals are merged or when a financial restructuring by external experts is imminent. In such cases, either of the two executive boards may get combined, or part of the executive board be disempowered so that an external expert team can take over. Some executive narratives describe that the main concern in a public-sector hospital merger is to converge two executive boards and board of directors into a new one. The election process of how and which members out of the two board of directors are nominated for such a transformation process cannot be explained in detail as the cantonal governments elect public-sector hospitals' board of director members and they do not want to talk about such issues officially in a research setting. The data reveal that the election of such members is based on the political backing they have within the government.

In such a dynamic of a public-sector hospital merger, most executive board members of both public-sector hospitals try to get a seat on the new executive board. This circumstance leads to rivalries being played out in the authority sphere to become elected to the new executive board. These subtle power struggles lead to the emergence



of a rivalry between two camps. The power games are subtle as the experienced executive board members know that those executive leaders who are more cooperative, who demonstrate a diplomatically-correct behavior, and who contribute beforehand to merge the public-sector hospitals together, have a higher chance of getting elected to the new executive board. The data describe that more experienced executives will detect who they need to lobby, with whom they need to be connected, and how they need to address their issues. The data identify that when there are subtle power struggles, when the pressure reaches the highest peak, some executive board members in both the public-sector hospitals form a coalition to augment their chances for re-election. As mentioned before, the re-election process could be not explored in detail. After the re-election process, the new executive board and the new CEO will take over.

In this challenging stage, a new CEO, who is officially the central figure (representative and voice of the executive board to the board of directors), is put to the test by the new executive board members to see to what extent this person can be influenced by dysfunctional behaviors. The data reveal that the CEO will also try to control the other executive board members through tactics of instrumentalization. These two camps tend to be classified by the executive leaders as those who are dominant and less dominant in terms of their relations to the new board of directors or the governmental body. These power struggles lead to goal disharmony and asymmetries “goal-setting dilemma.” This background is characterized by challenges and polarization around interpersonal issues and interests with concomitant misbehavior in the goal orientation and board collaboration. These behaviors serve as resistance between the two executive board camps to gain power. From the executive leaders’ narratives, in the first phase of implementing the merger, the new executive board is focused on securing the day-to-day business and creating a new structure. The data reveals that during such a change, uncertainty increases at all levels, experienced as a loss of control. Therefore, in the first year, the new executive board resolves their main concerns through temporary PC by going through the steps as explained previously (acclimatizing, norming, committing, and pulling together). The data identified that, in the second phase of merging, the perpetual PC is employed to establish a reciprocal authentic board collaboration in the long term (collaborating), to resolve the cultural discrepancies, to establish a unity (committing and unifying), and to sensitize the employees for the common goals in order to channel their energy toward these goals (influencing).

## 5.2.2 Spasmodic Power Channeling

The “spasmodic PC” dynamic occurs in a large public-sector hospital executive board collaboration. Such a collaboration is characterized as a protracted “political” collaboration in which executive board members work “together” as “political” representatives. In such a dynamic, the executive board members are mostly mandated for strategic tasks precisely because there are many levels of hierarchy. This circumstance shifts the power struggles and hostilities to a deeper level. (This research has the objective of exploring the executive board level and not other levels. How other hierarchical levels resolve such dysfunctional behaviors is not part of this research.) The task of the executive board is to reach a political consensus, which is rather characterized by subtle and diplomatically-tactical power games and delaying loops of decisions. These loops are characterized by, if no consensus is found, the basis for decision-making is then shifted to lower levels of the hierarchy to be reworked or supplemented with additional information. In such a hierarchal structure, a change tends to be protracted because the balancing of interests and power is achieved by long negotiation and decision-making processes. Therefore, in the data, the willingness of executive board members to transform such board collaboration asymmetry into a reciprocal authentic one could be not observed. Informal narratives identify that the spasmodic PC serves either to demonstrate being a functional executive board in meetings with the board of directors (short period), or to achieve a common goal in a short period that is not characterized by interest asymmetry. The spasmodic PC is employed by the combination of “connecting,” “lobbying,” “committing,” “pulling together,” and “influencing” (Figure 11, highlighted areas).

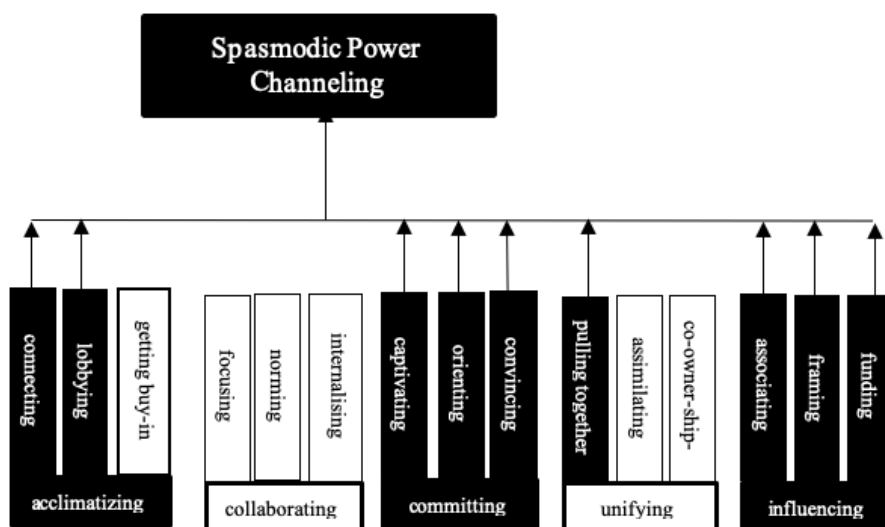


Figure 11: Spasmodic Power Channeling

Connecting, in this dynamic, is employed to create a provisional understanding for each other's perspective concerning the new common goal. This understanding, in turn, influences their relationship dimension in a provisionally positive way. Lobbying is employed to sensitize each other about their own ideas and the subordinate level of hierarchy about the ideas concerning this goal. This lobbying in the lower levels of hierarchy helps them to detect whether there are some potential conflicts concerning the specific goal. The communication by employing lobbying tactics evolves the mutual understanding concerning the specific goal. Since the data identified that this kind of board collaboration is superficial and concomitant with subtle dysfunctional behaviors, and that there is no initiative to transform this board collaboration into a reciprocal authentic one, the executive board moves directly to the committing process. The provisional balanced relationship and power structure through employing the committing process supports them to channel their power toward the concrete goal definition. In this phase, the professional power of executive board members becomes functional, and board power is channeled into this goal dimension. Captivating occurs because the executive board members are perceived as sincere as their intentions, through their body language and their actions, are consistent in each other's eyes. To be perceived as sincere is key for them, as this lets the other executive leaders feel that the intention and points of each other in the goal planning process do not serve a hidden agenda. The data identifies that, after captivating each other's attention positively, the goal of defining and planning become the focus. Orienting helps them to define the goal in an achievable way. Orienting supports mutual respect, and allows them to understand each other's standpoints concerning this specific goal. This better understanding augments the comprehensiveness of their different perspectives. This comprehensiveness also supports the executive board members in the goal alignment process with their subordinate teams. Convincing is identified as the ability of the executive board to cause collectively the board of directors to believe that the chosen path to carry out this specific goal is the most appropriate. This ability, in turn, helps the executive board to be perceived as a functional team. After the "committing" process, and after the old negative culture of the executive board has worn off provisionally, they "pull together" concerning the specific goal in the executive board and this evolves their sensitivity to one another. Finally, they employ the step of influencing to prepare the public-sector hospital for the common goal through campaigns where this public-sector hospital goal is associated, and framed to get the employees familiar with this vital goal. The last step is to implement a regular fund for this specific campaign. The data shows that employee sensitivity for this specific public-sector hospital goal is augmented by emotion. Such a campaign helps

the executive board to resolve the socialization discrepancies concerning this goal across the public-sector hospital, and the sensitivity for this goal channels the energy of the employees toward the same direction.

The hostilities in this dynamic are set aside for the realization of the common goal. This means a truce between the parties in the executive board, but the dysfunctional behaviors could not disappear permanently. This dynamic is called spasmodic because it occurs suddenly and only to achieve a goal (which does not involve a conflict of interest), and does not evolve the asymmetric board collaboration into a reciprocal authentic one.

### 5.2.3 Perpetual Power Channeling

The “*perpetual power channeling*” (see Figure 12) is characterized as a cycle including all five strategy steps (theoretical subcategories) explained in section 5.1. It is a cycle as the strategy of PC is perpetually carried out by an executive board to resolve their major concerns. The major concerns of executive boards are continuous, and fast-changing contexts again trigger dysfunctional behaviors and power asymmetries characterized by asymmetric collaboration. The data identify that, through employing a “perpetual PC” strategy, the executive board collaboration is transformed into a reciprocal authentic collaboration. Additionally, the change in the balance of power in an executive board depends on positional changes (new executive board members). Therefore, the executive board employs this strategy in a perpetual dynamic to alternate and refine it through the learnings from the previous cycle. As the public-sector hospital continues to evolve, new changes arise and affect the relations and power structures of the executive board. The perpetual resolution of major concerns in new contexts creates new insights. These new insights are useful both for the conditions of those practices and the executives who operate them. As a result, the outcomes are incorporated into new channeling and collaborating premises for the cycle to begin again fresh.

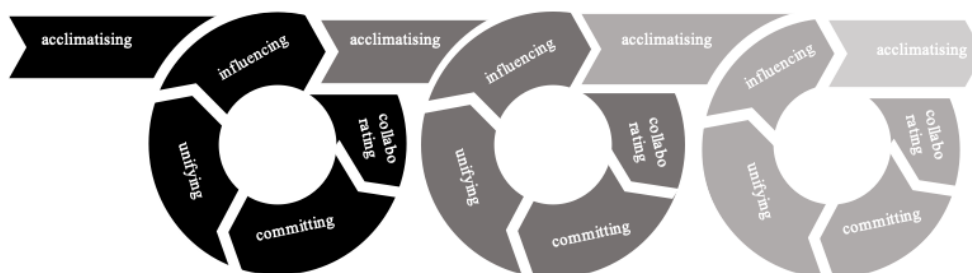


Figure 12: Perpetual Power Channeling

### 5.2.4 Latent Power Channeling

The dynamic of “*latent power channeling*” (see Figure 13) occurs in a mature public-sector hospital culture, and reciprocal behavior as characterized by executive board collaboration. In this kind of executive board collaboration, their major challenges are concerned with new projects and the employee dimensions. In a reciprocal collaboration and mature public-sector hospital culture there is a latent resting power, which could be channeled toward common goal achievement if it is needed. In a new goal context to resolve potential conflicts and personal issues, they employ “acclimatizing,” “committing,” and “influencing” (Figure 13, highlighted areas). This dynamic is latent, as it is a resting power, which could be channeled toward the new goal.

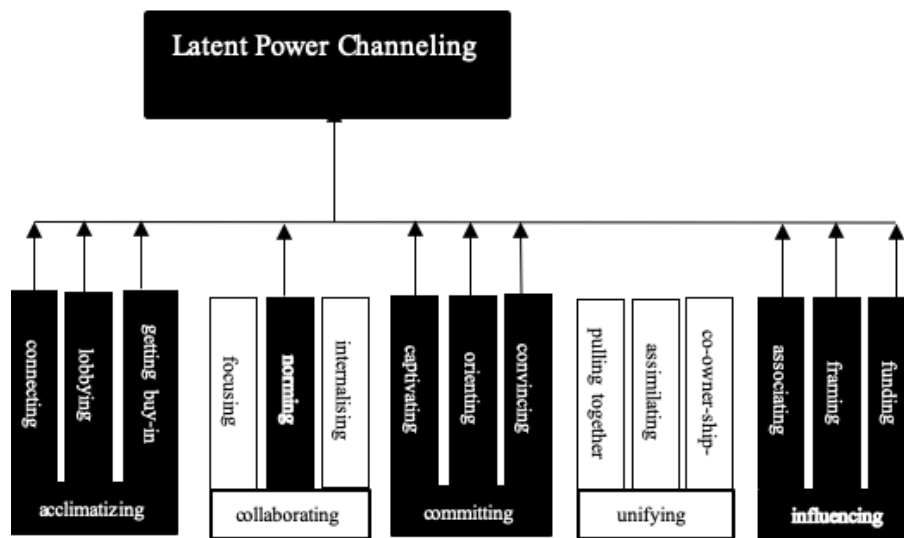


Figure 13: Latent Power Channeling

Acclimatizing supports their sensitivity for mutual perspectives about this new goal and helps them to gather information and the analyze potential conflicts by achieving this specific goal. The executive board also does this to accommodate critical members, to show them that their concerns are taken seriously, to bring them back to a common denominator, and avoid conflicts arising as a result. Committing support for the mutual comprehensibility helps them to channel their power toward concrete goal definition, decision-making about goal implementation, and planning. The executive board moves to the process of influencing to channel employees’ energy toward this new goal. The influencing process augments the sensibility of the employees and motivates them to work on this new goal and resolve potential discrepancies arising from their social backgrounds of them.

### 5.3 Triggers of Power Channeling

This fourth section provides the two major categories of PC and its subcategories that were revealed by and in the course of this study. This subchapter is concerned with the lower-level concepts involved in triggering the PC strategy; Table 39 presents the triggers.

<b>Major categories:</b>	<b>taking-up challenges; dysfunctional behaviors (indicators and causes)</b>			<b>taking-up interventions (indicators and conditions)</b>	
<b>Major sub-categories:</b>	<b>facing prima donnas</b>	<b>facing power</b>	<b>goal-setting dilemma</b>	<b>facing regulations</b>	<b>facing momentous change</b>
<b>Properties:</b>	arrogance (high hatting)	instrumentalizing	avoiding change	sitting in the prison of regulations	changing view of society
	autonomous	dominating	arguing over a goal- economy vs medicine	missing trust in a paralyzed lobby association	lack of innovation
	postponing	stalemating	pursuing short vs long term success		transformed values of work
	dancing on eggshells	leading up	asymmetric values		
	letting someone down	vaporizing			
	ignoring				
	shirking				
	cultivating prima donna behavior				

Table 39: Triggers of Power Channeling

The triggers of PC are the major concerns and challenges revealed in the executive leader narratives. The main concerns of these executive leaders and politicians who were involved were how to resolve the dilemma of dealing with various forms of dysfunctional behavior. This behavior has been characterized by power asymmetries “facing power,” misbehavior of experts, “facing prima donnas,” goal disharmony, and asymmetry “goal setting dilemma,” regulations, “facing regulations”, and epochal change, “facing momentous change”; these were all lower-level concepts because they were able to explain why they arose. Still, they were not able to explain how these dilemmas could be resolved.

These two major categories and the five subcategories and their properties are of vital importance in the process of resolving the main concerns of executive board members, that of PC. Embedded within the two major categories is a number of important concepts

which help to explain the triggers of the process of PC. These will be discussed in the following section.

### 5.3.1 Major category–taking up challenges

This major category has three subcategories (see Figure 14) and explains various forms of dysfunctional behaviors: the triggers of PC. The data identify that executive board members first analyze the faced challenges and concerns (triggers) before resolving them by employing the PC strategy in different dynamics. *“Taking-up challenges”* explains that the executive leaders occupy themselves with their major concerns to analyze and describe them.

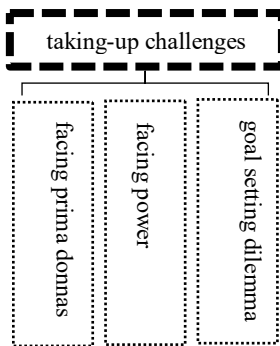


Figure 14: Taking-up challenges

#### 5.3.1.1 Major subcategory–facing prima donnas

This major subcategory explains the dysfunctional behaviors of executive board members that trigger a collaboration asymmetry. These dysfunctional behaviors of facing prima donnas can be characterized in terms of “arrogance (high-hatting),” “authoritarian autonomy,” “postponing,” “dancing on eggshells,” “letting someone down,” “ignoring,” “shirking,” “cultivating prima donna behavior.” This major subcategory explains, out of the executive leaders’ narratives, which behaviors are acted out by “prima donnas” when the collaboration does not happen as they desire it to be. The different characteristics of such dysfunctional behavior are vital to explain since an outside observer will not detect them as they happen mostly in executive board collaboration settings.

In the Swiss public-sector hospitals’ context, executive leaders are familiar with the term “prima donna” (see Box 69) to identify medical chief executives who demand to be treated uniquely and are difficult to please. This study discovered that the primary motivation of “prima donnas” to apply for a leading position in an executive board is not

about achieving common public-sector hospital goals in the sense of reciprocal collaboration, it is about gaining more power to operate more and have a say in what is new in medicine. The data identified that public-sector hospitals' primary attention-getters are chief physicians (medical executives) as they serve in the core value chain of the public-sector hospital. The data revealed that a chief physician's image has more magnetizing effects than the other attractions of a public-sector hospital, such as the infrastructure or the hospitality in a private luxury bed wing. These chief physicians also have expert power based on their specific knowledge and vital skills and are aware about the fact that nothing can work in a public-sector hospital without them.

*"R: (...) we have an expert organization. (..) if you work with the chief physicians and so on (...) you have to be in leadership – (...) **the prima donnas and divas** or—as broad a path as possible, so that all move about on it somehow, but do not make clear rigid rules."*

Box 76: Data segment about prima donnas and divas

#### **5.3.1.1.1 Arrogance (high-hatting- dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how arrogance is carried out by executive board members in the medical science.

Arrogance (high-hatting) is defined as the acting of chief executive physicians in a snobbish or supercilious manner toward other executive board members.

The data identified that the chief physicians are aware of being indispensable. They do not fear being dismissed. This explains why they continue to carry out such behavior which in turn results in collaboration asymmetry. In executive board collaboration, this dysfunctional behavior of arrogance is carried out by a reluctance to listen, by not fully acknowledging other executive leaders, or by identifying themselves as academics, which results in being perceived as snobbish and superior.

The data in the executive leaders' narratives indicate that "prima donnas" have a higher identification with their medical professional group. Such dysfunctional behavior of arrogance tends to dismiss those regarded as non-medical executives. These characteristics make the executive board collaboration toward those non-medical members demanding. Furthermore, the data identified that chief executive physicians relish in their leadership position and autocratic way of leading, and they enjoy having the respect of executive board members around them deferring to their authority as experts.



This dysfunctional behavior of arrogance (high-hatting) is carried out in problematic situations in executive board collaboration when the non-medical executive board members want to steer the public-sector hospital in a different direction than the prima donnas want. This is identified when a specific target goal by the other executive members brings a massive advantage for a public-sector hospital but is a disadvantage for the medical profession and the prima donna's team (goal disharmony). Such problematic collaboration triggers chief executive physicians to be disloyal toward the non-medical members of the executive board.

The data identified that the lack of medical specialists on the job market in Switzerland reinforces medical executives' attitudes about their indispensability and supports their dysfunctional behavior of arrogance (high-hatting).

The data identified "having expert power," "being indispensable," "demanding," "difficult to please," "keeping their people small," and "feeling accountable in a clinical context" as properties of this dysfunctional behavior of arrogance (high-hatting). The raw data segment box about "arrogance (high-hatting)" is in Chapter 4.

#### **5.3.1.1.2 Authoritarian autonomy – (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how "authoritarian autonomy" is carried out by executive board members from the medical science.

Authoritarian autonomy is defined as the acting of chief executive physicians without the assistance of other executive board members. In other words, they refuse to perform when accompanied by other executive board members.

This dysfunctional behavior identified in the data is that a team-oriented collaboration with the chief medical executives is problematic as they internalized the inclination to work as lone fighters. This deeply rooted attitude to be lone fighters is based on their socialization and the legal aspect in their task orientation. Due to legal aspects, a physician is solely responsible for the treatment of a patient and, while in challenging situations he can discuss the treatment procedures with peers, for the treatment application a doctor is solely responsible. Since every medical executive as a member of the executive board is a medical practitioner with this deeply-rooted internalized attitude of "lone fighter," this dysfunctional behavior triggers executive board

collaboration asymmetries. The medical executives are used to operating more or less independently and bearing the sole responsibility. In contrast, a reciprocal executive board collaboration is characterized by sharing responsibility and making common sense decisions for anticipated goals.

The properties of “authoritarian autonomy” are “individualizing” and “independence.” The raw data segment box about “authoritarian autonomy” is in Chapter 4.

#### **5.3.1.1.3 Postponing (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how postponing is carried out by executive board members from the medical science.

Postponing is defined as the act of chief executive physicians of applying delay tactics to prevent a collective official decision of the executive board that is a disadvantage to them.

In situations when “prima donnas” sense they get overvoted by other executive board members, they ignore an official decision to gain time for new arguments to manipulate this decision in subsequent board meetings (stalling). This act of not sticking to their original decision is identified as “stalling”. This dysfunctional behavior is carried out by “stalling” (stalling is defined as when executive board members change their official decision in order to gain time) or by “use of delay tactics,” or by “using gainsaying. “These “prima donnas” apply such dysfunctional delay tactics until the other board members resign due to their support of an alternative decision. The legitimization of such dysfunctional behavior by “prima donnas” is that their original decision in the board meeting was at that time immature. Through the mutual experiences expressed in the narratives of non-medical executives in collaboration with such “prima donnas”, the data made such dysfunctional behaviors obviously visible.

The properties of postponing are “asymmetry of interest,” “use of delay tactics,” “stalling,” “gainsaying,” “unmatured decision” and “resignation of a decision.” The raw data segment box about “postponing” is in Chapter 4.

#### **5.3.1.1.4 Dancing on eggshells (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how “dancing on eggshells” is carried out by executive board members from the non-medical science (chief executive

officer, chief human resource officer, chief financial officer, and chief nurse) toward executive board members from the medical science (chief executive physicians) in order to please them.

Dancing on eggshells is defined as the act of executive board members to negotiate with the executive chief physicians in which they try to be extra-careful when communicating to them, in order not to upset them. The non-medical executives employ such behavior by attending the meetings called by “prima donnas” or by trying to talk to them in their jargon. The data identify “dancing on eggshells” as a dysfunctional behavior as it is very painstaking and exhausting behavior for the person who carries it out.

The property of “dancing on eggshells” is “demanding.” The raw data segment box about “dancing on eggshells” is in Chapter 4.

#### **5.3.1.1.5 Letting someone down (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how “letting someone down” is carried out by executive board members.

Letting someone down is defined as executive members' denial to support another executive from the weaker class on the executive board if the anticipated support diverts the outcome to the disadvantage of the dominant class on the executive board. The data identified that, if the alternate result (goal dilution) results in an interest asymmetry (goal disharmony), then the support is denied, and the other executive leaders let down the executive leader who asked for help. Further, the data identified that this mechanism affects the trust of the executive leader who experienced being let down by the other executive leaders; this in turn affects the rivalries among them.

The properties of “letting someone down” are “dilution of own goals,” “selfishness,” and “feeling powerless”. The raw data segment box about “letting someone down” is in Chapter 4.

#### **5.3.1.1.6 Ignoring (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how “ignoring” is carried out by medical executive board members.

Ignoring is defined as medical executive members' refusal and denial of the non-medical goals of the executive board for the public-sector hospital if the anticipated goals do not bring them an advantage. The data identified that, if the outcome of an anticipated goal results in an interest asymmetry (goal disharmony), then the "prima donnas" refuse to think outside of their medical box. The data identified this behavior as dysfunctional as "prima donnas" want to have a say in the overall strategy of public-sector hospital but refuse to help develop goals which help the public-sector hospital to evolve in other dimensions than medical treatment. In other words, "prima donnas" refuse to collaborate on issues which are not in line with their interest. In that context, the data discovered a latent pattern, that, for medical executives, collaborating on common goals means uncertainty, a danger to their authority and, therefore, any reciprocal collaboration on the executive board is sensed as cutting their cord to their medical science peers. This cutting of the cord is perceived so because a reciprocal collaboration is characterized by common responsibilities, mutual respect, and the common anticipation of common goals; the data identified that, if they align themselves with the goals of the executive board members, they fear the legitimization of a goal which is disadvantageous for their medical teams and in favor of another department. More data is needed to confirm this perception.

The properties of ignoring are "unaccountability," "noncommitment," "lack of thinking outside the box," "lack of future-oriented thinking," and "disinterest." The raw data segment box about "ignoring" is in Chapter 4.

#### **5.3.1.1.7 Shirking (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how "shirking" is carried out by medical executive board members.

Shirking is defined as medical executive members' refusal and neglect to work on the medical information system interfaces. Such behavior of prima donnas is legitimized by them by claiming that the task is an administrative one and that they are not responsible for such a task. The data identified that a responsible interface manager shies away from confrontations with medical executives as the negotiation, collaboration, or reminding of prima donnas to do such a task is intimidating. Medical executives are a higher rank than the interface manager, thus the interface manager fears direct communication after previously having had intimidating experiences with them, which results in ineffective information systems and communication loops. Therefore, the debates about such

interfaces are fought between the non-medical and the medical executive board members.

The properties of shirking are “avoiding responsibility” and “neglecting responsibility.” The raw data segment box about “shirking” is in Chapter 4.

#### **5.3.1.1.8 Cultivating prima donna behavior (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how “prima donnas” are cultivated through their training, socialization background, and why they use such behavior.

Cultivating “prima donna” behavior is defined as the socialization of medical executives. The data identified in the medical executive's narratives that medical executives are acculturated to an archaic and hierarchal structure. The acculturation takes a long time. Therefore, dysfunctional behaviors are deeply rooted in medical executives, which in turn strengthens the collaboration asymmetry on the executive board. A second reason for medical executives to favor a hierarchal structure with an obvious line of authority is the legal aspect. Medical executives face situations, such as in surgery theaters, in which a hierarchical structure minimizes the risk of patients in life-threatening medical treatment situations.

During the professional training of medical executives in earlier years, they are acculturated to a “bossing culture.” The data identified that the communication of the professional culture results in the cultivation of prima donnas. The informal and implicit values and behaviors of a chief physician who has clinically trained medical executives in their youth shapes the professional culture of these medical executives. To quickly compile the portfolio of medical qualifications required to obtain a medical specialist's title, the new medical doctors imitate their superiors and adapt to their environment. The data identifies that young physicians get intimidated by their medical supervisors when they rebel against dysfunctional behaviors during clinical training. Medical trainees conform by tacit or even unconscious processes, such as imitation of superiors, in adapting to the professional culture. The characteristics of this dysfunctional behavior adaptation are sometimes contrary to the aims of the formal professional culture.

The data identified a weak pattern that medical executives internalize such bossing behaviors. More data is needed to confirm this weak pattern in cultivating prima donna behaviors.

The properties of cultivating prima donna behavior are “archaic thinking,” “arbitrariness,” “dependency,” and “power control.” The raw data segment box about “cultivating prima donna behavior” is in Chapter 4.

### **5.3.1.2 Major subcategory–facing power**

This major subcategory explains the dysfunctional behaviors of executive board members in terms of power tactics that trigger a collaboration asymmetry. These dysfunctional behaviors of facing power are characterized in terms of “instrumentalizing,” “dominating,” “stalemating,” “leading up,” and “vaporizing.”

Facing power is defined as the adversarial use of relational power of the executive members in an executive board.

This major subcategory is explained in the executive leader narratives as the power game tactics (adversarial use) that are acted out by “prima donna’s” or other executive leaders when the collaboration does not happen as they desire it to be. The different characteristics of such dysfunctional behavior are vital to explain as an outside observer will not detect them since they happen mostly in internal executive board collaboration settings.

In this analysis, power is identified and analyzed as relative and relational. The state of relationality exists in a specific relationship, for example, between the executive as CEO and another medical executive, such that a particular attempt by the CEO to influence the medical executive can bring about the desired change. The relationality of power depends on which specific CEO and medical executive’s specific understandings fit into their relationship. However, this circumstance in a reciprocal collaboration requires that the medical executive notices or recognizes another executive’s characteristic (idea, trait, or behavior), motivating the medical executive to make the change that the other executive intends. In asymmetric collaboration, this definition requires that an executive board member use power game tactics to force the corresponding person to change or move to the desired position.

#### **5.3.1.2.1 Instrumentalizing (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how “instrumentalizing” is carried out by executive board members.

Instrumentalizing is defined as an executive member being used by another executive member exclusively as a means to realize purposes unknown to the former.

In other words, it is a situation in which one executive board member appoints another executive board member to persuade a third party (a third executive member) to save his/her face because s/he is afraid of direct communication, or to avoid finding out this third party's preferences about a particular goal or issue.

The data in the section of "facing prima donnas" identified dysfunctional behaviors in terms of ignoring an official decision of the executive board by prima donnas. To find out how far these medical executives, "prima donnas," intend to use their power or to what extent they can be still convinced, the CEO delegates another executive member to face the prima donnas.

*Process of instrumentalizing initialized by the CEO*

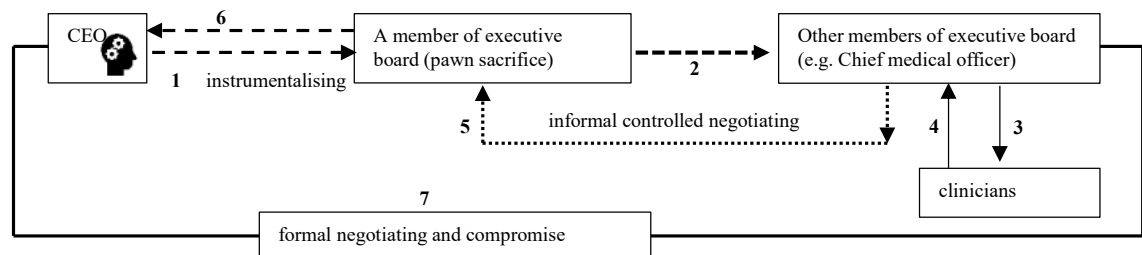


Figure 15: Process of instrumentalizing initialized by CEO

The CEO employs the procedure of instrumentalizing to evaluate the circumstances in an asymmetric negotiation between him/her and the "prima donnas" through another executive board member (instrument) (see Figure 15). This instrumentalized person is identified to become a pawn sacrifice. The carried-out tactic of instrumentalization protects the CEO, especially since s/he does not appear directly facing of the "prima donnas."

The data identified the circumstance that happens that prima donnas come to the board and threaten to quit their jobs if the decision already made by the executive board is not changed in their favor. Instrumentalizing gives the CEO, in such a situation, the possibility to save his face and start the negotiations afresh with these prima donnas.

This starting point allows the CEO to get his/her feet out of the fire and find a compromise. This mechanism of instrumentalization puts the pawn sacrifice in the line of fire and depends on this pawn sacrificing him/herself for the CEO as the latter needs more protection against the prima donnas.

*Process of instrumentalizing initialized by prima donnas*

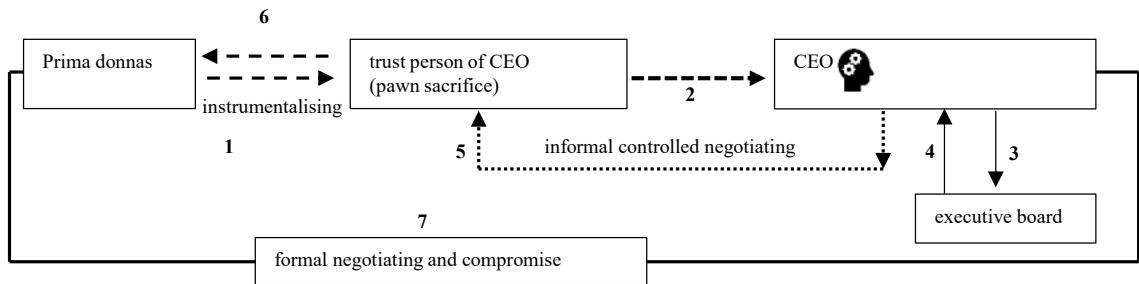


Figure 16: Process of instrumentalizing initialized by “prima donnas”

The data identified that instrumentalizing is also carried out by prima donnas to take advantage of a person trusted by the CEO to force the CEO in the direction of their intention (see Figure 16). Such situations are characterized by prima donnas wanting to change an official decision of the executive board in their favor.

The data identified in the other section that rivalries on the executive board are fought between two camps and therefore the prima donnas intend to change an official decision through the CEO to save face. The data identified a third kind of instrumentalization initiated by the board of directors (see Figure 17).

*Process of instrumentalizing initialized by board of directors*

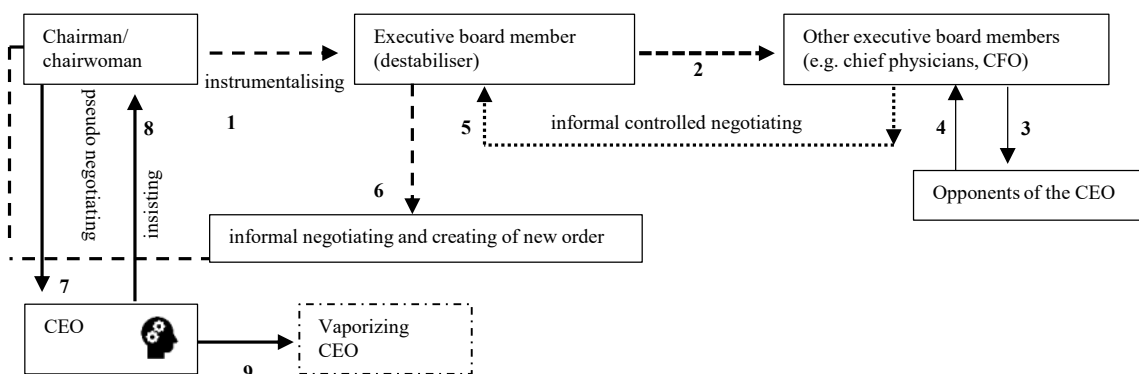


Figure 17: Process of instrumentalizing initialized by board of directors

This third kind occurs when the chairwoman or chairman of the board of directors instrumentalizes an executive board member by promising some trophies in return for



destabilizing the CEO's position (see Figure 17). The data identified that a dominant reason to destabilize the CEO's position is when the board of directors has gone against the CEO and the executive board collaboration is characterized as reciprocal. In other words, the CEO is in a strong position as he is backed up by the prima donnas. The board of directors who wants to not accept an executive board decision first destabilizes the CEO in order to transform a reciprocal executive board collaboration into an asymmetrical one. The data identified that the board of directors avoids dismissing the CEO as an obvious way to save face, to conceal a power struggle between them and the prima donnas, and to start the negotiations with the executive board again to force the CEO in the direction of their intention.

The properties of instrumentalizing are "leading to the side," "taking advantage of a third party", and "face-saving." The raw data segment box about "instrumentalizing" is in Chapter 4.

#### **5.3.1.2.2 Dominating (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how "dominating" is carried out by executive board members.

Dominating is defined as when an executive board member controls another one to force him/her in his/her favored direction or for his/her purpose.

"Prima donna" use the legal, medical accountability for patient treatment procedures as a control instrument (power enhancement) to dominate other executive leaders for their purposes. The data reveal that if a change is disadvantageous for "prima donnas", then implicit use of dominance is carried out by "prima donnas" by legitimizing this dysfunctional behavior through the aspect of responsibility. The data identified that medical executives use this aspect of responsibility to demonstrate to the other executive leaders that they sit on a "higher throne." In other words, through this legal aspect, there is a dependency of other executive leaders toward medical executives.

The data identified, interestingly, in extreme situations, that this dysfunctional behavior of "dominating" by "prima donnas" is perceived by other executive board members as a strength. This circumstance in the data is explained by the fact that, in an extreme situation, the executive board members feel the loss of control over the new situation and get the idea not to steer the public-sector hospital in the desired direction. The data

reveal that, in a situation with high uncertainty, this dysfunctional behavior of dominance enhances stability.

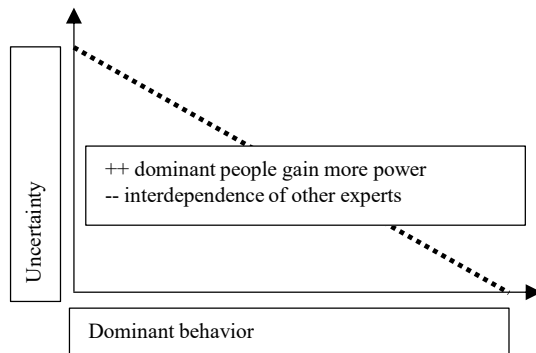


Figure 18: Dominant behavior

The data reveal that, the higher the uncertainty in a given situation, the higher the credibility of “prima donnas” in using dominance to be perceived as having the problem under control; the more they gain power, the lesser is the independence of other executive leaders (see Figure 18).

The dysfunctional behavior of “dominating” supports the “prima donnas”, in other words, for increasing others’ dependency and gaining power.

The properties are “increasing dependency” and “gaining power.” The raw data segment box about “dominating” is in Chapter 4.

### 5.3.1.2.3 Stalemating (dysfunctional behavior)

This characteristic of dysfunctional behavior explains how “stalemating” is carried out by executive board members.

Stalemating is defined as when a highly prestigious executive board member (prima donna) controls through threatening another executive board member to leave (withdraw), in a situation in which no progress can be made, or the negotiations with this “prima donna” reach an impasse.

This dysfunctional behavior is carried out by “prima donnas” to bring progress toward an asymmetric goal (a change in favor of the public-sector hospital) to an impasse when they fear such a goal would have a negative impact on their power (cut back of their power) and would decrease the dependency of other executive board members on them.

In other words, when the other executive leaders assume that a prima donna has a higher leverage due to their prestigious reputation, then they back down and wait for another appropriate situation to start the negotiation again about this specific goal. Some narratives explained that such stalemates have stood for two decades and it was impossible to overcome them due to the power leverage of the prima donnas.

The properties of stalemating are “moving in the interest to an impasse,” “holding onto their interest against the interest of the patients,” and “having a higher power leverage due to their reputation.” The raw data segment box about “stalemating” is in Chapter 4.

#### **5.3.1.2.4 Leading up (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how “leading up” is carried out by an executive board member (CEO).

Leading up is defined as when a CEO in a reciprocal collaboration on the executive board forces the superior board (board of directors) to change strategy settings in favor of the executive board.

The data identified that the CEO forces the board of directors in favor of the executive board when a goal disharmony is precipitated by strategy settings. The data identified that, when this detected goal disharmony occurs, it results in a stalemate situation in which the “prima donnas” threaten the CEO with quitting if the goal-settings that are unfavorable to them are not reevaluated.

The data identified that a CEO has two options in such a situation: s/he forces the board of directors to change the strategy settings and power balance in the executive board, or he sticks to the strategy line and gets “run over” by the “power wheels” of the “prima donnas” and the board of directors. The power struggles of such strategy setting are fought through the CEO between prima donnas and the board of directors. The data also identified that, if s/he (the CEO) sticks to the strategic line of the board of directors, the power struggles end up on the table of the board of directors. The data explain that if these power struggles cannot be resolved, the executive leaders having a prestigious reputation (prima donnas) will have the upper hand, and the CEO will be dismissed in the interest of balancing the situation.

The properties of leading up are “balancing power on the executive board,” “avoiding to get under the power wheels,” and “goal disharmony.” The raw data segment box about “leading up” is in Chapter 4.

#### **5.3.1.2.5 Vaporizing (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains how “vaporizing” is carried out by the board of directors to dismiss a CEO having an economic background and a non-prestigious reputation.

Vaporizing is defined as when a CEO gets dismissed and disappears quickly. It is the transition phase of going from being the representative of the executive board to being a non-member of the executive board through the force of the prima donnas or the tactics of the board of directors to balance power struggles.

The data identified that a CEO having an economic background in an executive board with an overabundance of medical executive members has a weaker position when power struggles arise and cannot be resolved by him. The data identified, in reciprocal executive board collaborative situations, the rise of goal disharmony between the board of directors and the executive board resulting in power struggles. As explained under the term “leading up,” if these struggles often fought through the CEO between both camps cannot be overcome by the CEO by dilemma resolution, then it is the CEO who gets the short end of the stick and is dismissed. This discovery is a sensitive issue, and did not allow this researcher to follow through on such situations in this research in greater detail. More data is needed to confirm this point. The properties of vaporizing are “getting fired” and “transition in a pawn sacrifice,” “getting under the wheels of prima donnas and board of directors,” and “face-saving tactic of board of directors.” The raw data segment box about “vaporizing” is in Appendix Chapter 4.

#### **5.3.1.3 Major subcategory - goal setting dilemma**

This major subcategory explains the dilemma of setting goals that triggers a collaboration asymmetry. This “goal setting dilemma” is characterized in terms of “avoiding change,” “arguing over a goal,” “medicine vs economy,” “pursuing short-term success vs long term success,” and “asymmetric values.”

Goal setting dilemma is defined as the major challenge of defining a common goal based on a common denominator. Furthermore, the disharmony of the goals as mirrored in the

different personal agendas of the executive board members is the trigger for dysfunctional behavior (power struggles).

The data identified that one of the major challenges of the executive board is setting common goals (see Box 70), which is characterized by dilemmas and tactics to force the personal agendas for the advantage of individuals. One of the influential debates between the two camps in an executive board is about economizing medicine, and the arguments in the debate are used to legitimize their angles through the goal-setting process. The data identified that, in the nature of achieving a new goal lies change, and “prima donnas” do fear changes as having the potential consequence of suffering a cutback in their power structure. These fears of “prima donnas” reinforce dysfunctional behaviors (outlined in facing prima donnas and facing power) to refuse or avoid changes when such a change brings a disadvantage.

The data identified that continually changing regulatory pressure, which reinforces the setting of new goals, and disagreement between executive boards setting goals that prioritize the future of the public-sector hospital over the narrow interests of individual departments results in asymmetric collaboration through power struggles. Further, the data reveal that the different socialization backgrounds influence the dilemma of setting goals.

*“R: Yes, in the hospital sector, where I have spent the last 25 years of my professional life, the big challenge is certainly how to create a common feeling for the goal that we want to achieve together.”*

Box 77: Data segment about achieving common goals

#### **5.3.1.3.1 Avoiding change (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains why executive board members avoid change.

Avoiding change is defined as the fear of having cutbacks in one’s power structure and as a trigger of goal disharmony.

The data identified that change arising from regulations and public-sector hospital strategy is a major challenge for the executive board, as a change in their point of view brings uncertainty and shapes their collaboration in terms of goal disharmony. In the nature of change lies that new goals must be defined to cope with change. The different

asymmetric interests make the setting of goals challenging and reinforce rivalries and hostilities between the medical and non-medical camp. The data identified that executive board members fear uncertainty because they experience loss of control in a changing situation and link this loss of control to a loss of power. This is because, in a change situation, there are more unknown factors than known factors.

Further, the data reveal that this loss of control is a characteristic of the fear of failure for the non-medical camp on the executive board because, in an inevitable change situation, they get exposed to setting common achievable goals based on the strategy settings from the board of directors. This dilemma of setting goals is, by the non-medical camp, experienced as power struggles against the prima donnas. In contrast, the “prima donnas” fear reduction in their power structure when they cannot force their agendas. The data identified that sometimes regulations (governmental) influence the composition of medical disciplines or change the framework conditions in medicine so that a change in personnel (executive board) becomes inevitable. Therefore, the data identified that the executive board carries out change avoidance tactics characterized by dysfunctional behavior in the section of “facing power.”

The data identified that sometimes inevitable changes resulting from regulations affect the financial situation of public-sector hospitals. This, in turn, shapes the whole institution and even reinforces fights between the various suppliers of medical products and industry-critical services and the executive board and strengthens the process of avoiding change.

The properties of avoiding change are “fearing uncertainty,” “being exposed,” “losing control,” “losing safety,” “fearing failure,” and “fearing impermanent.” The raw data segment box about “avoiding change” is in Chapter 4.

#### **5.3.1.3.2 Arguing over a goal - economy vs medicine (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains why executive board members argue in the goal dimension about economy vs medicine.

Arguing over a goal, “economy vs medicine,” is defined as the fight of getting the upper hand in the dilemma of setting goals between the two camps (economy vs medicine) in an executive board.

The data identified that the arguing process to get the upper hand by setting the future goals is characterized by a significant debate about economy vs medicine and reinforced by face-saving tactics by the board of directors or political bodies if the non-medical camp in an executive board cannot force the economic arguments for setting a new goal in line with the strategy. The failure of the non-medical camp to force economic views lies in that “prima donnas” threaten to leave the public-sector hospital if the plans are not redirected in favor of the medicine. The data identified that, if the goals dilemma cannot be resolved in line with the strategy because of these prima donna threats, then the board of directors redirect the goals. This redirection blurs the goal dimension, which in turn results in unclear directions. This vague direction reinforces the hostilities in the executive board and raises the debate again about goal setting. The data identified that this goal disharmony and blurring the goals for face-saving reasons affect the economic dimension of public-sector hospitals.

The properties of arguing over a goal—economy vs medicine—are “blurring the goals,” “missing clear direction,” “changing goals in the favor of medicine”, and “face-saving.” The raw data segment box about “arguing over a goal- economy vs medicine” is in Chapter 4.

#### **5.3.1.3.3 Pursuing short-term vs long-term success (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains why executive board members weigh up short-term over long-term success and how the time aspect affects the “goal-setting dilemma.”

“Pursuing short-term vs long-term success” is defined as the befitting process of the executive members to meet the board of directors' expectations in line with the predefined strategy.

The data identified that power struggles between the non-medical and medical executive camp result in personnel changes as outlined in the section about “dynamics of PC” or dysfunctional behavior about “facing power” (vaporizing). The data revealed that change is avoided as the executive board members fear changes in their power structure resulting from adversarial experiences. These characteristics in the section above and the negative experiences in such situations influence the executive leaders to prioritize achieving short-term success over long-term success. The data identified that they need a successful outcome (trophy) to demonstrate their ability to steer the public-sector

hospital successfully, in case they need the reputational capital to trade on in the case of drastic personnel changes. Therefore, the data revealed that non-medical executives are aware that they sit in a short-term chair if they cannot resolve their major challenges (dysfunctional behaviors, the regulation, the tactics of face-saving (goal blurring by board of directors), and the goal dilemma).

Moreover, the data identified that the strategy of a public-sector hospital is linked to the legislative duration of the political bodies, which influences the time aspect in the goal dimension. The data revealed that political bodies have the wish to demonstrate success in their legislature duration. Therefore, the executive board is forced to prioritize short-term success over long-term success to befit the requirements of superiors and higher authorities.

In the section above, the data revealed that goal disharmony and blurring the goals for face-saving reasons affect the economic dimension of the public-sector hospitals. The data revealed that, if the public-sector hospital is affected by these aspects in the economic dimension, then the legitimation is given to dismiss the non-medical executives. The data revealed a sensitive issue by identifying those alternating goals that are made by the board of directors. Still, the consequence of such face-saving tactics in the economic dimension is not carried out through the loss of their own chairs. More data is needed to confirm this fact.

The properties of pursuing short-term vs long-term success are “weighing short-term success higher” and “befitting the legislative requirements of authorities.” The raw data segment box about “pursuing short-term vs long-term success” is in Chapter 4.

#### **5.3.1.3.4 Asymmetric values (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains why asymmetric values affect the goal setting dilemma and results in power struggles.

“Asymmetric values” is defined as the trigger of the goal setting dilemma arising from the different socialization backgrounds of the executive board members.

The data identified that various personal values and socialization are interwoven with and influence the goal-setting process of the executive board. The data revealed that if the personal values aligned in the professional group of the different executive leaders



are not in line with a specific targeted goal, then a goal disharmony ensues. As outlined in the sections above, goal disharmony triggers the arguing that results in goal setting dilemmas and power struggles.

The properties of “asymmetric values” are “socializing affecting professional values” and “professional values affecting common goals.” The raw data segment box about “asymmetric values” is in Chapter 4.

### 5.3.2 Major category – taking up interventions

This major category has two subcategories and explains various external triggers of change raised by regulations and society. The data revealed that executive board members first analyze the interventions that are faced (external triggers) before resolving them by employing the PC strategy in different dynamics.

“Taking-up interventions” explains that the executive leaders are occupied with their major concerns, as raised by external authorities and society, to describe and analyze them (see Figure 19). Taking-up interventions is characterized by “facing regulations” and “facing momentous change.”

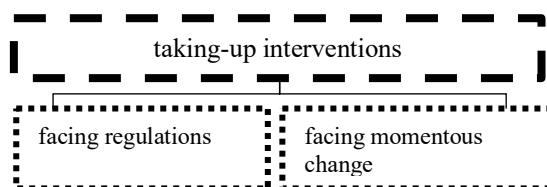


Figure 19: Taking-up interventions

#### 5.3.2.1 Major subcategory – facing regulations

This major subcategory explains the triggers of imminent changes raised by external regulations. The data identified that public-sector hospitals cannot change regulations set by political bodies. These triggers are characterized in terms of “sitting in the prison of regulations” and “missing trust in a paralyzed lobby association.” The data identified out of the executive leaders’ narratives that these triggers cause dysfunctional behavior and asymmetric collaboration.

#### **5.3.2.1.1 Sitting in the prison of regulations (dysfunctional behavior)**

This characteristic of dysfunctional behavior explains why “sitting in the prison of regulations” affects the goal setting dilemma and results in dysfunctional behavior (asymmetric collaboration).

“Sitting in the prison of regulations” is defined as the trigger of the goal setting dilemma raised by external regulators which cannot be avoided, as they are imposed by policy and apply to all public-sector hospitals.

The data revealed that “sitting in the prison of regulation” addresses obligatory regulations from the Swiss federal government and cantonal authorities that are major concerns for executive board members.

The data revealed that some policymakers are at the same time executive board members of large public-sector hospitals and specify quality guidelines, which, on the one hand, are very cost-intensive or result in the withdraw of some medical service for smaller public-sector hospitals. Furthermore, the data identified that the informal aim of such regulators is to enable large public-sector hospitals to weaken the competition from smaller hospitals and expand the medical departments of these medical policymakers. The data explains that such regulations slow innovations down and strengthen the power of political acts, which result in the protection of a few institutions (large public-sector hospitals) and makes it harder for smaller public-sector hospitals to adapt to momentous changes (such as digitalization and the part-time work of female physicians across medical disciplines). After the financial investments for regulations, the data identified they were running out of money for the creation of attractive jobs. In other words, the data characterized that regulations are to the advantage of ascendant public-sector hospitals and to the disadvantage of waning public-sector hospitals. Such issues are very sensitive and need more data to confirm them.

Another difficulty the data identified is that regulations are unpredictable. This circumstance brings uncertainty and reinforces the goal-setting dilemma between the medical and non-medical executives, which triggers dysfunctional behaviors to avoid change as outlined in the sections above.

The properties of sitting in the prison of regulation are “dead regulating,” “unbalanced power,” and “pressure for cost reduction”. The raw data segment box about “sitting in the prison of regulation” is in Chapter 4.

#### **5.3.2.1.2 Missing trust in a paralyzed lobby association (dysfunctional behavior)**

This characteristic explains the dysfunctional behavior of the lobby association representative in negotiations and why some public-sector hospitals no longer have trust in their lobby association.

“Missing trust in a paralyzed lobby association” is defined as the declining trust in the lobby association triggered by their behavior of remaining diplomatic. In other words, their behavior is characterized as not stepping on influential members' toes in order to satisfy these members' interests. The data revealed why official lobbies have no penetrating power. The data identified that executive board members of public-sector hospitals are elected in the lobby association. The data revealed that, on the one hand, representatives of such lobbies are afraid of losing their jobs when they force the interests of public-sector hospitals in the negotiations with politicians (governmental bodies); on the other hand, they want to remain neutral so that they do not lose out in politics. Some board of directors' members are at the same time politicians in governmental bodies and elect the executive board members of public-sector hospitals, which creates a gentle lobbying influence that persists over time. These circumstances are perceived by the other members of this lobby association as a dysfunctional behavior resulting in a mistrust in them. Such issues are sensitive and need more data to confirm them.

The properties of missing trust in a paralyzed lobby association are “paralyzing one's own lobby,” “remaining neutral,” or “poor outcome.” The raw data segment box about “missing trust in a paralyzed lobby” is in Chapter 4.

#### **5.3.2.2 Major subcategory – facing momentous change**

This major subcategory explains the trigger of momentous changes raised through the transformation in society. The data identified that public-sector hospitals are affected by changing views in society about work and innovation arising from cultural values, such as the mind-set changes of millennials (X, Y, or Z generation) and digital technology, which changes communication information processes.

These triggers are characterized in terms of “changing views of society,” “lack of innovation,” and “transformed values of work.” The data identified that these characteristics cause goal-setting dilemmas and dysfunctional behaviors as the senior executive board members try to avoid getting familiar with changes triggered by society and new technologies. In some cases, the data revealed that innovations are fought against because some executive leaders fear that increasing efficiency and automation could mean the loss of autonomy.

Furthermore, the data reveals that these ongoing changes also affect medical treatment processes in public-sector hospitals, such as digital treatments or surgery done by robots. Moreover, the data identified that momentous changes transform patients’ expectations and experiences, which affect all areas of public-sector hospitals, starting with treatment communication.

The data identified that executive board members are too busy with their major concerns (dysfunctional behaviors, goal setting dilemma, and regulations) to pay enough attention to these momentous changes in order to anticipate a successful future. The raw data segment box about “facing momentous change” is in Chapter 4.

#### **5.4 Conclusion**

This chapter revealed the both the main concerns of the board members of a Swiss public-sector hospital and how they were being continually resolved. The board members’ main concern was how to deal with a variety of dysfunctional behaviors amongst the board members themselves that hinders them to perform AL. The resolution of their main concerns was achieved by means of adopting a substantive AL strategy called PC. PC is the authentic process of social impact to form reciprocal authentic collaborations, which maximizes the engagement of executive leaders and their stakeholders, toward the achievement of a goal. It is the dominant AL strategy executive leaders choose to transform their asymmetric board collaboration into an authentic, reciprocal one.

This substantive AL strategy can be conducted by every executive board member and continued by different members. PC exists because such executive boards have no official center of power, because their leadership structure is based on the so called “Primus Inter Pares” principle and causes collaboration asymmetries. To ensure

reciprocal authentic collaboration, they channel their power as a group via five steps: acclimatizing (i.e., PC to shape the “climate”); collaborating (i.e., PC to develop the behavioral dialect); committing (i.e., PC to commit for goals); unifying (i.e., PC to transform from lone fighters to united members); and influencing (i.e., PC to sensitize employees for common goals). Performing AL by conducting PC helps the executive board minimize asymmetries triggered by ongoing changes.

The next chapter discusses and compares the PC theory within extant theoretical ideas and propositions of AL to present how PC extends, transcends, or challenges dominant ideas in leadership theories.

## 6. Discussion and Comparison

The main focus of this chapter is to demonstrate this researcher's ability to situate the constructed grounded theory of PC within extant theoretical ideas and propositions of AL. In doing so, it provides the opportunity to reveal how PC "*extends, transcends, or challenges ideas*" in AL (Charmaz, 2014:305). In other words, how PC as a dominant substantive AL strategy contributes to the AL field. Thus, it contributes to RO6.

The first objective of this chapter is to compare the vital theoretical ideas of the self-based model of AL theory (see Gardner et al., 2005) with PC by analyzing how both are constituted. The second objective aims to demonstrate how the strategy steps of PC fits the dominant ideas in the AL field. Hence, it aims to reveal the commonalities of PC with the four dimensions of AL theory by Gardner et al. (2005) and how PC contributes to these four dimensions as a substantive strategy of AL. The third objective aims at a redefinition and conceptualization of authentic (self) leadership in line with the conceptualization of authenticity in the notion of symbolic interactionism and constructivism to conceptualize a reflective scrutinizing process of the one's own inner consciousness about the other selves. By combining both concepts (self-based model of AL and PC), a new concept emerged which aims to support a leader to overcome inner struggles raised through incongruency of the 'self' with the other selves and the professional role in a given context. This new concept is labelled as 'Authentic Power Channeling of the Self' and aims to lead one's self.

### 6.1 Comparison of Power Channeling with the Self-Based Model of AL

The model of AL in the lead article 'A self-based model of authentic leadership' (SBM) written by Gardner, Avolio, Luthans, May, and Walumbwa (2005) is the most vital one for the AL field and has been chosen to compare both theories. This framework and its four components are operationalized in ALQ and primarily used in quantitative studies about AL; therefore, it makes sense to use it for comparison purposes. As a data-generated constructivist theory, PC and the interrelationships of the theoretical categories extend and contribute the traditional knowledge of AL research. In the most AL studies included in the literature review in Chapter 2, the causal connections of the context are vague, whereas the concept of PC delivers greater empirically-driven clarity and contributes to the criticism of the lack of qualitative research in the field of AL. The context in which leadership challenges and concerns occur provides important insights for the actions of executive leaders and how they reconcile such challenges (i.e.,

asymmetric collaboration). PC theory is related to the AL field as it is the dominant substantive AL strategy within executive boards of Swiss public-sector hospitals. Nonetheless, although PC is a contextual substantive strategy of AL, on a conceptual level, the building blocks of this substantive theory are novel. The theoretical concepts within PC are strictly grounded in qualitative data that revealed its properties. Furthermore, it explores AL within executive boards (i.e., executive board collaboration) from a collective perspective in group dynamics against the backdrop of challenges in the context of public-sector hospitals. The theoretical categories connect the theoretical subcategories and the properties of PC.

On the conceptual level, AL is strictly based on the idea 'of ownership of who one really is' (perspective of Self) whereas PC is based on the concept of collective AL (i.e., authentic board leadership collaboration). By using PC, leaders aim to transform an asymmetric board collaboration into a reciprocal, authentic one (i.e., performing AL). Simultaneously, this transformation process elucidates how AL manifests within such executive boards. The 15 theoretical concepts of the five strategy steps of PC, in comparison to the framework of AL (Gardner et al., 2005), extend the idea of how clashes and tensions can be reconciled in natural settings (Gardner et al., 2021) and contribute to the four components of their framework (i.e., self-awareness, balanced processing, relational transparency, internalized moral perspective).

The comparison of a model focused on the Self, and a model grounded in qualitative data focused on the Collective is hardly possible. Nevertheless, an attempt is made to draw a comparison under these circumstances. It is not just the conceptual level that is compared; indeed, the core ideas of both frameworks are compared.

### **6.1.1 The researchers' attitude 'open vs narrow'**

In comparison to the self-based model of AL, PC as a substantive strategy of AL emerged from primary data (executive leader narratives). The applied contingencies of listening, observing, and analyzing, in other words a thorough interaction with the data (theoretical sensitivity) accentuates the vital openness of this researcher for the discovery of PC. Furthermore, the theory of PC is mirrored by the real life of executive boards to use this strategy to perform AL in the substantive area of research.

The 'self-based model' of AL is conceptualized through secondary data (other authors' experience, knowledge and conclusions and literature review) about authenticity, the

self, identity, self-esteem, and self-determination found in the notions of Hoyle et al. (1999), Lear and Tangney (2003), Erickson (1995), Kernis (2003), Deci and Ryan (1995, 2000), and Csikszentmihalyi (2004). Additionally, the authors completed their self-based model through their own assumptions (hypotheses/ propositions). This reveals that these authors' perspectives can be characterized as academically-focused on their own professional concerns rather than the concerns of those who actually are leaders.

### **6.1.2 The methodology, philosophical traditions and theoretical rigor**

The methodology of this lead article (Gardner et al., 2005) in AL can be characterized as a conducted literature survey wherein the ideas in their original sources are mixed in with their philosophical stance (positivist and symbolic interactionism, social constructivism, and constructivism). The set of hypotheses used in the lead article to complete the self-based model and theory are identified as deductive. Their further use in other empirical studies indicates their deductive causality and tautology in this field (Gardner et al., 2021; Antonakis et al., 2016).

The core concept of authenticity and the self that is integrated into this framework (Gardner et al., 2005) revealed that the original literature that was used, and the synthesized knowledge that emerged from it (see Trilling, 1972; Erickson, 1995; Lear and Tangney, 2003), are in the tradition of symbolic interactionism and social constructivism (e.g., constructivism). A review of the references in Hoyle et al. (1999) revealed that they made a survey of other scholars' literature which aimed to summarize the findings from empirical research on the self in the tradition of experimental social psychology. This shows that most empirical studies integrated into their book were conducted by using quantitative methods wherein the ideas were historically based on constructivism. This circumstance reveals the mix of philosophical traditions integrated in one theory.

These insights indicate the self-based model's inconsistency and how the concepts are linked together in a way that lacks theoretical rigor. These authors used findings in the original literature about the self and the concept of authenticity that are multidimensional. The authors of the self-based model do not make enough attempt to take such recognition into account in their theory. Even if Gardner et al. (2005) alert the reader about the importance of the conflation of the notion of authenticity with that of sincerity, they use this term inaccurately by using authenticity as a trigger to carry out "positive behavior and climate". Authenticity cannot be taken as the criteria to justify making a



leader more authentic. The use of “authenticity” as an instrument for measuring how positive a climate in an organization is reveals that the concept of authenticity is misused.

The motives of the self to carry out a specific behavior are highly contextual. The reflection of the “self” triggers a judgmental process of the self to grasp. Once the concept of authenticity leaves self-motives and is used as a criterion for measuring the climate in an organization, it no longer relates to the leader's personal goals, but its purpose is instrumentalized to fulfil the organization's goals. This point reveals a contradiction.

Sincerity refers how the “self” wants to be perceived to suit the external world (like an actor in a role meeting the expectation of this role) whereas authenticity refers to how the “self” wants to be perceived to suit the other selves (different core value holders). Erickson (1995) indicates that the “felt self” reflects and assesses his/her inner world when struggles arise in a given context and because the “self” felt detached. This insight suggests that a person or leader does not assess their inner world constantly as Gardner et al. (2005:7) suggest when they note that the leader asks him/herself constantly “*who am I?*”.

In bringing the term “authenticity” as a core idea into leadership theory, in form of a “positive pill” to counter scandals, academics make a tacit assumption that in companies in which scandals do not occur, leaders are authentic, and they further assume that an inauthentic leader (i.e., a false leader, or a leader who has inner struggles and feels detached) is not capable of carrying out his/her leadership role. However, most of them justify their publication by explaining the background of company failures and how these failures result in a necessity for a new leadership theory. Nonetheless, as explained in Chapters 1 and 2, a human being can only be her/himself, and a leader who feels self-detached related to inner struggles might not be incapable of leading a company or even causing scandals. In addition, as discussed above, measuring a leader's authenticity is impossible; authenticity belongs to how the “felt self” assesses his/her inner world when the “self” feels detached (Erickson, 1995).

This thesis does not aim to criticize authentic leaders. Rather, the point is how this terminology is confused with sincerity or other synonyms for honesty and how the concept of authenticity is used as a panacea against scandals. However, such spectacular failures by companies are not caused by a single inauthentic leader but rather by the highest boards whose members trusted each other. They also had a strong bond (relationship, and were for each other authentic) and carried out fraud by

multidimensional purposes (personal purposes, or to suit the board of directors or shareholders). Such failures cannot be overcome by AL theory (see Gardner et al., 2021). A leader who does not accustom him/herself to the unofficial rules and principles of profit-making companies will fail before s/he gains access to the highest hierarchical level. Power can corrupt and change people. A leader valuing power does not mean that he is inauthentic. It does not even mean that this person treats other colleagues or employees by dysfunctional behavior; such a perception can be explained by the fact that sometimes people judge others because of jealousy. This world has seen many thieves who steal for a purpose which they value as good (see scandals in South African government in 2017; or the trafficking of women in which counsels perceived as “authentic” across the globe were involved; or the companies which are discredited in terms of corporate social responsibility). Such failures and discreditations are multifaceted and complex and time consuming to analyze and new deductive publications of AL may not act as a panacea like a drug prescription to treat headaches. Peter Brabeck, former CEO and Chairman of Nestle, could be characterized as a very charismatic, transformational leader, successful in his role as a leader and maybe as an authentic one as far as his biography reports. But there are many articles written during his time at Nestle concerning how Nestle, as a company, should be discredited as thieves of natural resources in developing countries. This indicates that a company is not steered by robots, but rather by human beings who may behave very sincerely in dealing with employees but at the same time are responsible for the unjust exploitation of resources in other countries. Maybe such CEOs who even implement very profitable and socially-desirable incentives for their employees and trigger through such strategies a very positive climate for employees, are at the same time “responsible” for company failures. AL or morally-driven leadership theories cannot serve as a panacea or preventative remedy against all company failures. This assertion does not mean that morality is out of place in leadership, but rather questions whether predefined values and a predefined moral doctrine are accurate in a formal theory. Because predefined values and morality aspects are contradictory to the concept of authenticity, as PC has revealed, jointly defined values and moral aspects in a code of conduct can help model the authenticity of the group positively and thus the behavioral dialect. This is because, in the joint development of a code of conduct, managers can deal with the values and moral aspects contained therein. This allows them to integrate the values they find valuable into this code of conduct. Furthermore, it also provides them the opportunity to clarify how the various stakeholders interpret and delineate individual values.

The outcomes of AL framework (i.e., self-based model of AL in Gardner et al., 2005) for leaders (positive modelling) and followers (trust, workplace well-being, and engagement) and for the whole institution's "positive climate" (ethical, caring strength-based) are based on the authors' desired must-have outcomes (propositions/hypotheses) and cannot be seen as a resolving strategy for company failures or daily leadership challenges. All further-published empirical articles based on this "self-based model of AL" using quantitative methods (93% of all publications in the field of AL; see Crawford et al., 2020) demonstrate large amounts of research which are characterized by this tautology (deductive causality; see Gardner et. al, 2021; Antonakis et al., 2016; Antonakis, 2016; Antonakis and Day, 2017). The reflection process in which one assesses authenticity is not accessible for a researcher and therefore it is challenging to measure authenticity. Therefore, such quantitative studies in fact delineate a "vague sincerity" and the "mediators or moderating" factors of "the observed or perceived sincerity" in the perception of the employees (in their word "followers") who judge their leaders. At the same time, quantitative publications confuse the causes and effects of their studies (see Antonakis and Day, 2017).

It is why Gardner et al. (2021:20-21) state in their critical exchange about "the case for and against" about AL: *"That there are a large amount of studies on a topic is not irrefutable sign that a concept has reached a stage of maturity, but may only indicate conformity and the uncritical reproduction of assumptions. The leadership 'industry' needs exciting-sounding new concepts to thrive on and to remain interesting to broad audiences. This may have very little to do with serious academic knowledge work, deep insights into organizational life and how manager/ relations unfold the field"*.

Authenticity cannot be detected alone by self-assessment questionnaires because mostly the self-assessment of the self takes place when a struggle is sensed or the self reflects on itself's own interaction in a particular context. A self-assessment questionnaire is narrowed as its items are predefined and push the assessor to subscribe to these narrowed items. The self and the inner conversation with the other selves is a complex multidimensional process and is not accurately integrated into the theory of the self-based model of AL by Gardner et al. (2005). Even the process of the inner self conversation is not elaborated upon but only briefly described in passing. These arguments reveal some weaknesses in the domain of AL and the need for qualitative research that explains how AL manifests in natural settings. Such studies can complement the results of quantitative studies to mature the construct of AL.

In contrast, the emergent PC theory as a substantive AL strategy is carried out through a CGT methodology (in the tradition of social constructivism and symbolic interactionism) in line with the constructivist philosophical stance and does not mix different philosophical notions and traditions during the conduct of the qualitative study (data gathering) nor in interacting thoroughly with the data (analyzing and synthesizing). PC demonstrates a theoretical rigor. This is because it is grounded in the data of the substantive area of research. PC explicitly reveals the dysfunctional behaviors, values, and collaboration asymmetries among the executive board members. This theory revealed the triggers of executive board members' main concerns that hinder them from performing AL and their resolution without violating the constructivist notions or committing a misuse of constructivist GT method. PC digs deep insights into public-sector hospitals' everyday life on the level of executive boards. The emergent theory of PC is "mature" in the substantive area of research as data saturation occurred and the theoretical core category emerged. The credibility of PC is addressed by its integration and relevance for the substantive area of this research, and not by its illustration as though it were a proof (Glaser, 1978). This theory is an integrated set of concepts using abduction in theoretical memos, which gives this theory its rigor, originality, and usefulness (Charmaz, 2014). Moreover, in real life, the executive board members are not single "heroes," and not leaders who have in their professional role a lesser autonomy to shape the organization's future due to the hierarchy they act within. It is the executive boards at the highest level of the operational hierarchy that steer an organization. That is why this research has examined them in their natural, real-world environment. This research reveals that AL at this level takes place through the collective action of a board, even though the individual members are autonomous leading executives. However, for executive boards to take effect in AL, a public-sector hospital is collectively governed. This insight reveals a gap in AL research, namely that AL is collective and not individual at the highest hierarchical level. Furthermore, PC enables the development of a common code of conduct by the executive members that nurtures their behavioral dialect of and matures their board's authenticity. Only when executive board members mutually develop their mentality can they embody this mentality and the principles and values it contains. The unique specification of such a code of conduct supports them to internalize the common principles rather than to subscribe to predefined values that cannot be internalized.

According to Gardner et al. (2005), they developed their model based on the publication of Avolio et al. (2004). Avolio et al. (2004:4) added traits and predefined values to broaden the AL theory, as can be highlighted in the following citation: "*authentic leaders*

are (...) who are confident, hopeful, optimistic, resilient and of high moral character". The definition of AL above suggests that predefined values are problematic because an authentic leader should decide him/herself what values are held. The determination of these predefined values can be felt by the self as imposed on him/herself by theory. However, as explained in this thesis, authenticity is the definition of the "self" based on one's own rights to be and is based on the core idea that only the self decides which values are held. If a definition incorporates predefined values to which the self cannot accustom him/herself, but which the self is instructed to recognize as authentic, an inner struggle can develop. This internal struggle can itself make the self feel less authentic. The definition above by Avolio et al. (2004) mixes the notions of trait and behavior and reduces authenticity to a few narrow values and traits associated with leadership. The concept of authenticity does not determine values; instead, its core idea is that the self decides which values are held and is therefore open to all values held by the self. Furthermore, this description can also apply to an authentic person who does not have leadership duties.

Moreover, Gardner et al. (2005) have taken the definition of Avolio et al. (2004) into account and broadened it through four dimensions of the self-based model. An authentic leader, according to Gardner et al. (2005), is defined as the sum of the four behavioral dimensions of a leader: "self-awareness, relational transparency, internalized moral perspective, and balanced processing" Avolio and Gardner (2005:317).

These four dimensions above have been used simultaneously to describe an authentic person, e.g., a person who makes autonomous decisions without regard to what others think or do (Gardner et al., 2005). Therefore, an authentic leader in the self-based model can be an authentic individual. However, an authentic individual does not necessarily have to possess leadership skills. An individual with the ability to influence others does not necessitate that this individual is a leader. Thus, this conceptualization of AL does not reflect authentic leaders fully in their role, as they have more than the duty to be aware of who they are.

Therefore, authenticity, as depicted in this AL framework (Gardner et al., 2005), is an incomplete portrayal of leadership. And future research on the intersection of AL and ethics will contribute to resolving possible controversies between ethics and the concept of authenticity in leadership.

The feasibility of AL literature, at the executive board level, is very limited and incomplete. This is because every executive leader must decide to what extent they want to carry out a self-reflection and self-assessment to find out to what extent they are authentic and how this process shapes their leadership role. This, in turn, does not mean that executive leaders who do not subscribe to the outcomes of such publications in the AL field do not perform AL and cannot lead effectively from an organizational perspective. From an authenticity angle of the Self, every leader can only be him/herself and can only live his/her prioritized values, principles that trigger his/her behavior. In turn, such behaviors are called authentic behavior and are proof that every person is more or less authentic—but authentic. As described elsewhere in the criticisms of AL, the manifestation of full authenticity is unrealistic. Furthermore, authenticity in the notion of symbolic interactionism does not claim to be irrefutably “good or bad” and does not acquire moral components. Even dysfunctional behavior in the perspective of the Self can be classified as authentic as it is the immediate actual behavior this person carries out. Moreover, it is only up to this person to decide if this carried out behavior matches the expectations of other inner selves and not of other people.

In the case of PC, the dysfunctional behavior of some executive members hinders the executive board from performing AL because their common purpose is to have a reciprocal authentic collaboration. Furthermore, asymmetric collaboration is not what they value and want to have as board members. Therefore, they use PC to transform their asymmetric collaboration into a reciprocal one in which they channel their power as a functional instrument to act together. In comparison with the concept of authenticity in AL, board members could be interpreted as the different selves of the Self. The different selves of the “I” in the concept of authenticity attempt to constitute congruence, just as the executive board does in the theory of PC.

In contrast to other deductive theories in the AL field, PC analyzed the narratives of real executive board members and is not concerned with the inner world of the executive leaders, but rather how they continuously resolved their main concerns as an executive board in real organizational life to have reciprocal authentic board collaboration.

PC as a substantive AL strategy does not impose predefined values, behavior, or traits on the executive leaders to accomplish an ethical climate or positive morally-driven actions to fulfil the wishful expectations of some AL publications in the field of AL. As context and leaders in it change, values, behavior, and traits will also change. Still, the contingencies of PC as the dominant substantive strategy of AL reveals that executive

leaders accustom themselves to appropriate behavioral dialect to resolve their main concerns to perform AL (based on their own customized definition of AL) by using five main ways to transform an asymmetric collaboration into a reciprocal authentic one. These leaders are engaged in constituting a unity or in some dimensions of PC “pulling together” to undertake through PC strategy joint actions and joint governance of the organization.

Assessment of one’s own authenticity is the most private reflection and should be kept confidential and therefore is not suitable for a quantitative research context. But the authenticity of group or a company should be scrutinized and researched as it is the case by this thesis.

The main question in further research that should be discussed among the AL scholars is not how to just produce large numbers of publications, but rather how researchers can analyze accurately the “authenticity of a leader” from the perspectives of those being researched.

Therefore, the AL theory needs more qualitative research for its construct maturity and critical exchange of findings among AL scholars.

Another difference between both models is that the self-based model does not consider the goal-dimension whereas PC does. Leadership is the accomplishment of a goal through the joint actions of people. However, in the framework of AL published by Gardner et al. (2005), the goal dimension is missing. Leadership without a goal dimension is not leadership. Even in the Self dimension of leadership, i.e., “leading oneself,” there is a goal that purposes the self to move and act to accomplish this goal.

Therefore, a leader’s great purpose is a people-oriented social one that derives from his/her understanding of his/her employees and the relationship of their personal goals to the group goal that he/she must accomplish. Transferring this view into group dynamics suggests that the executive board’s great purpose is a group-oriented social one that derives from their understanding of their colleagues and their fellow employees, and the relationship of their personal goals to the group goal they must accomplish.

PC as a dominant substantive strategy overcomes the 12 criticisms in section “2.3.3 Criticisms of Authentic Leadership” as it emerges, in summary, from the qualitative data of leaders’ narratives. In this substantive AL strategy, the self is not elevated above

others. The interrelationship of categories is demarcated by using the six Cs coding family (Glaser, 1978) and is fully articulated and presented in a model. PC has no excessively optimistic perspective as it researches the different dynamics in which it occurs. These different dynamics indicate that once the executive board performs AL, positivity does not regularly last for a long time. PC theory highlights the ever-changing conditions of PC that again trigger asymmetries (dysfunctional behavior, clashes, and tensions) within the executive board. PC is a real-life problem-solving strategy of AL and gives sufficient attention to triggers of life stories (socialization of different professional groups within the executive board). As PC is focused on the collective perspective of AL in group dynamics, it overcomes the criticism about the self-deception of the leader and idealized self-impression, the narrow and isolated view of the self, the unrealistic manifestation of full authenticity, and the claim of insufficient analysis as to what extent the leaders can share their feelings with others. PC highlights in raw data segments that executives share their feelings in unagreeable situations. Moreover, PC does not impose predefined values and moral components and explains how the executive board influences the hospital staff to sensitize employees toward common goals in the same direction and evolve the we-culture.

### **6.1.3 Commonalities of Power Channeling and the Self-Based Model of AL**

This section examines the commonalities of PC theory with the self-based model of AL based on the dominant ideas and not on the conceptual level.

The first component of the self-based model of AL (Gardner et al., 2005) is the internalized moral perspective. This component explains the leader's mature values that navigate their behavior through their internal control mechanism, regardless of external forces (Gardner et al., 2005). In other words, the capacity for self-regulation and alignment of these behaviors with personal principles. The PC strategy step "collaborating" contributes to this component. A behavioral dialect is summarized in a code of conduct, and its living quality helps executive members to internalize it over time. Furthermore, it supports them in avoiding the negative influence of the potential dysfunctional behavior or deviation in their behavior. Furthermore, in a PC strategy, the executive members assimilate the same mentality and go beyond internalization by putting the executive board's goals before their own particular interests. In PC, regardless of how much time they invest and how many challenging circumstances they have to cope with, the main goal is to contribute to the hospital's success in their



professional role and, therefore, contribute to AL (having a reciprocal authentic collaboration to achieve common goals).

The second component of SBM is self-awareness. Self-awareness provides a leader's understanding and awareness of themselves and the feelings they invoke in a workspace (Gardner et al., 2005). Furthermore, this component contains cognitive, emotional, and moral growth (Gardner et al., 2005). In other words, it reveals how individuals are conscious of their leadership and the context (Gardner et al., 2005). PC is not primarily related to the Self, as declared through this research, instead it is related to group dynamics and awareness. The congruence or incongruence of the different selves with the "I" determines to what extent an internal locus controls asymmetries or symmetries. This, in turn, explains awareness of the Self. In PC, congruence or incongruence of the executive members within the board determines to what extent their behavioral dialect and common mentality control asymmetries or symmetries to reconcile dysfunctional behavior. However, PC contains acclimatizing to shape the "climate" and intensive exchange and communication of executive leaders to reduce hostility among themselves and thus to become aware of other executive members' preferences and feelings. To get the buy-in of critical executive leaders, there is a need for intensive and influencing communication, which is provided by lobbying and connecting. If executive board members do not attempt to get buy-in from critical colleagues, they cannot be aware of why they behave how they behave, and hostilities cannot be reduced. The degree of adhesion and the strength of the relationship indicates whether there is a constant exchange and feedback that makes self-awareness translated into group dynamics possible. If a self among the other-selves of the "I" cannot connect and have intensive exchange with its inner world to get buy-in from the critical self among the other-selves to share congruence, then there is always the feeling of being divided. This also applies to group dynamics. Therefore, acclimatizing, collaborating, and assimilating also contribute to this second component of SBM of AL.

The third component of SBM is relational transparency. This part explains a leader's ability to express and process their thoughts and share ideas with others, thus forming mutual and trustful relationships. In other words, it is the capacity to reveal his/her true self when working together with others (Gardner et al., 2005). "Committing," as a step in the PC strategy, contributes to this component. In this stage, the professional power of executive members is channeled into the goal dimension. It is characterized by captivating each other's attention by sincerity, orienting in which direction the possible paths to coping with major changes in the public-sector hospital are aligned, and finally

by convincing, which is the ability of the executive board to cause, together, the board of directors and other management levels to believe that the chosen path to cope with change is the most appropriate. This different mechanism of PC, in turn, indicates transparency and the ground for trustful relationships. Furthermore, sincerity indicates honesty and trust.

The fourth component is balanced processing. This reveals a leader's ability to analyze and synthesize all the relevant information before deciding. In other words, it is the capacity to process information balanced by the consideration of all angles (Gardner et al., 2005). Furthermore, it is about to what extent their values guide them in challenging decision-making situations. As already explained above, the strategy step of committing and collaborating contributes to this component. As PC depicts AL from a collective perspective and is the dominant substantive AL strategy in group dynamics, committing is the ability of the executive board to channel their power for a balanced goal definition. Considering the different executives' opinions already indicates the contribution to AL. The balanced power in the committing stage is due to the previous process of "collaborating," in which the code of conduct is internalized and influences the decision-making process.

PC contributes to the positive modeling of board collaboration to perform AL. Moreover, it confirms on the content level the positive outcomes related to authentic communication (see Jones and Crompton, 2009; Men, 2014), impact on culture (see Azanza, Moriano and Molero, 2013) developing identity by AL mechanism (see Turner and Marvin, 2008), emotional attachment of employees to the company (see Milić et al., 2017) augmenting group cohesion by performing AL, and the mechanism of reflection in AL related to a learning organization (see Dimovski et al., 2010), and the positive influence of AL on the involvement of employees in organizational change and crisis (see Milić et al., 2017; Pelsler, Bosch and Schurink, 2016).

The fact that leaders sometimes carry out behavior and actions which corresponds with different leadership theories could point to the coexistence of different traits (i.e., being a servant, authentic and transformational leader) and thus the overlap of synergies between various normative leadership theories. Hence, PC as the substantive AL strategy can be conducted by all types of normative leaders. PC does not delimit what kind of traits a leader should have to perform AL in an executive board.

PC indicates that leaders should be skilled in communication, (getting) buy-in critical colleagues by building bridges, relations, and internalizing common values and principles in line with the AL domain. Furthermore, PC suggests having reflective skills and the ability to analyze topics by removing the own subjectivity of the matter to overcome particular interests. Furthermore, leaders in PC recognize that leadership occurs in group dynamics and is about achieving common goals. By participating in the same criteria by their bonus system, they pull closer together as equal co-owner. This indicates fairness, equality, and cohesion, which also contribute to the characteristics of AL. Finally, the process of influencing highlights the positive modeling of a we-culture and the ability to sensitize the employees to common goals. This corresponds with the core idea of positive modeling leader/follower relations and organizational climate (see “the self-based model” of AL in Gardner et al., 2005).

## **6.2 Combining both theories into “Authentic Power Channeling of the Self”**

The understanding of this researcher's views concerning authenticity in AL enabled this researcher to transfer the concepts grounded in PC theory through a self-referential filter of the self into AL to illuminate and challenge the dominant ideas in AL field. As Charmaz (2006:165) stated, *“the constant comparative method in grounded theory does not end with the completion of your data analysis. The literature review and theoretical framework can serve as valuable sources of comparison and analysis. Through comparing other scholars' evidence and ideas with your grounded theory, you may show where and how their ideas illuminate your theoretical categories and how your theory extends, transcends, or challenges dominant ideas in your field.”*

In the emergent theory of PC, the executive leaders were concerned about resolving dysfunctional behaviors, collaboration, and goal asymmetries. In line with Charmaz (2006) this researcher combined the self-referential view of AL with PC together; a new concept of “Authentic Power Channeling of the Self” thus emerged. Authenticity and the self-referential mechanism of a leader are vital for the AL field. Therefore, this new conceptualization of “Authentic Power Channeling of the Self” can support a single executive leader to overcome inner struggles and value asymmetries. Further, this reflection process of “Authentic Power Channeling of the Self” can evolve the dominant substantive strategy of AL focused on group dynamics (i.e., PC). In other words, the development of the executive board members' ability to reflect on their inner selves can

support them to channel their powers as an executive board to perform AL and ensure reciprocal authentic collaboration.

Following the line of argument of this researcher, the definition of AL by Luthans and Avolio (2003:243) which influenced the later definition of Gardner et al. (2005), “a process that draws from both positive psychological capacities and a highly developed organizational context, which results in both greater self-awareness and self-regulated positive behaviors on the part of leaders and associates, fostering positive self-development”, should be redefined.

Based on this researcher’s comprehensiveness of authenticity, AL and the emerged theory of PC, she proposes the redefinition and reconceptualization of AL as “authentic power channeling of the self” that is defined as: ***“The ‘inner reflection process’ of a leader. This process encourages the inner self of a leader to channel the idealized self’s power to acclimatize, collaborate, commit, and unify the ‘other selves’ (different identities) among the self to influence the external world.”***

This, in turn, accomplishes the professional role in congruence with the core values of the self. In the section “2.5.2 Researcher’s understanding of authenticity”, this researcher explained that parallel personalities shape one’s feelings and sense-making. These parallel personalities incorporate ideals of oneself, and, in noting “some are more, and some are less dominant”, explains that some ideals will take the upper hand. And, when the one’s idealized self (the dominant one), which builds the strong self-image in a particular moment, gets violated by the other selves through the contextual requirements, one will sense a gap and feel detached from oneself.

These interactions of the self with the external world actualize the self to acclimatize the self to new settings. During an “inner struggle” (value asymmetries) of the self, the reflection process helps in order to have an inner conversation between the self and the other selves to acclimatize them to new settings, as it is in the PC theory. In this self-referential dimension, “authentic power channeling of the self” can be carried out through the steps of “connecting” the self with the other selves, “lobbying” by conversation of the self with the other critical selves, and “getting buy-in” by bringing the critical selves in line with the “idealized self.” In the self-referential dimension of “collaborating”, the self can use the steps of “focusing,” “norming,” and “internalizing” to wear down the inner resistance and struggles. This process develops inner cohesiveness, actualized values/ideals evolve, and these actualized values/ideals trigger behavior adjustments.

Living such behavior results in experience and actualizing the “idealized self”; this supports internalizing the new coping strategies.

Additionally, it supports the inner dialogue of the “selves”. Committing to this self-referential dimension identifies the dominant self, which constitutes through “unifying” the strong self-image in a particular moment. In the inner dialogue of the selves, one of them with the most substantial ideal congruence with the desired self-image will captivate the other “selves” to orient them and convince them. This is why a specific ideal should be carried out and determines which behavior or coping strategies it triggers. At this moment, the power is channeled, and unifying can take place. In the self-referential dimension of “unifying” the selves, “pull together,” “assimilate” the experiences through carrying out specific behavior triggered by the feelings of the “idealized self.” The unity of the selves in one’s “idealized self” channels its power to achieve the “want to be perceived” inner self-image of the “idealized self.” This process of reflection evolves the self-esteem of the self.

According to Kernis (2003), high self-esteem helps to mitigate dysfunctional behavior. High self-esteem allows a person to accept him/herself and be aware of his/her weaknesses and strengths. Furthermore, dysfunctional behaviors classified as narcissistic are rooted in low self-esteem (Kernis, 2003).

In the last step, this “idealized self” uses the channeled power to influence the external world through interaction with it. The associational and framing abilities are parts of the communication and interaction abilities of a leaders’ “idealized self” to achieve its purpose in a leader’s role that is congruent with its core values/ideals. Influencing occurs directly in the leaders’ external world, which incorporates his colleagues, employees, and customers.

In the self-referential dimension of “unifying” and “influencing,” the steps of “co-ownership-ing” and “funding” do not exist.

These adjustments and redefinition present in “Authentic Power Channeling of the Self” are more congruent with the original sub-theories about the self and authenticity in AL (see Kernis, 2003; Leary and Tangney, 2003; Kernis and Goldman, 2006).

Moreover, “Authentic Power Channeling of the Self”, in this researcher’s definition, can overcome the critiques of AL in Chapter 2, as it characterizes the process of a leaders’

reflection (self-referential dimension of identity) and contributes “influencing” as a process that portrays leaders’ interaction with the external world as grounded in the concept of authenticity and attached to the leader. Through the evolvement of self-esteem, a narcissistic behavior of the self can be diminished. This point explains that a leader, who is in his/her “self’s” inner perception more authentic, is less prone to treat others by dysfunctional behavior. This, in turn, suggests that a more authentic leader, being in line with his core values, treats others as s/he wants to be treated. This can imply reciprocal collaboration.

This “Authentic Power Channeling of the Self” contributes to the findings of AL scholars who examined authenticity from the context of narratives in Chapter 2 (see Sparrowe, 2005; Shamir and Eilam, 2005; Turner and Mavin, 2008; Lord and Brown, 2003; Craig, George, and Snook, 2015; Ford and Harding, 2011; Shaw, 2010), finds that life triggering events develop one’s identity, and clarifies that there is more than one identity. This “Authentic Power Channeling of the Self” goes a step forward and explains how the different identities can constitute a unity to channel its power to achieve the upper hand in struggles, personal purpose, and balance between the different identities.

The next chapter reveals the originality, creativity, and innovativeness of the emerged theory of PC and its contribution to knowledge. It then provides the implications for practice and research. This chapter closes this thesis with the assessment of the PC theory by the evaluation criteria of CGT. Further, it provides a discussion about potential bias and the limitation of PC.

## **7. Originality, implications and conclusion**

### **7.1 Introduction**

This chapter discusses the originality of PC theory as a substantive AL strategy within executive boards. It concludes this CGT study by reflecting on the research question and key findings and provides recommendations and implications for future research and reveals the importance for practitioners. This chapter explains how this study has made an original, creative, and innovative contribution in the field of AL through the novel substantive theory of PC. Furthermore, this chapter presents how this researcher contributed to the criteria for assessing a CGT's quality. The last section discusses this study's limitations and reveals the challenges faced by carrying out a CGT method.

### **7.2 Contribution to knowledge**

This thesis offers an innovative, original, and creative analytical and theoretical approach in AL studies, especially with regard to authentic executive board leadership in public-sector hospitals, and goes with its insightful information beyond a quantitatively conducted study about AL. It combines the simultaneous examination of sensitizing concepts by embracing the under-researched construct of AL by contextualizing it from a business, theoretical, and empirical perspective to contribute to research objective RO1. By analyzing the researcher's own understanding about authenticity and pre-understanding, it has addressed research objective RO2. Further, by conducting a constructivist GT method, this study has addressed the research objectives RO3, RO4, RO5 and RO6. The focus of this thesis was to target the main concerns of different executive board members of Swiss public-sector hospitals to provide the mechanism that hinders them from performing AL and causes asymmetries. These are comprised of members of the board of Swiss public-sector hospitals and politicians who are mandated for such hospitals. The discovery of their main concerns and how these main concerns were continually being resolved has revealed a gap in the literature in the field of AL. The emergent PC theory contributes to the reduction of this gap.

Whereas AL has high popularity in positive organizational leadership theory, no study has been found (to the knowledge of this researcher) that has previously examined the executive board leadership from a collective perspective in the field of AL from an organizational context. This thesis also has addressed this gap accurately. The literature review in Chapter 2 identified that no qualitative research, through applying a CGT

method, had studied AL within executive boards to date. In particular, no study had examined executive boards' main concerns, as identified in Chapter 4 and 5, such as dysfunctional behavior, collaboration, and power and goal asymmetries, and how they were resolved.

This thesis is the first in the AL field which examines the highest level of executive boards from a collective perspective in Swiss public-sector hospitals, without only studying the AL phenomenon from the perspective of the employees and their perception of a single middle-management leader. It is essential to mention that AL had not yet addressed the fact that executive bodies in Swiss public-sector hospitals are based on the system of *primus inter pares*. Thus, the CEO becomes the representative of an executive board, which can be identified in the case of political bodies. This type of leadership is identified as "leadership among equals." PC discovered that the executive board members are independent but need each other's services. Therefore, by means of PC, the romantic notion that the CEO at the top of the company can rule the others, as is identified in most AL publications, is an ancient one. This research reveals that AL in companies with an executive board is shared, and it is vital that the executive board uses this dominant strategy to continuously resolve their main concerns to transform an asymmetric collaboration into a reciprocal authentic one and demonstrate AL. Only executive members who actively collaborate in forming a unity can also communicate and transfer the commitment to common goals to their employees. The implementation of executive board members' proactive joint actions, which is perceived as unity, can influence employees across the public-sector hospital to work on the common goals and become a part of them by achieving them. The different dynamics of PC reveals how this strategy is carried out in different contexts and how transformational it is. In addition, PC incorporates the goal-dimension that is missing in most AL studies and reveals how the AL mechanism to resolve concerns and challenges works in its natural setting.

The current theory of PC works in real life as it is constructed through digging deep in the everyday life of executive board members. The innovation aspect is contributed as the theory of PC delivers problem-solving solutions to the executive board through which to continuously resolve their major concerns to achieve a reciprocal authentic collaboration. By applying their basic social AL processes, steps such as acclimatizing, collaborating, committing, unifying, and influencing are used. In doing so, the executive board is able to channel their powers toward goal achievement.



Further, this substantive theory reveals power as the ability to influence relationships. The power to influence a relationship is a much different concept than authority and control in a relationship. PC reveals that if the CEO were to have authority over the executive board, it would imply an authoritarian relationship between the CEO and his executive board “employees” as it would exemplify the classic hierarchical structure of organizations. In this case, the executive board members would “voluntarily” give up their authority to the CEO. In an authoritarian structure, the executive board members become virtually powerless against the CEO as the CEO is authorized to hire and fire them. But in most Swiss public-sector hospitals, executive board members are elected by the board of directors and sometimes by the governmental bodies, which implies that only they may decide which member gets dismissed. In the current Swiss public-sector hospital system, executive board members exist as what is known as independent decision-makers. If the CEO were to control a Chief physician (member of executive board) by authority, the Chief physician would not be considered as independent and would cease to be regarded as a full member of an executive board. To control a relationship is not equivalent to influencing a relationship, as control is more about dominating and consuming a relationship (see concepts of facing power in Chapter 5). In the PC theory, no one of the executive board members has authority over the other board members. Therefore, with its five components, the strategy of PC helps executive boards to build a reciprocal authentic collaboration and channel their powers to perform AL.

This theory has emerged in the context of public-sector hospitals and is a substantive one; nevertheless, the insights about PC could be transferred to different types of organizations or companies that adopt an executive board and a board of directors to run the company and want adopt AL. However, the insights gained in it can be used in political bodies or organizations, such as universities, in which the interdisciplinary work across disciplines is a must-have. The insights and aspects of the model of PC and the AL knowledge within executive boards, from an empirical and practical perspective, can be applied in other business sectors to broaden the discourse on PC. In other words, PC transcends space and time. This could be demonstrated through the transference of the insights of PC strategy into a new approach: “Authentic Power Channeling of the Self.” By combining both theories (dominant ideas of AL from a self-referential perspective and PC), a new concept emerged which aims to support a leader to overcome inner struggles arising through incongruency of the “self” with the other selves and the professional role in a given context to perform AL.

Creativity in this research took place by going through a unique intellectual process of studying philosophy, building and applying a research design, and having contact with other scholars and practitioners. This process formed this researcher by gaining new insights from self-reflection, a short part of which is presented in Chapter 2, and the reflections about her data by the constant comparison method, memo writing (see Chapter 4), and keeping a personal memo-journal. Studying the literature, adopting a constructivist stance, and exploring leadership on the executive board level helped her become an independent researcher. The challenges on this journey and coping with them let her gain intellectual learnings, which can be transferred to other life areas. These fresh clues transformed and actualized her knowledge and experience.

Moreover, adopting a CGT to explore PC allowed space for creativity as she became a co-creator. In line with Charmaz (2014), in a constructivist GT, the researcher cannot stand outside of it as it is often the case in quantitatively-driven research methodologies, which deny the researcher's subjectivity. Furthermore, the contribution to knowledge is not only novel and creative, it is also relevant within the Swiss public-sector hospital executive leader disciplinary community. It brings the challenges, dysfunctional behavior, collaboration and power asymmetries, and goal setting dilemma to the table and presents solutions (problem-solving) through a unique AL process and its different strategy components, and is transformational (dynamics of PC). To perform AL and cope with change is essential for public-sector hospitals and has a crucial economic relevance.

### **7.3 Originality and strengths of the study**

In addition to the earlier claims of originality, this researcher emphasizes that her study and theory on PC makes an essential contribution in thematic originality, theoretical originality, and methodological originality.

#### **7.3.1 Thematic originality of Power Channeling**

As a topic, this thesis refers both to exploring the AL and discovering PC as a substantive AL strategy within executive boards by studying executive leaders from the practice-oriented perspective. Also, this researcher shows the differences and commonalities between the dominant frameworks of AL and PC in relation to each other. After an extensive review of AL's literature, she proposes that this is the first PhD study which has explored the AL discourse of executive boards of public-sector hospitals from a

collective perspective, as opposed to reducing AL to the self-dimension of a leader. Further, she proposes that this is the first PhD study to use a CGT approach to examine any facet of AL within executive boards in Swiss public-sector hospitals.

### **7.3.2 Theoretical originality of Power Channeling**

By considering how AL manifests within executive boards in Swiss public-sector hospitals (i.e., in their natural environments), the particularity of the context and the executive leaders as actors within it have arguably been subject to more nuanced scrutiny than a traditional leadership theory might provide. The particular lens of PC considers both the fine-grained, context-specific particularity of the public-sector hospitals and the executive board members. PC helps to reveal the impacts of the causes, conditions, and the extent to which it enables or constrains authentic board leadership collaboration (i.e., performing AL) practice within different dynamics. The effects of the causes and conditions will be felt differently according to the particularities of any individual Swiss public-sector hospital, the executive boards, the board of directors, and the governmental bodies. Therefore, while external influences undoubtedly play a part in how authentic board leadership collaboration is conceived and enacted within a context, they need to be recognized with particular context particularities. This essential combination of causes, conditions, contingencies, consequences, and dynamics is more generic, with the very fine-grained specifics of the context giving PC its power and problem-solving utility as a way of exploring the AL process within executive boards. By studying the executive board at a collective level and exploring them within the context of causes, conditions, and contingencies, and enactment of their relationship to other executive board members, this researcher proposes that this theoretical framing offers a more holistic and arguably richer view of AL practice and a more informed and nuanced position from which it was theorized.

### **7.3.3 Methodological originality of Power Channeling**

This researcher emphasizes the study's methodological originality due to the adoption of a CGT approach in line with Charmaz (2014) and its theorizing against the backdrops of process exploration as espoused by Charmaz (2014). This researcher claims further originality because of her person's inclusion as an insider in the Swiss public-hospital sector. Her long-duration experience and sustained engagement in the research context opened the doors to purposeful and theoretical sampling, as the interviewed executive leaders (CEOs, Chairmen/women or politicians) trusted her to tell her about their

sensitive issues in their leadership context. In particular, this established trust enabled her interviewees and her to discover the PC's subject matter; notably, it was not a case of pushing or dominating the interviewed executive leaders' narratives, nor using and theorizing the obtained data according to her preferences.

Following a review of the AL literature (Chapter 2), the few qualitative empirical AL studies this researcher found relied upon the life stories of executive leaders from the perspective of the Self or relied on quantitative questionnaires by focusing on the followers' dimension. Or, such studies focused on identifying mediating factors alongside or in conjunction with AL in their empirical studies, such as organizational culture (Azanza, Moriano and Molero, 2013), transparent communication (Men, 2014), or organizational coherence (Pelser, Bosch, and Schurink, 2016). She could not locate any quantitative or qualitatively-conducted studies that explored AL within the executive board by studying their major concerns from a collective perspective. Similarly, no AL empirical studies included an extended period of time in the field to explore AL within the executive boards related to the collaboration with the board of directors.

Given these conditions, this thesis reveals that this qualitative research design is a strength of the PC theory. The choice to use a CGT, known for its practice orientation, has enabled her to construct a substantive AL theory of PC that is resonant and useful and broadens our understanding of AL mechanisms within executive boards and contributes to the extant discussion and debates about AL.

#### **7.4 Implications for practitioners**

What then are the implications of the proposed theory of PC? The worldwide pandemic affected financially-weak public-sector hospitals harshly. Several months passed in which the public-sector hospitals that did not have a deficit guaranty by the government were rigidly regulated to secure the critical care units and enough beds for covid-19 patients, which caused the public-sector hospitals to slip into the red more than ever before. This pandemic, and this significant change situation, triggered in the space of less than one year the closure of three public-sector hospitals in Switzerland, decisions which, in a pandemic situation in which sometimes the hospital capacities of all acute somatic hospitals reached 95 percent, seem to be contradictory. Another marginal observation that showed up in several newspapers across Switzerland was that there were several personnel changes at the top echelons of the public-sector hospitals due

to debates between the political side, the board of directors, and the executive board of public-sector hospitals, which triggered more red numbers and ended up being regarded as scandals. The involved top executive leaders in these scandals lost their reputation (there were executive leaders from different professions).

In this heated environment, the divisiveness among such public-sector hospitals' highest boards is prominently observable and suggests that their ability to transform their asymmetric collaboration lies more in hiring and firing and debating their challenges and sensitive issues in the public eye. Further, it highlights the power struggles, the overregulation, and how these challenges and conditions affect public-sector hospitals' outcomes and leadership.

The discovered theory of PC reveals how executive boards continuously can resolve their major concerns to cope with changes accurately. The use of PC can support practitioners in rethinking how asymmetric collaboration on the executive board and the board of directors can be transformed into a reciprocal authentic one to perform AL. This thesis revealed a fine-grained view of the dysfunctional behaviors and power asymmetries and their triggers; these vital insights can augment other executive leaders' or scholars' sensitivity to such issues in order to understand executives' board AL from a new perspective. Further, it anticipates that executive board members who are first-and-foremost medical specialists in their own departments, who lack the backing of the other executive members, cannot resolve the major concerns in an executive board. PC can elevate the practitioners' understanding of how the five key components can be used to channel their powers, and, additionally, how PC augments the optimal and balanced influence across the public-sector hospital to achieve common goals and to build a we-culture (i.e., performing AL).

Another impact of PC could be seen in its flexibility, as the different dynamics reveal. The different components can be combined individually, so that it leaves many possibilities for action and creativity of the executive board members, and also underpins that it can be implemented in any executive board. Further, PC could be integrated into the primary public-sector hospital strategy as the ability to resolve major concerns, live AL and cope with ever-changing situations, as such changes dramatically influence the public-sector hospital's overall outcome, which should not be underestimated.

Moreover, PC theory can elevate the head hunter's (recruiter of executive board members) sensitivity in the healthcare sector to understand the fundamental causes,

conditions, contingencies, consequences, and dynamics that average public-sector hospital executive leaders face and deal with to perform AL.

Further, the knowledge contribution of PC can support novel AL training in public-sector hospitals for executive leaders or designated future executive leaders. This theory highlights the collective AL abilities, rather than single AL, where a single leader runs a team or a department.

Further, it may help governmental bodies, or members of the board of directors, who are first-and-foremost, politicians, or primarily lawyers, with poor AL experience on the executive level of public-sector hospitals, to gain a deeper understanding of what AL issues supports their executive leaders and how they can advise them to implement PC and to advocate for a collective AL strategy and set the right policies or frame to make it successful.

A relevant implication is to understand power in a new light as created by the executive board collectively, rather than as a thing held by the dominant camp of the executive board to be hoarded. This new way of PC conceptualizes power as dynamic and channeled by the executive board jointly toward goal achievement. This new mindset among the executive board wants to channel power to influence the employees for common goals. This unique way to see power in a new light cultivates the we-culture in a public-sector hospital. This unique PC strategy of AL cultivates creativity across strategic decision-makers to overcome a challenging and overregulated market.

Additionally, this researcher suggests, PC theory can address AL in future industry 5.0, where artificial intelligence and digitalization will take the upper hand, and where more peer-to-peer, large-scaled businesses will take place as one can observe the nascent beginnings of already. These business types are based more on collective leadership approaches, more on channeling their powers, more on co-creation, and more on co-ownership models, which obviously PC addresses. This ongoing progress is even observable in the Swiss public-hospital sector, where more and more public-sector hospitals are making contracted liaisons to use synergies. PC can support them to adopt a collective AL style to channel their powers in a systematic way in the liaisons to overcome challenges arising from the cultural issues of the different public-sector hospitals. As PC is flexible and developmental, a transformed version could be an appropriate form to adopt in peer-to-peer business models.

## **7.5 Implications for research**

This substantive theory of PC could inspire and encourage future research to see AL from a collective level and to explore collective AL on executive board level in other sectors, as mentioned above, particularly in suggestion to new peer-to-peer venture models for future industry 5.0.

Further qualitative research could explore in longitudinal studies whether PC theory maintains credibility, resonance, and usefulness in other sectors. PC theory could be examined in other business sectors that are based on the *Primus inter Pares* System, such as the political boards of parties. If extending or adapting the theory in a transformed version still fits within a range of other industries or in public-sector hospitals in different countries and brings further abstraction of concepts, a formal approach to PC could be developed. Building a formal theory was beyond this researcher's scope of conducting a PhD process but is possible to consider for the future, especially in collaboration with other scholars and practitioners.

Another research approach could include the creation of a PC theory questionnaire (CPTQ) by its five process dimensions to determine PC's extent in a public-sector hospital from a quantitative perspective. Further research can test PC's theoretical categories and its interrelationships' validity by predictable hypotheses and use the findings to highlight its construct validity.

## **7.6 Evaluation of research by CGT quality criteria**

In the methodology chapter in section 3.5, this researcher has already revealed that she has followed both Lincoln and Guba's (1982) and Charmaz's (2014) guidance to ensure quality and rigor in this thesis. For this thesis, the process of data collection and analysis needed to be consistent and rigorous. These rules of Charmaz (2014) differ from the quality criteria of Glaser and Strauss (1967) and are already explained in Chapter 3.5.

Therefore, the quality criteria of Charmaz (2014), such as credibility, originality, resonance, and usefulness, were addressed. Concerning Lincoln and Guba (1985) and Merriam (2009), and Charmaz (2014), this researcher met their criteria in the following ways:

*Quality criterion: Credibility*

Guba (1981) refers to the criterion of credibility to describe the extent to which data and data analysis can be carried out credibly, trustworthily, or thoroughly through the eyes of a constructivist researcher. Merriam (2009) states that the criterion of credibility refers to the ability of the researcher to determine whether the results are conclusive. Credibility was established in this study, firstly, through applying the continuous comparison method, which ensured that a consistent concept formation and interpretation of the findings emerged from the collected data. Further, the selection of the research participants ensured that the professional groups that are most frequently represented at the top of public-sector hospital management were included. In memos, the data were analyzed in their diversity. Additionally, a personal memo journal was kept by the researcher to reflect on potential bias and scrutinize her own role. Finally, the supervisor of this research (Professor Dr. Romeo V. Turcan, University of Aalborg) examined the comprehensibility of the findings and connections.

*Quality criterion: Transferability*

Lincoln and Guba (1985) explain the criterion of transferability by the fact that the data are coherent and consistent, and comprehensibly explanatory so that the reader can relate research results to their contexts. Transferability is carried out through purposive sampling and the use of a detailed and dense description of the theory blocks by including the raw data; the codes, concepts, and categories are grounded in data and convey the interviewed executive leaders' voices. This substantive theory of PC can be transferred to other business sectors and transcends time and space, as mentioned above.

*Quality criterion: Dependability*

Guba (1981) describes dependability as the ability to find similar results under similar circumstances. Human behavior is continually changing, variable, contextual, and includes several interpretations of reality (Guba, 1981). According to Guba (1981), the researcher must ensure that his conclusions and interpretations of the results are based only on the collected data. Dependability is ensured by similar insights in the narratives of different executive leaders, including all professional groups represented in an average public-sector hospital executive board, and collecting data from various public-sector hospitals' executive boards, and condensing the core statements and codes into concepts and categories. Besides, the study included also the sensitive professional group of politicians as persons in the public eye. And, PC emerged from the data, and



only from the codes, concepts, categories grounded in data that are used.

*Quality criterion: Confirmability*

The constructivist uses confirmability as a further criterion (Guba, 1981). Confirmability means that “steps must be taken to ensure as far as possible that the results of the work are the result of the experiences and ideas of the informants (research participants) and not of the characteristics and preferences of the researcher” (Shenton, 2004:72). Confirmability is achieved by maintaining a reflexive attitude, keeping memos with raw data, and building interview output as the foundation for the subsequent interviews. Moreover, to discover the emergent theory of PC, this researcher used theoretical coding, and used data-based codes (initial, focused, and theoretical codes) and, furthermore, used in-vivo codes.

*Quality criterion: Originality*

As noted, no empirical qualitative research on the executive board level of public-sector hospitals in Switzerland has yet been conducted in the field of AL. This research provides new content and findings on this subject. These findings of the emerging theory presented here can also be helpful in other contexts, even if they cannot be generalized to all sectors and industries, making an essential contribution to AL. Further, the combination of the dominant ideas of AL and PC discovered “Authentic Power Channeling of the Self” for a single leader to overcome struggles raised by incongruence of the professional role and the self. This insights and findings are discussed in Chapter 6.

*Quality criterion: Resonance*

The quality criterion of resonance has been fully considered in this research work since the constructed theoretical categories build on and encompass the wealth of the participants’ experiences. Through the analysis of the in-depth interviews, follow-up interviews, and informal interviews, rich and different leadership narratives were collected and analyzed.

*Quality criterion: Usefulness*

Charmaz (2014) explains the usefulness of a theory in terms of its ability to inspire further research in other specific areas and whether or not the resulting approach offers usable interpretations. The theoretical categories and the theoretical core category discovered here are presented comprehensively and understandably to stimulate further research and stimulate executive boards themselves. Indeed, all participants noted in advance

that they would find such a study useful if it were available to them. Moreover, all participants reported gaining new insights from discussing their leadership experience with this researcher. Further, the PC theory could be transformed into “Authentic Power Channeling of the Self” for the personal use of a single leader, which demonstrates its transformational ability and usefulness.

## **7.7 Limitations and bias**

From this researcher’s perspective, most PhD studies are constrained by limited time resources, financial resources and tight research guidelines, and her research was no exception. Her research was entirely self-funded. Since CGT is situated within the interpretivist paradigm, all theoretical results are always understood due to the researcher’s thorough interpretation of the data. Therefore, another researcher with the same data or researching the same phenomenon in other public-sector hospitals in Switzerland with different executive boards could come to different theoretical conclusions.

As PC theory has emerged by adopting a CGT method, the claim of “generalizability” beyond the research domain (Swiss public-sector hospitals) is probably limited, even if the insights gained can be transferred to other sectors, as explained above by the section of contribution to knowledge and as demonstrated in Chapter 6 by the conceptualization of authenticity into “Authentic Power Channeling of the Self”.

From a post-positivist lens, the quantitatively-oriented research view, or experienced GT scholars’ view, limitations include this researcher’s status as a “novice researcher” in applying CGT, deductive disclosure (even when interviewees’ statements were highly anonymized and translated into English, interviews and interview artifacts were included in theoretical memos in Chapter 4), and possible researcher bias and the researcher’s subjectivity. Notably, from a constructivist and qualitative researcher view, the researcher’s subjectivity as a co-creator is desired and viewed as a strength.

A further limitation is that only the top executive leaders of public-sector hospitals were interviewed because the focus was on the perspective of top executive leaders, and, thus, the other boundary was set by the professional position of the research participants. In addition, the researcher wanted to study the executive leaders of public-sector hospitals, so only executive leaders with an official and public-sector hospital mandate

were involved, which excluded the participation of the executive leaders of private-sector hospitals or other healthcare facilities without experience in public-sector hospitals.

The study used 20 formal interviews (audiotaped in-depth interviews), and 35 informal interviews (conversation notes) with individuals who did not want to be tape-recorded or directly quoted as participants. Although the sample size is not a primary concern for a CGT, category saturation is a critical quality attribute. The generalizability of the results is likely limited due to the sample size. Although the total of 55 interviews and seven follow-up interviews represented a broad number of intensive conversations (Switzerland has a total of 105 public-sector hospitals, and only five large university public-sector hospitals; an average executive board includes five members), it should be noted that the sample size can potentially limit the richness of the resulting theory. More participants might have led to new insights. Nonetheless, this researcher contends that the sample size of 55 direct interviews/conversations more than allowed her to fully achieve so-called theoretical saturation in line with Charmaz' (2014) recommendations, and even exceed it due to the in-depth interviews and the number of informal conversations, the purposefully-selected top leaders, and her own theoretical sensitivity.

Perhaps this author was a novice CGT researcher, but she was trained in her daily professional life in techniques similar to CGT to generate concepts or to gather information grounded in data as the basis for making significant decisions. Furthermore, she was trained to deal with complexity, which is a crucial skill for using GT methods. The world of leadership, its patterns, and the process of leadership are complex, and researching it using a CGT methodology requires strong abilities.

The notion of bias and the mitigation thereof in scientific research is a much debated and researched topic in itself. It has been argued (Galdas, 2017) that the very nature of qualitative research, with its emphasis on reflection and self-analysis, provide an effective strategy for the management of bias. The concern for bias in research originates from the positivist paradigm, in which the researcher's freeness and concern for the contamination of research results through the researcher's subjectivity are givens. The issue of subjectivity versus objectivity in the context of the inherent weaknesses of CGT is discussed in greater detail in Chapter 3 (see section 3.6.2). In line with Charmaz (2014), a memo journal allowed the researcher to self-assess for bias. The interaction between data and the researcher's interpretation of them cannot be judged with the criteria of positivist research, as there is no objective measure for the subjective components of interpretation. Consistency during the whole research process, from

beginning to closing, was the goal of this research. In line with constructivist GTM, the researcher declared her previous knowledge and her way of thinking in Chapter 2 and discussed it Chapter 6 (Charmaz, 2014). The foundation of CGT ensured that, throughout the research process, she was proactively and constantly committed to reflexivity to pay the most careful attention to the data in her research to guard against any biases (Charmaz, 2014). Charmaz (2014) explained that so-called sensitizing concepts (literature review in Chapter 2) give researchers initial but tentative ideas and raise questions about their topics and represent the starting point, not the arrival point, of the research trip. She used the literature review as a sensitization process and let her tentative ideas “*lie fallow*” until after she completed the data analysis process, having saturated her theoretical categories and crystallized and constructed an analysis of the relationship between the categories and their properties (Charmaz, 2014:307). This is mirrored in the discovery of PC as a dominant substantive AL strategy of executive boards to transform their asymmetric collaboration into a reciprocal, authentic one.

As she is a health market insider and knows most of the research respondents through past professional interactions, this researcher has needed to scrutinize her position of power. She did not want the research respondents to avoid the expression of opposing views or events about running public-sector hospitals. This she has succeeded in, which is reflected in the causes and conditions in PC theory. The propensity among scholars to question the rigor of qualitative research has resulted in reflective strategies such as memo-writing journals (Charmaz, 2014). The researcher therefore also focused on the potential effects of her professional perspectives and the research situation by writing a personal memo journal and applying constant comparison methods in her data analysis, and building the subsequent interview questions on the foundation of the former interview outcomes. Van den Hoonaard (1997) encouraged researchers to reflect in this way about their research settings and departure points (Charmaz, 2014). These strategies, as specifically adapted to CGT were utilized to provide a “best fit” (Charmaz, 2014) for the research presented here.

## **7.8 Challenges when using the CGT method**

This section is an integral part of this thesis. After research design approval in November 2018, this study has explored the most critical angles of CGT and faced various challenges and problems in the three and half years of research. It is crucial to the validity of the research process and findings to reflect on the CGT method since, as with all

research methods, there are specific challenges and problems resulting from its application in research. In this doctoral thesis, this researcher encountered five main difficult issues that she considers herself to have resolved and, as a result, to have made adequate and fruitful use of CGT as a research method. This section will discuss the five problematic issues and factors that could be seen to influence the outcomes of this thesis: the dominant use of the English language, the loss of substantive cultural nuances through inaccurate translation between languages (German and English), problems with the procedure of this particular method to carry out a literature review under the tenets of “sensitizing concepts” beforehand, and the arising problem out of this point in the last stage of this research to compare the emergent theory of PC as a dominant substantive AL strategy with these sensitizing concepts (literature review about AL).

### **7.8.1 The use of English**

Specific problems arose since this researcher's mother tongue is not English, and such difficulties have been addressed by consulting a native speaker mentor as a specialist in Grounded Theory Methodology. Although, since Charmaz' s (2006, 2014) modification and development of the constructivist approach, it has become a research methodology of choice and can be seen as an exceptional accomplishment, her explanation, which aims at a modern and comprehensive understanding of the theory, presumes a competency in the English language equal to her own. However, her writing seems complex to this researcher in its effort to explain every nuance of the CGT method clearly and in detail since she describes and outlines this strand of the research method from her own perspective rather than from that of a novice doctoral researcher. Since the CGT method is a variant of the original Classic Grounded Theory that is not frequently used by senior supervisors, it was problematic to find advice from a scholar experienced in this variant. Unfortunately, the founder of this variant passed away after the first contact with this researcher. In Switzerland, this method is seldomly used in a research setting, and this researcher was not able to get advice or find examples of research that are carried out in her mother tongue to understand how others carried out particular procedures in this variant of Grounded Theory.

### **7.8.2 Cultural differences in jargonized terms**

The second main challenge was the loss of cultural nuances in the interviews due to translations from sometimes Swiss German into English. A specific example is

“einschwören,” as this term does not have an accurate direct translation in English. Some words are used in a particular jargon, such as “prima donnas” to describe behaviors interrelated to this term in the public-sector hospital culture. Some of such cultural differences resist accurate translation. However, to transfer such a term with all its meaning in a foreign language was a significant challenge and has been resolved by writing detailed memos. Throughout this doctoral research, German and sometimes Swiss dialect was used in all encounters with the 55 respondents. Even though the translations have been proofread, the hurdles could only be overcome by discussing such jargonized terms with a native-speaking GT expert.

### **7.8.3 Different treatment of the literature in the constructivist approach**

Charmaz (2014) advises the researcher to carry out a tentative literature review as sensitizing concepts before starting the data gathering and analysis process in order to acknowledge the dominant theories in the research area. At the end of her book about Constructivist GT, she advises the researcher to place the emergent theory within the existing body of literature to present how other scholars' ideas illuminate the theoretical categories and how the emergent theory “*extends, transcends, or challenges dominant ideas*” in the research area (Charmaz, 2014:305). This point was confusing for this researcher. She understood Charmaz' (2014) advice in terms of a theoretical framework (i.e., comparison on conceptual level) to compare the emergent theory with the sensitizing concepts. The problematic issue arises as the researcher does not know beforehand what s/he will discover on a conceptual level. If the emergent theory is, on the conceptual level, not comparable with the extant literature, other creative ideas to make a comparison must be applied. In this researcher's case, even if PC is the dominant substantive strategy of AL within executive boards of Swiss public-sector hospitals and clearly matches obviously the sensitizing concepts, it is, on the conceptual level, not comparable with other publications in the AL field as it is the only AL strategy emerged by the use of CGT methodology and based on categories grounded in data. The dominant models of AL (i.e., a self-based model of AL) emerge by the use of deductive methods.

To overcome such a challenge, this researcher compromised and carried out a short comparison (i.e., original and core ideas of other researchers which were used in AL theory by Gardner et al. (2005) to come up with their lead article about AL) and placed it in Chapter 6 to compare them on the content level and to provide how PC broadens the mechanisms of AL and enhances AL scholarship and practice.

Different Grounded Theory (GT) researchers can name the same concept by various labels. This circumstance is partly because GT researchers worldwide have diverse linguistic competencies. When a CGT researcher compares the emergent theory to previous literature, s/he has to be cautious to ensure that s/he goes beyond simple direct comparisons based only on labels. This fact can place extra demands on a CGT researcher to make sure that comparisons go beyond the simple labels of concepts to grasp and understand the meanings behind the concepts. In the course of this study process, this researcher did not solely use the labels of her concepts when comparing them to AL.

#### **7.8.4 Resolving confusion**

The GT method for a novice researcher can be confusing, as was the case for this researcher. Those researchers experienced in using the CGT method understand that it is insufficient to have a book-learned understanding of the principles of this method. Due to the nature of CGT, this method is an experiential one. In the early stages of this research, the emerging concepts and focused codes were confusing, and even the latent pattern was confusing. Most researchers will avoid confusion, but the CGT researcher has to learn how to deal with confusion to let the data emerge into concepts and theory. The danger of not learning to deal with confusion is that it will tempt the researcher to push the data into preconceived ideas to fit a logical pattern. This researcher has been resolving such confusion by adopting the constant comparison method, writing up memos, theoretical sampling, using the 6Cs coding family, and by having conversations with her supervisor and mentor.

#### **7.8.5 Resolving structural and clarity problems**

Researchers employing the CGT variant mainly present their theoretical category and its subcategories by describing them and highlighting them with raw data slices. As in the Constructivist approach, the procedures for abstraction are not defined clearly and using theoretical coding is not an option as it is in the Classic GT approach; this researcher had some problems evolving the memos from a descriptive level to a theoretical, conceptual level. These challenges are resolved using the 6Cs coding family borrowed from the original version of Classic GT and by theoretical coding as presented in Chapter 3. There is no sanction in the CGT method against the use of theoretical coding; the theoretical coding procedures are presented in passing in the documents of Charmaz

(2014). In the accessible published examples, CGT researchers mainly used focused coding, and then they stopped with coding and did not show how they transformed the focused codes into theoretical categories. Most of them used in this part of their research additional literature to shape their categories. This researcher did not use such an approach or procedure as it would have contaminated the emerging theory. By avoiding such contamination of the theoretical power of the emergent theory, she thereby ensured greater clarity for the reader.

Additionally, constructivist theorists use abduction to explain this particular variant, but in the documents and books about this variant, clear examples of abduction are missing for the novice researcher. However, even this researcher understood intellectually what abduction should be: initially, she was confused about using it and therefore re-read other sociologists' publications in the tradition of symbolic interactionism and pragmatism to see how they use it. In doing so, she understood that abduction is in fact deduction lite, as explained in greater detail in Chapter 3. The use of theoretical codes could be seen as an instrument for abduction; this use supported the process of evolving the theoretical categories at a conceptual level.

## **7.9 Final words**

These final words close the incredible journey of this constructivist GT research process. This process gave this researcher an excellent opportunity for self-development. The use of CGT makes the researcher's involvement undeniable and brings with it the need to deal with oneself. This key aspect triggered more reflection and, in doing so, augmented her self-reflection qualities. The experiences learned in this formation process can be transferred into professional settings; this researcher made three significant vital learnings.

First, she learned to use the CGT accurately despite its inherent weaknesses and developed coping strategies to resolve them. Secondly, she improved her knowledge about leadership, particularly on AL and specifically on the executive board (practitioner perspective). The most crucial learning arose by the exchange in the encounters with the executive leaders. Their main concerns and how they were being continuously resolved, and nonetheless also their failures, gave the researcher significant and valuable insights not only for the data analysis, but also for her professional training.



These sensitive issues also helped her compare them with her experiences of failure and synthesize them into a unique strategic set of coping strategies (private).

There were not only positive learnings but also some issues related to things that could be done better. This researcher would next time adopt a Classic GT method to discover an emerging theory. The second point is that she would attend a CGT seminar before starting with her literature review and before the “research design approval process” to clarify things from the start. Such an approach would have helped to prevent specific difficulties from arising in the first place. Next time she would look for sponsors for the research project so that she could work part-time. Unfortunately, this was not possible due to her role in an executive position and as a single mother to work part-time and work more on her PhD to progress faster.

The discovery of the emergent theory of PC paid her off for the hard times on this journey. She has started already to use her own discovered PC theory in her executive board. The essential combination of data grounded in causes, conditions, contingencies, consequences, and dynamics is more generic, with the very fine-grained specifics of the context that gives PC Theory its power and problem-solving utility. This theory offers a more holistic and arguably richer view of AL practice and a more informed and nuanced position from which it was theorized. Further, its high transferability is mirrored in the new approach of “Authentic Power Channeling of the Self” (a self-referential perspective of PC).

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## **Appendix A**

This appendix provides important insights as an additional part of Chapter 2. The first section includes under greater scrutiny different normative leadership types related to AL. This sub-section incorporates different tables as mentioned elsewhere in Chapter 2 that summarize those theories in terms of their key concepts, relevance, criticism, and key authors of the related normative leadership models to AL. An initial comparison overview about the main leadership theories as transformational leadership, ethical leadership, and servant leadership similar to AL is delineated in the Table 13. Through this process, it identified the theoretical context in which AL can be situated, as well as its direct antecedents and most-related leadership theories (normative leadership theories below). In so doing, the review of such normative leadership types identified the distinguishing features and characteristics, as well as key criticisms associated with different leadership theories. To ease the comparison, the narrative is augmented by several tables (see Tables 13 and 14) that charts the most related leadership theories, together with key proponents.

The second section is about the search strategy for the empirical perspective's articles.

The third section highlights the Swiss healthcare market.

## A1 Theoretical perspective of normative leadership types

The review on the theory perspective of AL aimed to trace the historic roots of AL and its evolutionary antecedents. This subchapter is structured in five sections. Figure 20 shows the evolutionary development of leadership (King, 1990: 44-45) beginning from the last century to display which leadership theories have developed in which epochs and how they have influenced each other in their development.

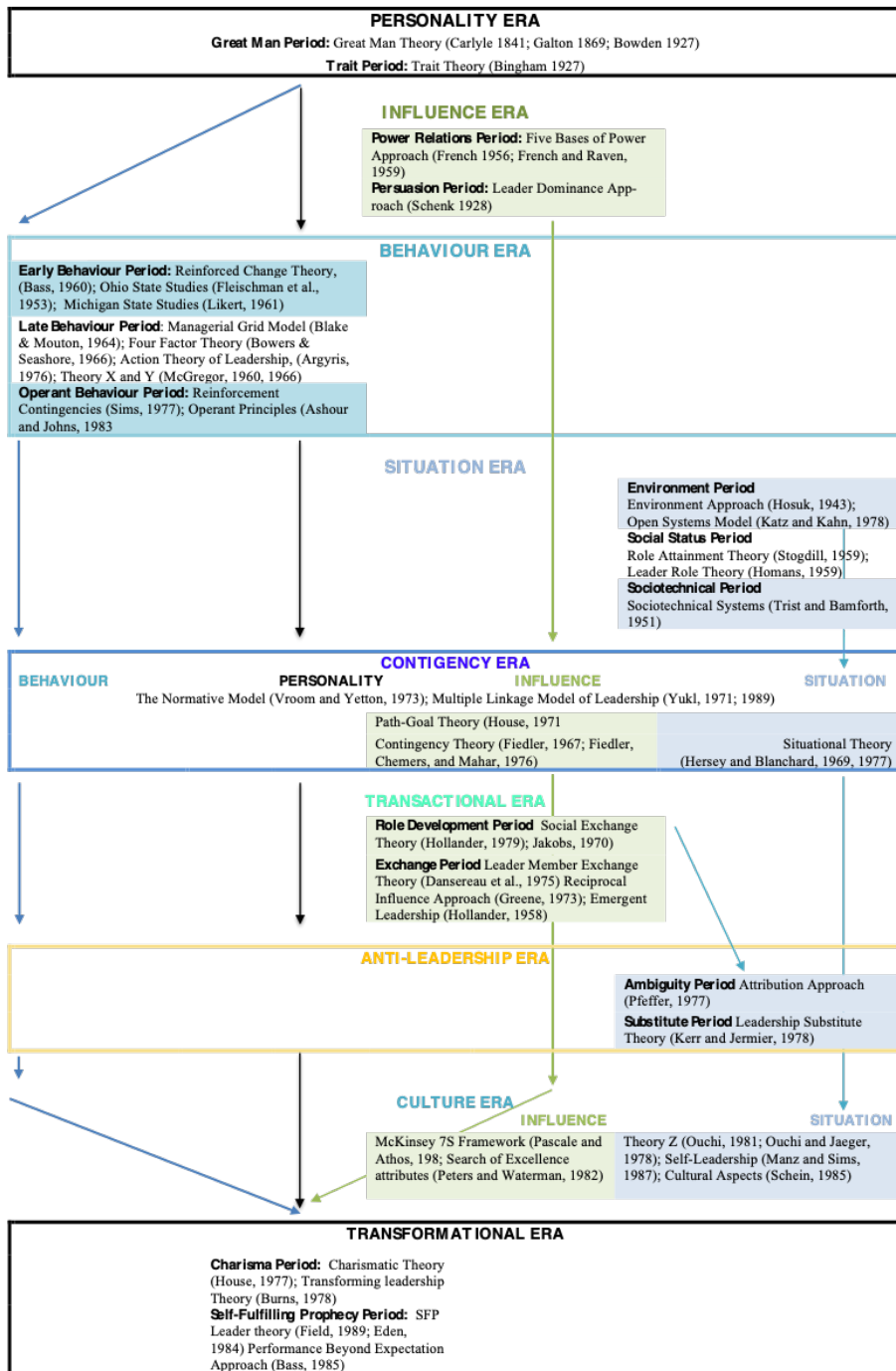


Figure 20: Evolution of leadership (King, 1990)

## **A1.1 Transforming-Transactional Leadership**

In the search for the emergence of the new research paradigm of Authentic Leadership, the starting points for this research were the transformational and transactional leadership models. Burns (1978) published his research on transforming-transactional leadership in a specific political environment and created the basis for Bass' research from 1985 onwards. Transformational Leadership as a research paradigm became a set piece in the social sciences faculties of Western universities. According to Conger and Hunt (1999), this paradigm attracted many scholars (see Antonakis and House, 2014; Gardner et al., 2011; Bass, Avolio, and Atwater, 2008; Hunt, 2004; Lowe and Gardner, 2000; Bass, 1999; Bass and Avolio, 1995; Bass and Avolio, 1993, 1994; Waldman et al., 1990; Yammarino and Bass, 1990; Hater and Bass, 1988; Bass et al., 1987) who used meta-analyses (factor-analysis as below-mentioned) as an earlier and not operationalized form focused on the context in which the investigation took place, which was criticized for lack of validity. They then operationalized the paradigm by implementing the Multiple Leadership Questionnaire (MLQ) as a new survey instrument to assess the nine factors in the Full Range Leadership Theory (FRLT as below-mentioned) and provided measurable (and potentially replicable) results, which in turn contributed to the integration and empirical development of the existing theory (Antonakis and House, 2013; Antonakis et al., 2010; Antonakis et al., 2003; Schriesheim, Wu, and Scandura, 2009). Despite continuous development and refinement as the most commonly used tool for research based on the transformational leadership theory (Wang and Bird, 2011; Wang et al., 2011; Judge and Piccolo, 2004a; Antonakis, et al., 2003), the *"Multiple Leadership Questionnaire (MLQ)"*, has been shown to have weaknesses (Antonakis, 2018:67-68). Criticism could be seen to have been voiced relating to the psychological quantification of variables in the MLQ or in relation to aspects of the theoretical framework (Antonakis, 2018; Klenke, 2007; Antonakis, Avolio and Sivasubramaniam, 2003) which are outlined in the following paragraphs.

Burns' 1978 publication was based on a conceptual philosophical approach to the description and interpretation of leadership. Central elements were the representation of power and purpose (Burns, 1978). Burns (1978) believed that power and leadership were seen as relationships, not things. He also stated that, in order to understand leadership holistically, power must be placed in the context of human motives and physical limitations. His research described leadership as a balance of power for a particular purpose. This purpose should be consistent with the motives, needs, and values common to the leader and those the leader leads. An understanding of Burns'

idea of leadership as a relationship, or a series of relationships, influenced not only the development of transactional and transformed leadership theory, but also other theories with the central aspect of moral leadership. Burns used in his publication Maslow's (1943a) theory of the hierarchy of needs and Kohlberg's (1958) theory of moral development stages in order to deepen his ideas about the relationship between motives and values in the relationship between leader and followers, and not least to anchor them (Antonakis and Day, 2017; Burns, 1978). Burns also introduced the self-realization component, based on Maslow's (1943a) model, into his theory, differentiating between leaders who protect powers *in situ* and those who could help followers transcend through their levels of need (Antonakis and Day, 2017; Burns, 1978).

A five-factor model of transformational leadership was developed by Rafferty and Griffin (2004). According to Antonakis et al. (2016), this model was not extensively investigated by independent research groups. Antonakis and Day (2017) thus stated that the Transformational Leadership Questionnaire (TLQ) was proposed as an alternative to the MLQ models popular in the United States (Alimo-Metcalfe and Alban-Metcalfe, 2001). The TLQ or Leadership Practices Inventory Model (Kouzes and Posner, 2017) and other measures taken by other authors (e.g., De Hoogh et al., 2004) did not trigger any significant effect in applied research, so these ideas and aspects, as well as criticism of the validity of the results, were not pursued further.

## **A1.2 Transformational leadership**

Building on Burns (1978), Bass (1985) investigated the impact of transformative leaders on their followers/employees, describing leadership as “*stimulating followers to act for specific goals that represent the values and motivations, desires and needs, expectations of both leaders and followers*” (Wang and Cruz, 2018; Bass and Riggio, 2006; Burns, 1978:19). According to Bass' leadership approach, the leader represented an independent position to direct his or her followers toward the goals to be achieved. This theory also assumed that the management team was highly committed. The interaction between leaders and followers has been categorized either as (1) transactional leadership that required a relationship that involves the exchange of political, economic, or emotional elements, or as (2) transformative leadership that included the motivation, morale, and ethical actions of both leaders and followers (Wang and Cruz, 2018; Bass and Riggio, 2006).



Burns (1978) emphasized that transformative leadership focuses on results as final values, while transactional leadership focuses on the values of means (Barbuto, 2005), making it clear that transformative leadership achieves a higher impact and greater influence on employees (Dumdum et al., 2013; Tims, Bakker, and Xanthopoulou, 2011; Zhu et al., 2009; Barbuto, 2005; Judge and Piccolo, 2004a) than transactional leadership that, according to Burns (1978) contains a self-interest element and is thus limited in its effectiveness. Breevaart et al. (2014) demonstrates in their study that some transactional leadership behaviors (i.e., contingent reward) are able to stimulate “*followers’ work engagement*”—this is in contradiction to Tims, Bakker, and Xanthopoulou’s (2011:150) argument “*that transactional leaders are unable to influence followers’ work engagement*”. The nature of the transforming leadership sensitizes the consciousness of the followers with regard to ethical as well as moral connections in the achievement of goals in order to eliminate self-interest for the common good.

Bass (1985) built on the model of Burns (1978) further by introducing a series of sub-dimensions around values and named it transformational leadership instead of transforming leadership (Hoch et al., 2018). In a later publication, Bass and Steidlmeier (1999:182-184) referenced those values as “*good values: liberty, utility, and (distributive) justice (of authentic, , charismatic, transformational leaders)*”. Bass’s theory of transformational leadership was extended by the inclusion of then new elements such as charisma and vision (Hoch et al., 2018). However, it continued to include elements such as role and task requirements derived from the transactional leadership model. The aim of transformational leadership behavior is to convey meaning in work to the employees and in this way to change their attitudes, to influence, and transform them (Manzoor et al., 2019; Jung and Avolio, 2000).

Antonakis and Day (2017) reminded that the idea of Seltzer and Bass (1990) was not only to define the concept of transformational leadership but also, in so doing, to differentiate it from the prevailing two-factor theory of leadership which defined leadership as a binary model of focusing on tasks on the one hand or people on the other.

Transformational leaders perceive the goals and values of their working group or organization as their own goals, and the values of their organization as going beyond their own interests (Wang and Cruz, 2018; Hoch et al., 2018; Bass, 1999). Bass and other authors (Antonakis and Day, 2017; Copeland, 2014; Howell and Avolio, 1993; Bass, 1985) identified four components of transformational leadership through factor

analysis (Antonakis, 2018; Hoch et al., 2018). This is how they developed further the model of Bass which was called 'The Full Range of Leadership Model' (Antonakis, 2018; Hoch et al., 2018; Bass, 1999). The model contains elements from the personality, behavior, and contingency approaches. The research and theory of Bass is considered to be one of the most influential, widespread, and famous theories because it has been used in numerous empirical studies (Wang, et al., 2011; Bass, Avolio, and Atwater, 2008; Judge and Piccolo, 2004a; Antonakis, et al., 2003; Bass, 1999; Bass and Avolio, 1995, 1994, 1993; Waldman, Bass, and Yammarino, 1990; Yammarino and Bass, 1990; Hater and Bass, 1988; Bass, Waldman, Avolio and Bebb, 1987). At the same time, the model was respected as it could be developed in an integrative way (Antonakis and Atwater, 2002). According to Conger and Hunt (1999), this new research paradigm attracted new researchers, because it was operationalized and made measurable through the development of the Multifactor Leadership Questionnaire (Antonakis, 2018; Hoch et al., 2018; Antonakis et al., 2003). Further, Conger and Hunt (1999) stated that meta-analyses have also been increasingly used, which also increased methodological pluralism and sharpened awareness of the context (Hoch et al., 2018).

The Multiple Leadership Questionnaire (MLQ) was designed to measure nine leadership factors, five of which measure transformative leadership: "(F1) *idealized influence attributes*, (F2) *idealized influence behavior*, (F3) *inspiring motivation*, (F4) *intellectual stimulation*, and (F5) *individualized view*. The other three factors measure transactional leadership: (F6) *contingent rewards*, (F7) *management by exception active*, (F8) *management by exception passive*, with the last factor (F9) dealing with the subject: (F9) *laissez-faire leadership*" (Antonakis, Avolio and Sivasubramaniam, 2003:278).

Despite continuous development and refinement of the (MLQ), criticism was voiced about the psychological quantification of variables or about the aspects of the theoretical framework, and not least about the predictability of validity (Klenke, 2005; Antonakis, Avolio and Sivasubramaniam, 2003).

According to Bass and Riggio (2006), Podsakoff's Transformational-Transactional Leadership Model, (here referenced as PTTLM), in addition to the Full Range Leadership Model of Bass, is also a dominant model based on transformational and transactional components (Antonakis and Day, 2017; Rowold, 2014; Macit, 2003; Podsakoff, MacKenzie, and Bommer, 1996; Podsakoff et al., 1990) and almost congruent with the model of Bass with respect to these partial components. In PTTLM, three components such as Management-by-Exception active (i.e., that the executive continuously monitors

the performance of the individual employees/leaders and takes immediate action in the event of undesirable results) and Management-by-Exception passive (i.e., that the executive does not monitor the performance of the employees and waits until undesirable results occur before taking action) were used. Further, the measure of *laissez faire* leadership (which was F9 in the Bass model) was replaced with contingent and non-quota penalty scales by the developers of the PTTLM model (see Podsakoff et al., 1984; Podsakoff, Todor, and Skov, 1982a), with robust validity (Podsakoff et al., 2006).

Antonakis and House (2013, 2014) showed the intrinsic weaknesses of Bass in the area of task-related leadership behavior, in which they claimed that the full-range model of Bass was not as broad as originally intended, since the area of instrumental leadership, which was supposed to include strategic and labor-facilitating aspects, for example, was inadequately depicted (Antonakis and House, 2014; Rowold, 2014; Hunt, 2004; Yukl, 1999; Hunt and Conger, 1999; Conger, 1999). In addition, the MLQ questionnaire criticized the predictable validity; this means that the characteristic is collected after the measurement, when instead the measurement should predict the characteristic (Banks et al., 2016; Antonakis and House, 2014; Dum Dum, Lowe and Avolio, 2013; Wang et al., 2011; Judge and Piccolo, 2004a; DeGroot, Kiker and Cross, 2000; Fuller et al., 1996; Lowe, Kroeck and Sivasubramaniam, 1996; Gasper, 1992).

Other authors such as Yukl (2002), Tourish and Pinnington (2002) and Tejeda, Scandura, and Pillai (2001) criticized that Bass' original intention to differentiate his model of transformational leadership from the two-factor model of leadership was, in fact, not substantially distinguishable in terms of the concrete differences.

Some authors (Yukl, 1999; Beyer, 1999; Conger and Kanungo, 1998; Pawar and Eastman, 1997; Bryman, 1993; Conger, 1990; De Vries, 1988a) claimed that Bass's model could have negative secondary effects in addition to the positive effects. The cognitive and motivational dependency of the leaders on exercising leadership was argued to be a potentially negative side. These dependencies could have a counterproductive effect on the creativity of employees/leaders (Naqvi et al., 2017; Basu and Green, 1997), which is why Kark, Shamir and Chen (2003) have analyzed these aspects in an empirical study and confirmed these dependencies as counterproductive in relation to creativity. Similarly, Jaussi and Dione (2003) showed in an experimental-psychological study that team creativity could also be negatively influenced in transformational leadership. In order to minimize the negative influences or to better

analyze the negative eventualities, connections between mediating processes (i.e., thinking and acting) and the variables that contribute to success, should be increasingly investigated in empirical studies (Kark, Shamir and Chen, 2003; Yukl, 1999). Furthermore, Yukl (1999) and Antonakis et al. (2016) criticized the aspect charisma in transformational leadership, because they advanced their understanding that leadership and charisma are two very different concepts.

However, building on earlier work, and addressing the criticism referenced above, Bass and Riggio (2006) explained the great interest in transformational leadership through aspects such as intrinsic motivation and the positive development of employees, both designed to enable operations in complex structures. In times of strong market orientation, digitalization, and a high degree of differentiation in competition and globalization, necessary adjustments of organizational structures were required, they argued, which in turn could lead to resistance among employees. Wang et al. (2011:234), in reviewing 25 years of research on transactional and transformational leadership, referenced the “augmentation hypothesis” associated with transformational leadership in particular. This hypothesis posited that transformational leadership could be seen as providing elements of leadership beyond the transactional dimension. While Wang et al. (2011) highlighted both the case against and the case for the augmentation hypothesis as articulated by some researchers from both contingents, this researcher had some sympathy with the notion of augmentation when scoping the research presented here. Identifying the conflicting conclusions by researchers in this area, Wang et al. (2011:234) suggested that

*“Specifically, to account for these conflicting findings, we suggest that both the type and level of performance need to be considered to fully understand the augmentation effects of transformational and transactional leadership. For example, with regard to individual follower task performance, we propose that transformational leadership augments transactional leadership and that transactional leadership augments transformational leadership primarily because these two types of leadership work through different motivational mechanisms”.*

In light of this, it could be suggested that there is some relevance here for research into AL, not least due to the relative congruence in definitional terms, as shown elsewhere in this thesis.

At the same time, it can be observed that, in recent years, further normative leadership models have been developed that demonstrate a more homogeneous basic tenor across

leadership levels and complexity (Conger, 2004) in an attempt to address the challenges of an ever-changing economic and societal landscape. New research perspectives led to new model approaches such as shared leadership (DeRue, 2011; Pearce, Locke, and Conger, 2008a), spiritual leadership (Fry, 2003; Fry and Matherly, 2006; Klenke, 2007), paradoxical leadership (Lewis, Andriopoulos, and Smith, 2014; Klenke, 2003), contextual leadership (Oc, 2018; Kutz, 2008; Johns, 2006; Osborn, Hunt and Jauch, 2002), complex leadership (Uhl-Bien and Arena, 2017; Knowles 2002; Knowles, 2001a; Marion and Uhl-Bien, 2001; Regine and Lewin, 2000), self-sacrificing leadership (e.g., Kark, Shamir and Chen, 2003a; Klenke, 2003), connecting leadership (e.g., Lipman-Blumen, 1996, 2000), stewardship (e.g., Block, 1993, 1996), servant leadership (e.g, Greenleaf, 1970, 1977; Greenleaf et al., 2002), as well as Authentic Leadership (Luthans and Avolio, 2003; Avolio et al., 2004; Gardner et al., 2005). The Table 13 provides a short compilation of the normative leadership theories. This table could be viewed as an introduction to the sections of ethical and servant leadership models which were scrutinized more closely as both theories show higher correlation with AL than other normative leadership theories.

Leadership theory	Key idea	Year
Charismatic Leadership	Leader uses charisma as a tool to motivate followers.	Weber (1968) House (1976)
Complex Leadership	Integrates complexity theory (of inter-connectedness) into leadership theory.	Marion & Uhl-Biel (2001)
Connecting Leadership	Primacy of people over systems, making connections.	Lipman-Blumen (1996, 2000)
Contextual leadership	Identifying and foreseeing developments in economic, political and business contexts and translating them into concrete business strategy.	Oc (2018) Kutz (2008) Johns (2006)
Ethical Leadership	Enabling followers to do the ethically-right thing.	Brown and Treviño (2006)
Instrumental Leadership	Functions that manage and control the facilitation of work.	Antonakis & House (2002)
Paradoxical Leadership	Leadership that is based on emphasizing seemingly contradictory yet interrelated issues.	Lewis, Andriopoulos, and Smith (2014)
Shared leadership	Leadership tasks are embodied by team members across the organization.	Yukl (1989)
Self-sacrificing Leadership	Sub-concept of transformational: leader disregards their interests and needs 'for the greater good'.	Bass (1985)
Servant Leadership	Goal of the leader is to serve.	Greenleaf (1977)

Leadership theory	Key idea	Year
Spiritual Leadership	Self-transcendence (not sacrifice) embodies hope and optimism and thus leads to follower wellbeing and greater productivity.	Fry (2003) Fry and Matherly (2006)
Stewardship Leadership	Leadership in partnership: safeguarding individuals and organizations for the future.	Block (1993, 1996) Block et al. (2002)
Transactional/ transforming Leadership	Leader employs resources effectively to affect positive outcomes.	Burns (1978)
Transformational	Builds on transactional leadership but goes beyond short-term achievements of objectives in favor of transforming organization.	Bass (1985)

Table 40: Overview of normative leadership theories

Many of these new research perspectives included, (see Tables 40 and 41), include definitions, relevance, and criticism of the literature belonging to the category of normative leadership and have similarities with transformational leadership. However, it must be stressed here that many of these approaches are still in their infancy and do not yet reflect a strong theoretical framework that has already been empirically investigated in many ways. As a consequence, these models are referenced in the Table 41 in order to highlight key concepts, their relevance, and key criticisms. Two models which have been more established and backed up by a substantial body of empirical research, however, are ethical leadership and servant leadership which are addressed in the following two sections to highlight their common and core aspects before the review proceeds to authentic leadership.

Leadership theory	Brief definition/ Theoretical concepts/	Relevance or applicability in leadership	Key criticisms
<b>Complex leadership</b>  Knowles, 2001a; Marion, and Uhl-Biel, 2001; Uhl-Bien, and Arena, 2017	Interconnectivity of unpredictable variables in change.  It is determined in complexity theory. Complex leadership should evolve organizational effectiveness; draws on the aspects of adaptive systems, as connection leads to self-organizing forms of management and leadership.	Relevance could be drawn to geopolitical and economic occurrences and complexities that often suggest comparison with chaos and complexity theories and thus enable effective leadership and management strategies.	Potential weakness could be seen in operationalizing complex leadership.  Lack of studies about executive boards and how their major concerns can be resolved by this type of leadership.

Leadership theory	Brief definition/ Theoretical concepts/	Relevance or applicability in leadership	Key criticisms
<p><b>Connecting leadership</b></p> <p>Lipman-Blumen, 1996, 2000</p>	<p>Connected &amp; inter-connected behavioral strategies. Three sets: direct, relational, and instrumental.</p> <p>The focus is on achieving behaviors. In so doing, strategies can be employed to elicit positive outcomes and impact.</p>	<p>In terms of providing a blueprint for leaders of how to meet their respective organizational goals. The focus on nine achieving styles within their sets would provide broader context and knowledge for leaders. The relevance and applicability could be seen in goal achievement dimension of leadership.</p>	<p>Inherent complexities in the model and, as a consequence, it is unlikely to become dominant or prevailing.</p> <p>Lack of studies about executive boards and how their major concerns can be resolved by this type of leadership.</p>
<p><b>Contextual leadership</b></p> <p>Antonakis et al., 2003; Johns, 2006; Kutz, 2008; Oc, 2018; Osborn et al., 2002</p>	<p>Recognize &amp; anticipate context as determining leadership aspect.</p> <p>The concept is characterized by four contexts as 'stability, crisis, dynamic equilibrium, and edge of chaos'. It helps to grasp a broader understanding of context: interactions between the person and the situation.</p>	<p>Contextual leadership in turn relating to contextual intelligence (emotional intelligence); for example, leaders who anticipate rapidly changing contexts. Its applicability could not be assessed. It narrows the leadership process in practice to the ability of emotional intelligence.</p>	<p>No common definition; definitions are broad and vague.</p> <p>Lack of studies about executive boards and how their major concerns can be resolved by this type of leadership.</p>
<p><b>Instrumental Leadership</b></p> <p>Antonakis and House, 2014; Rowold, 2014</p>	<p>Focused on task-orientation of employees and their resources; can be efficiently used to achieve task outcomes.</p> <p>Main concept and idea are a further definition of transformational leadership in the dimension of leader expert knowledge and its enabling aspects toward organizational performance; active form of leadership characterized as contingent.</p>	<p>Could be an additional dimension to the full range of leadership. It demonstrates leader's ability to achieve the goals set by the company through analyzing the internal and external environment of the company outlining strategic objectives and providing performance feedback. Focus on dual prism of employee and financial performance.</p>	<p>Conflation in terms of classification. Antecedent of transformational leadership and just an adjusted dimension of it.</p> <p>Lack of studies about executive boards and how their major concerns can be resolved by this type of leadership.</p>
<p><b>Paradoxical leadership</b></p> <p>Lewis, Andriopoulos, and Smith, 2014</p>	<p>Shows contradictory aspects in a context as interrelated variables.</p>	<p>In paradoxical situations, seemingly contradictory juxtaposition of aspects of two elements that persist for a prolonged period and need a 'both/and solution' which has resonance in highly competitive contexts. The applicability could not be assessed.</p>	<p>Can potentially lead to disparate outcomes among followers.</p> <p>Lack of studies about executive boards and how their major concerns can be resolved by this type of leadership.</p>

<b>Leadership theory</b>	<b>Brief definition/ Theoretical concepts/</b>	<b>Relevance or applicability in leadership</b>	<b>Key criticisms</b>
<b>Shared leadership</b>  Bergman et al., 2012; DeRue, 2011; Fletcher & Käufer, 2003; Pearce et al., 2008a	Linked to distributed leadership, multiple group members are engaging in both leadership and followership.  Conceptualization of the term relational to highlight the interactions and cross-organizational implications. Team processes, outcomes and reciprocal influence which reinforces relationships among team members.	Relevant and applicable in times of change where more hierarchical leadership models centered on either one leader becomes less workable. Focused on people without leadership duties in teams but what challenges it triggers in terms of leaders with leadership duties is not shown in the literature.	The accountability and impact measurement become less clear and most research is adapted to educational settings.  Lack of studies about executive boards and how their major concerns can be resolved by this type of leadership.
<b>Self-sacrificing leadership</b>  Zhang & Ye, 2016 Rus, van Knippenberg & Wisse 2010; Kark, Shamir & Chen, 2003a	Leader making personal sacrifices for the benefit of the company or the greater good. Organizational social capital.  The improvement of internal social relationships can increase efficacy.	Related to servant leadership. But the approach is different: relinquishing of personal interests vs developing and nurturing others. Linked to transformational and charismatic leadership. Difficult to employ as it presupposes self-sacrificing as a concept in leaders.	Limited body of literature. Published research is relational, not specifically addressing this leadership.  Lack of studies about executive boards and how their major concern can be resolved by this type of leadership.
<b>Spiritual leadership</b>  Fry & Motherly, 2006; Klenke, 2007	Focus on intrinsically motivational aspects for one's self and others for evolving membership. Intrinsic motivational factors are designed to create positive outcomes, which have a measurable impact on commitment to the company. Value congruence.	The value of spirituality/faith looking to the future and a shared vision and commitment experienced by both leaders and followers. Difficult to employ as it presupposes spirituality as a concept in leaders and employees.	Limited body of literature.  Lack of studies about executive boards and how their major concerns can be resolved by this type of leadership.
<b>Stewardship leadership</b>  Block, 1993, 1996	Based on the principles of partnership.  This model devolves control to those more closely involved with the task in hand. At the same time, stewardship disables employees from delegating responsibility upwards to those who lead and thus freeing themselves of any responsibility.	How the accountability works through distributed responsibility and affects performance is not sufficiently researched and therefore difficult to assess its applicability and relevance.	Limited body of literature.  Lack of studies about executive boards and how their major concerns can be resolved by this type of leadership.

Table 41: Different normative leadership styles



### **A1.3 Ethical leadership**

Brown et al. (2005) claimed that ethical leadership was characterized by behavior that was “*normatively appropriate*” (2005:120), and that by promoting such behavior among employees, fosters interpersonal relationships with one's own employees and good communication and an adaptation of one's own behavior contributes to carrying out ethical leadership. Mayer et al. (2009), in distinguishing ethical leadership from other forms of leadership, suggested that ethical leadership focused on the ethical dimension and not on ethics as an additional perspective (Hendrikz and Engelbrecht, 2019). In the literature, this was described sometimes as the “*moral person aspect*” of leadership (Brown et al., 2005:119). Further, Zhu, May and Avolio (2004) referenced the moral behavior of ethical leaders which they exemplified for the benefit of those they lead. Zhu, May and Avolio (2004:16) argued that ethical leaders’ model in their behavior what is morally the right thing to do and, in so doing, “*they help to elevate followers’ moral awareness and moral self-actualization*”. Driscoll and McKay (2007) drew parallels they identified in the literature between transformational and ethical leadership, suggesting that it could be said that transformational leaders are intrinsically ethical. This could be counteracted with examples of leaders who could be identified as transformational, but operated in a morally vacuous space that could not be called ethical. Effelsberg, Solga and Gurt (2014) referenced this phenomenon as transformational leadership resulting in “*unethical yet pro-organizational behavior*” (2014:81) by those they lead. This, it could be suggested, separates clearly the concepts of transformational and ethical leadership. The former can occur without the latter, as can the latter without the former. This is not to say that, in the best of all worlds, the two occur in happy coexistence.

Zhu, May, and Avolio (2004) advanced a theoretical concept that shows the mechanisms between the psychological empowerment of employees, the ethical behavior of leaders, organizational commitment, and the trust of employees. They argued that authenticity influences and directs the relationship between the ethical behavior of leaders and the leadership outcomes in employees. The most significant conclusion of their research was the authenticity of ethical leadership behavior as a factor that directs the influence of ethical behavior of leaders on individual outcomes such as trust and engagement (Zhu, May and Avolio, 2004). According to Zhu, May, and Avolio (2004), this study closed the gap in research into the mechanisms between the intentions and actions of leaders. It could also be argued to provide a conceptual link to AL through referencing both ethical intentions, behavior, and authenticity.

Research undertaken by Mayer et al. (2009) identified that ethical behavior is mirrored in the life of leaders through values such as integrity, fairness, professionalism and, last but not least, social responsibility. In this way, ethical principles are promoted and anchored by the leader and percolate down through organizational levels (Mayer et al., 2009). Brown and Treviño (2006:597) concluded that “*ethical leaders are characterized as honest, caring, and principled individuals who make fair and balanced decisions*”. Moreover, through their daily manifestations of leadership, ethical leaders also thematize aspects of ethical behavior.

Regine and Lewin (2000) introduced the characteristic of care into the conceptualization of ethical leadership. Ethical leaders, they believed, demonstrate that they care for the people they lead and demonstrate that the care is going beyond the confines of the job role. It could be argued that, by introducing what could be considered more of an emotive term, such as care, the criticism of ethical leadership as relying too much on anecdotal account is justified in this instance.

As in other positive leadership models, ethical leaders try to shape their lives and leadership roles in an ethically robust way (Brown and Treviño, 2006). Bandura (1986) emphasized that ethical leadership was based on the theory of social learning (Brown et al., 2005; Bandura, 1986), i.e., ethical leaders influence their employees through transactional leadership and the shaping of ethical behavior within the company in which they operate. Brown and Treviño (2006) also emphasized that ethical leadership could be seen as a key component of effective leadership and that leadership bears a key responsibility for anchoring and developing an ethical climate. While some researchers have conducted empirical research showing a strong correlation between ethical leadership and the positive outcome of interactions between human beings (Mayer, Aquino, Greenbaum, and Kuenzi, 2012; Brown and Treviño, 2006), however, the study by Brown et al. (2005) showed a weak correlation between ethical leadership and an “*idealized influence*” (2005:117). This leadership theory already presupposes a number of core characteristics, such as leaders acting in a positive manner, ethically, morally correct, and effectively as measurable outcomes of leadership behavior in ethical leaders.

Cooper, Scandura, and Schriesheim (2005) drew a direct link between the global and rapid changes in the societal, economic, and political landscapes and a decline in ethical leadership. Referencing occurrences, such as highly-publicized company scandals (Martha Stewart, Enron, Exxon) and wider contexts, such as the rise of global terrorism

and, this researcher would suggest, an increasing awareness of environmental challenges, appeared to show the limitations and actual decline of ethical leadership. In the context of the research focus underpinning this thesis, it is important to recognize Cooper, Scandura, and Schriesheim's (2005) conclusion that the decline of ethical leadership effectively paves the way for authentic leadership. Specifically, Cooper, Scandura, and Schriesheim (2005:477) noted their strong agreement *"that it is a responsibility of management scholars to do what we can to reduce the occurrence of such incidents [of unethical leadership behavior] and we applaud the intentions of those ready to take such action"*. This can be seen to have pointed the way in terms of encouraging scholarship into AL as a direct correlation to the decrease in ethical leadership behaviors.

#### **A1.4 Servant leadership**

Robert Greenleaf (1970, 1977) developed the ideas of servant leadership that focused on putting the needs of followers and stakeholders first and above all (Hendrikz and Engelbrecht, 2019; Barbuto and Wheeler, 2006). The core philosophy of this leadership theory was based on the religious beliefs of its founders, as Greenleaf was a professed Quaker. Greenleaf believed that *"the servant-leader is servant first"* (1970:13; Hendrikz and Engelbrecht, 2019; Barbuto and Wheeler, 2006). He went on to differentiate between this notion of servant leadership from other types of leadership which, Greenleaf believed, served other purposes, or were accentuated by other motivations, such as a leader's intrinsic desire to lead. Rather, the servant leader is motivated by a desire to serve first and foremost, after which may come an evolution which would lead to a natural aspiration to lead. In addressing the distinction between the two types of leadership, Greenleaf (1970) went on to show that there were conceptual overlaps and interferences which he ascribed to *"the infinite variety of human nature"* (1970:13).

Building on Greenleaf (1970) and further conceptualizing Greenleaf's (1970) original writing on servant leadership, Spears (2010a) postulated the following attributes of serving leadership from Robert Greenleaf's concept of original ideas: *"listening, empathy, healing, awareness, conviction, conceptualization, foresight, stewardship, commitment to the growth of others, and building community"* (Spears, 2010a:25), which he went on to describe in turn.

Russell and Stone (2002) acknowledged the intrinsic attraction of the attributes identified through servant leadership. However, they also criticized the concept as hitherto unscientific, even anecdotal. As a consequence, they built on Spear's (2010a:146) framework of 10 attributes of the servant leader and defined nine attributes which they called "*functional*". Functionality was ascribed to operationalizability and thus the functional attributes were defined as characteristics and thus they stated that "*They are identifiable characteristics that actuate leadership responsibilities. Each functional attribute is distinct, yet they are all interrelated*" (Russell and Stone, 2002:146). They then supported the functional attributes with a set of accompanying attributes. Russell and Stone (2002) acknowledged that the allocation of such attributes as either functional or accompanying could be open to challenge. This was due to the lack of empirical evidence, later revisited by van Dierendonck (2011).

In trying to define a servant leadership theory, Patterson (2003) traced the conceptual origins back to the Greek philosopher Aristotle and used the term virtuous to describe servant leadership. With virtue (also meaning excellence) the underpinning philosophy, Patterson (2003) went on to identify seven attributes which she assembled into a conceptual model.

As one key criticism leveled at servant leadership writing is the lack of empirical research and the prevalence of the philosophical domain when it comes to servant leadership publications, van Dierendonck (2011), following a review of the available literature at the time, put forward a conceptual model. In it, he drew on Greenleaf's (1970, 1977) original writings with later perspectives. True to its origins, the servant leadership framework, as presented below, retained the distinguishing foundation of "*combined motivation to lead with a need to serve*" (van Dierendonck, 2011:1243).

Patterson (2003) distinguished the model of servant leadership theory from others, particularly transformational leadership, in the focus the leader places on those they lead. Moreover, Patterson (2003:7) argued that "*the duplicitous role of the servant leader includes the following virtuous constructs: (a) love, (b) humility, (c) altruism, (d) vision, (e) trust, (f) empowerment, and (g) service*" in reference to her model.

Servant leadership also has a relationship to transformational leadership, as numerous attributes underpin commonalities. According to Bass (2000), servant leadership has many parallels to transformative leadership, including the need for "*vision, influence, credibility, trust, and service, but it goes beyond transformational leadership when it*

*comes to selecting the needs of others as its highest priority*" (Bass, 2000:33). Above all, according to Bass (2000), the leadership components for both servant leadership and transformational leadership are designed to inspire motivation.

Servant and ethical leadership models require that leadership be positive, moral, and valuable to those it leads, and ultimately a competitive advantage for businesses (Sendjaya and Sarros, 2002). For in these theories, as in transformational leadership, outcome influences definitions, which carries with it the danger of leadership being described as moral *per se*, or authentic *per se*, or transforming *per se*, or serving *per se*. According to van Knippenberg and Sitkin (2013), this poses a methodological problem, since constructs should not be defined by their outcomes which could lead to bias. Furthermore, scientists should not allow their own ideology to percolate into the description of the construct (Antonakis and Day, 2017; Eagly, 2018), and finally, a leadership definition should be free of cultural and contextual constraints as well as moral obedience (Antonakis et al., 2016).

In addition, leadership is bidirectional and the motivational mechanisms and the behavior triggered by them can be evaluated morally correctly or incorrectly by the leaders through the changing context, so that one's authentic nature (i.e., motivational mechanisms) based on one's personal value system, is morally correct for the person who evaluates/measures leadership in carrying out a particular task based on the context, while precisely these motivational mechanisms can be used by this researcher in another context to create a fundamentally different outcome. According to MacKenzie (2003), such reasons can become a tautology. Antonakis et al., (2016) also presupposed the exogeneity of the nature of measurement, so that researchers should separate their expectations of the hoped-for results from their reporting, meaning that they do not tempt themselves to construct theories based on their own ideologies, which could thus be described as subjective. This caution was also referenced by Durand and Vaara, (2009), and Gerring and McDermott (2007).

Moreover, Antonakis et al. (2016) added to this problem that measuring instruments were also modeled to find what researchers would be looking for, which some researchers warned results in plentiful data that did not necessarily address existing gaps in research (Lord, et al., 1978). The perceived danger of such approaches would be that they result in circular theories (Antonakis and Day, 2017, Antonakis et al., 2016; van Knippenberg and Sitkin, 2013).

## A2 Search strategy of literature in Chapter 2

This literature review in Chapter 2 was intended to understand the current knowledge on AL with its critical key statements and highlight gaps in previous research. The initial reading (business scandal and theory perspective of AL) was designed to develop a piece of general and broad knowledge about the well-known and prolific practitioners and researchers and their findings, and by looking at what literature quotations (references) they used in their publications (see Chapter 2 and Appendix A). The literature review took place between 2017 and 2018 (before starting with the data gathering in the constructivist GT method) and minor refinements were made in April 2021 (after completing the data analysis) to actualize some minor information and to complete the literature review.

A second and more differentiated approach was employed to elicit empirical studies. The following Table 42 highlights the search strategy which was employed for the empirical perspective of AL in order to obtain supplementary information.

<b>Search Design for Literature in Authentic Leadership as a Second Step</b>			
S7	ab("authentic leadership") AND ab(authentic leadership) AND (qualitative methods) AND PEER(yes)	ABI/INFORM Global, British Periodicals, Ebook Central, The Vogue Archive	53
S6	(ab(authentic leadership) AND ab(authentic leadership) AND (qualitative methods)) NOT (la.exact("POR" OR "SLV") AND stype.exact("Scholarly Journals") AND PEER(yes))	ABI/INFORM Global, British Periodicals, Ebook Central, The Vogue Archive	72
S5	(ab(authentic leadership) AND ab(authentic leadership) AND (qualitative methods)) NOT (la.exact("POR" OR "SLV") AND stype.exact("Scholarly Journals") AND PEER(yes))	ABI/INFORM Global, British Periodicals, Ebook Central, The Vogue Archive	78
S4	(ab(authentic leadership) AND ab(authentic leadership) AND (qualitative methods)) NOT (la.exact("POR" OR "SLV") AND stype.exact("Scholarly Journals") AND PEER(yes))	ABI/INFORM Global, British Periodicals, Ebook Central, The Vogue Archive	78

<b>Search Design for Literature in Authentic Leadership as a Second Step</b>			
S3	(ab(authentic leadership) AND ab(authentic leadership) AND (qualitative methods)) NOT (la.exact("POR" OR "SLV") AND PEER(yes))	ABI/INFORM Global, British Periodicals, Ebook Central, The Vogue Archive	78
S2	ab(authentic leadership) AND ab(authentic leadership) AND (qualitative methods) AND PEER(yes)	ABI/INFORM Global, British Periodicals, Ebook Central, The Vogue Archive	80
S1	"authentic leadership" AND CEO AND emergence AND PEER(yes)	ABI/INFORM Global	143

Table 42: Search Strategy for empirical papers about AL

In order to select the relevant studies, the author used ProQuest and found, in the first iteration, 143 studies. These were narrowed down through scanning the abstracts. The process was repeated until, in the 7th iteration, the search was further narrowed down to 53 resulting studies. The 53 studies were first sorted chronologically by date and categorized in terms of abstract and findings. Studies derived from military academies and based on educational institutes relating to groups of students and teachers were eliminated and not used for obtaining additional and valuable aspects of AL. In order to define the focus for the review, the literature search was limited by the term 'qualitative' in order to use qualitative studies for a systematic screening of the literature.

It was found that most of the studies were based on quantitative survey methods and none of the studies examined AL at the executive board or board of directors level from a collective perspective, and none without the conflation of the term authenticity with sincerity. Two of the studies referred to AL in public healthcare. However, these two were also quantitatively analyzed and offered the perspective of nurses or physicians in relation to very specific issues such as hygiene or patient safety, for example, so that they did not provide valuable information in relation to the research question.

Furthermore, studies based on countries with a significant cultural distance to Switzerland or Europe were removed from the literature table because the research question was addressed by sampling the data from the executive board level in Switzerland, and all were familiarized with the Swiss Culture or had an origin in Europe.

As a consequence, 15 empirical studies were identified, which are shown in Table 43.

Number	Year	Title	Authors	Method
1	2006	Entrepreneurs as authentic leaders: impact on employees' attitudes	Jensen and Luthans	Survey data
2	2008	What can we learn from senior leader narratives? The strutting and fretting of becoming a leader (how senior leader life-histories resonate AL in practice)	Turner & Mavin	qualitative
3	2009	Enterprise logic and small firms: a model of authentic entrepreneurial leadership (which authentic entrepreneurial leadership was adopted by owner-managers)	Jones & Crompton	literature review & qualitative
4	2010	Authentic Leadership in Contemporary Slovenian Business Environment: Explanatory Case Study of HERMES SoftLab (employee level)	Dimovski, Grah, Penger & Peterlin	qualitative
5	2012	Flying Too Close to the Sun? Hubris Among CEOs and How to Prevent it	Petit & Bollaert	literature review
6	2013	Authentic leader, safe work: the influence of leadership on safety performance (employee level)	Cavazotte, Flávia de Souza Costa Neves, Duarte & Gobbo	qualitative
7	2013	Authentic leadership and organizational culture as drivers of employees' job satisfaction (employee level)	Azanza, Moriano & Molero	qualitative
8	2014	Internal Reputation Management: The Impact of Authentic Leadership and Transparent Communication (include 400 employees randomly)	Men	Survey data
9	2015	Authentic Leadership Communication: Nonprofit Leaders and the Constituted Self (manager level)	Gilstrap, White & Spradlin	qualitative
10	2016	An organizational coherence model to maintain employee contributions during organizational crises (level of employees)	Pelser, Bosch & Schurink	qualitative & grounded theory
11	2016	Fast-tracking authentic leadership development by means of a program (including 10 executive leadership members)	Wulffers, Bussin & Hewitt	qualitative
12	2016	Authentic leadership and mindfulness development through action learning (self-evaluation questionnaire and 24 Semi-structured interviews)	Baron	mixed
13	2017	The influence of authentic leadership on the learning organization at the organizational level: The mediating role of employees' affective commitment (Survey of 502 employees)	Milić, Grubić-Nešić, Kuzmanović & Delić	Survey data



<b>Number</b>	<b>Year</b>	<b>Title</b>	<b>Authors</b>	<b>Method</b>
14	2017	Linking leader and gender identities to authentic leadership in small businesses (include SME owners)	Sims, Gong, & Hughes	quantitative
15	2018	The "left side" of authentic leadership: contributions of climate and psychological capital	Petersen & Youssef-Morgan	Survey data

Table 43: Table of empirical studies reviewed

### **A3 Introduction of Swiss healthcare sector**

This section is concerned with the general conditions for public-sector hospitals in the Swiss healthcare system and the resulting challenges for leaders at the executive level of such hospitals. These challenges, as will be shown forthwith, relate to political and regulatory factors, the availability (or otherwise) of required resources, and interactions and relationships with external stakeholders. Further, additional challenges arise from potentially conflicting interests in working with partners and the highly specialized and hitherto more autonomous specialist medical professions. The literature review took place between 2017 and 2018 (before starting with the data gathering in constructivist GT method) and minor refinements were made in April 2021 (after completing the data analysis) to actualize some minor information and to complete the literature review.

#### **A3.1 The structure of the healthcare market in Switzerland**

The Swiss healthcare system has grown historically and contains both commercial and politically-controlled components. It is one of the most expensive healthcare systems in the world, and its quality is very high. In international comparisons, Swiss outcomes compare favorably in categories such as per capita spending, life expectancy, obesity, and fatality rates (OECD, 2017). The Swiss cantons have competencies in healthcare such as public-sector hospital planning, approval of medical institutes, or the professional practice of doctors, as well as in prevention. At the federal level, there is compulsory health insurance, the setting and control of highly infectious diseases, the licensing of medicines, reproductive and transplantation medicine, and the overall framework conditions such as DRG (Diagnosis Related Group), and Tarmed (tariff for outpatient medical services).

There are around 95 health insurance companies registered in Switzerland and all persons resident in Switzerland must be included in compulsory basic insurance without reservations and under the same conditions. The health insurance premium depends on factors such as age, gender, municipality of residence and the annual deductible. The average monthly premium for compulsory basic health insurance (including accident coverage) was CHF 447 in 2017. Switzerland ranks second among OECD countries in terms of per capita healthcare costs (OECD, 2017). Compulsory health insurance covers all medical services provided for residents of Switzerland. In addition, free choice of

doctor and public-sector hospital is guaranteed in Switzerland, ensuring very good access to medicine for all. For people on low incomes, the cantons and the federal government subsidize health insurance premiums so that no two-tiered medical system can be developed in Switzerland. Approximately one third of the Swiss population receives subsidies and premium reductions. According to the Swiss Federal Statistical Office, the cost of healthcare in Switzerland in 2016 was around CHF 80 billion (FOPH, 2019). The average cost per month and per person is around CHF 800 (FOPH, 2019).

In its foundational health strategy 'Gesundheit 2020', The Federal Office of Public Health (FOPH) explains the rising costs with the ageing population, progress in medicine, and the high demands of the population when choosing medical services (FOPH, 2019). Measures such as a moratorium on doctors, changes in tariff structures, the implementation of regulatory measures such as outpatient before inpatient, minimum volumes of surgical interventions per public-sector hospital location, the promotion of managed care models, and the "eHealth" strategy are intended to reduce costs. With the introduction of these measures, the cantons reorganized their public-sector hospital system so that some medical services and individual public-sector hospital areas were combined in one place. Frequently, such medical services were only offered in the large public-sector hospitals, so that no hospitals had to minimize their medical service groups to basic care.

In 2012, Diagnosis Related Groups (DRGs) were introduced in the Swiss healthcare system. These DRGs were designed to bring together public-sector hospital cases 'on the basis of medical and economic criteria to create groups (DRGs) that are as homogenous as possible' (FOPH, 2019). The introduction of DRGs with the aim of capping costs means that, more than ever before, regional hospitals are having to deal increasingly with the rapidly-changing market situation and competition. These changes and regulators are intended to enhance the entrepreneurial character of public-sector hospitals. However, this puts administrative processes in public-sector hospitals, those operating medical services and patient-related treatments, under considerable pressures.

Since, however, the DRG financing system is implemented differently in the various cantons with regard to the base rates, there are distortions of competition in the cross-comparison of public-sector hospitals. In a competitive environment, factors such as demographics, location, demand and competitors play an important role. The shift of

inpatient public-sector hospital services to outpatient services, which is possible and explained by improved medical technology and forms of treatment, reduces the average length of stay and thus the necessary bed occupancy for a balanced financial result. In recent years, the reorganization of the public-sector hospital system by the cantons has led to the closure of less-frequented facilities such as regional public-sector hospitals and birth centers. To ensure that regional and peripheral healthcare in Switzerland does not die out completely, regional public-sector hospitals should in the future become outpatient public-sector hospitals with a comprehensive interdisciplinary range of medical services.

The steadily-rising healthcare costs in Switzerland are leading to controversial discussions such as more government or more competition but the key agents in the healthcare system agree that changes, such as the abolition of misguided financial incentives, expansion of volumes, and inefficient supply structures must be made in Switzerland.

### **A3.2 Organisational perspective of public-sector hospitals**

This section outlines the meso and micro levels from the perspective of leadership and the different professional groups of a public-sector hospital organization and serves to explore the complex and multi-layered leadership structures within Swiss public-sector hospitals. Section 2.2.7. explores specifically the CEO's perspective.

The organizational framework for Switzerland's public-sector hospitals is primarily provided by the Federal Office of Public Health in collaboration with the decentralized, networked administrations of the 26 cantons. The patients', insurers' and doctors' interest groups, which have anchored their own lobbies in politics, have strong power and influence over aspects of the public-sector hospitals. Public-sector hospitals work within a network of political guidelines, diffuse market forces, and weak customers (Lozeau, Langley, and Jean-Louis, 2002). The market for acute inpatients is mainly dominated by public-sector hospitals.

#### **A3.2.1 Management challenges and characteristics of public-sector hospitals**

Public-sector hospitals in Switzerland have introduced a number of new management procedures in order to control inpatient treatment costs centrally (DRG system) and to

involve the various departments of the public-sector hospitals more closely in quality and safety management (Walser, Meister, and Huber, 2015; Rüeegg-Stürm and Bachmann, 2012). This has led to various changes: the executive leadership, for example, can expand into medical areas at the public-sector hospital level, while the departmental doctors can shape the clinical management to close a regulatory gap resulting from the lack of a comprehensive tripartite structure (Schmitz, Berchtold, and Egger, 2018; Schmitz, Egger and Berchtold, 2017, 2015).

New forms of performance management tools such as the Balanced Score Card (BSC) are being established; however, responsibility structures are not being sufficiently adapted for using these kind of instruments (Lozeau, Langley and Jean-Louis, 2002). This creates space for tension and potential conflict between the management team and the medical groups within a public-sector hospital. Such events indicate that, according to Lozeau, Langley, and Jean-Louis (2002), management experience and management techniques from other industries cannot be applied to public-sector hospitals easily and without review. The transfer of an unaudited management tool such as BSC can create greater problems than they were introduced to address. Lozeau, Langley, and Jean-Louis (2002) describe that when a tool from another industry is adapted to the organization of another industry in a new context, corruption of the tool occurs. If public-sector hospitals introduce a new tool such as BSC, it can only be implemented after thorough consultation and adaptation to suit the public-sector hospital culture. Failure to do so may result in the distortion of the application of the tool and, contrary to the initial intentions and goals, will lead to the same results under the same structures and attitudes of the different occupational groups. The only change that results from this is that new rivalries arise in the negotiation culture, which leads to more fragmentation and management losing its credibility (Lozeau, Langley, and Jean-Louis, 2002). With reference to the BSC specifically, it would have to be judged as potentially not fit for the purpose, having been designed for another industry having a hierarchical, central, congruent organizational structure and not for an organization based on cooperative, consultative negotiation cultures, nor decentralized and heterogeneous structures (Lozeau, Langley, and Jean-Louis, 2002). This creates a gap between the organizational reality and the chosen tool. This can only be resolved if the organization changes its attitude toward the use of such a tool by adopting a different approach. Such a process is dynamic and takes time. The complex organizational reality, however, cannot change overnight; which is why, despite the legitimacy of introducing such a tool, corrupted processes occur during its introduction (Lozeau, Langley, and Jean-Louis, 2002).

Therefore, the challenge of public-sector hospital management is to take gaps into account and to analyze reflectively the reasons that led to those gaps occurring. Moreover, public-sector hospital management is challenged to break new ground (taking into account strategic autonomy, subcultures, patient care) to create appropriate management tools (Lozeau, Langley, and Jean-Louis, 2002). From the above-mentioned topics, the most important characteristics of public-sector hospitals have been categorized in the Table 44.

<b>C1: context of external influences</b>	Politics, patients, and health insurance associations, medical societies from teaching and research, training and further education associations and professional groups restrict the strategic and operative decision-making framework of management.
<b>C2: context of strategy and market</b>	Hospitals work in a network of political guidelines, diffuse market forces, and weak customers (Lozeau, Langley & Jean-Louis, 2002).
<b>C3: context of power</b>	These complex networks mean that hospitals do not have a clear center of power.
<b>C4: context of hierarchy</b>	Decisions are shaped by professional interests because most hospital cultures place collegial decision-making above hierarchical decisions.
<b>C5: context of coordination</b>	Hospitals have relatively autonomous structures due to their internal subsystems, so that the coordination of these decentralized structures poses a major challenge.
<b>C6: organizational context</b>	This in turn leads to fragmentation and a culture of "explicit negotiation and implicit orientation". Due to the different interests of the various autonomous professional groups, the implementation of overriding issues leads to lengthy debate processes.

Table 44: Characteristics of Swiss public sector hospitals

### A3.2.2 The importance of professionalism in public hospitals

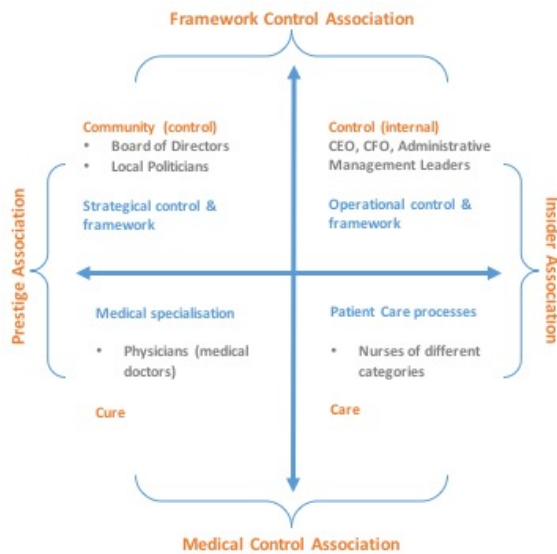


Figure 21: Hospital model at meta level - Glouberman and Mintzberg (2001:4)

Public-sector hospitals are special ecosystems that are divided into four subsystems, as shown in the Figure 21. The four subsystems have been labelled by Glouberman and Mintzberg (2001) as Cure (the doctors), Care (the nurses), Control (the managers), and Community (the public). In addition, public-sector hospitals show a strong link to different social systems such as healthcare, politics, science, and education. Public-sector hospitals must anchor the diversity of these subsystems locally in the leadership and direction of their organization. The different stakeholder groups and the diversity of these subsystems make the management of a public-sector hospital organization particularly complex and challenging (Glouberman and Mintzberg, 2001).

Within these four subsystems identified above, according to Glouberman and Mintzberg (2001), the following occupational groups can be said to be operating: board of directors (hospital environment), CEO and executives (management of scarce resources; resources management), physicians (healing, cure) and nursing (nursing processes, care). These different professional groups operate under distinct professional ethical frameworks and fundamentally divergent definitions of public-sector hospital work (Kuhlmann et al., 2013, Degeling et al., 2003; Glouberman and Mintzberg, 2001). These differences are mainly due to the professionally-determined cultural socialization and self-image of these occupational groups (Bellou, 2008; Lok, Westwood and Crawford, 2005; Degeling, Kennedy, and Hill, 2001; Davies, Nutley, and Mannion, 2000).

The divergence of cultural and ethical frameworks of the different professions, such as doctors and nurses, can be attributed to their being formed by the long process of education, training, and socialization. Such professional groups bring with them a strong common set of guidelines that are based on specific knowledge, skills, and capabilities and help to develop a task-oriented ethos (Kuhlmann et al., 2013; Degeling et al., 2003). Professions in the caring sectors are commonly referred to as a calling, rather than a job, entailing, as they do, complex and often life-changing tasks. These result in the necessity for a high degree of autonomy (Kuhlmann et al., 2013; Degeling et al., 2003). This autonomy is based on intrinsic commitment, self-commitment, and a specific approach to problem solving (such as treating an open leg fracture) that in turn leads to a targeted and defined professional identity (Mintzberg, 1998). Such professional groups within a public-sector hospital demand not only the autonomy for the completion of tasks and fulfilling their roles, but also, in addition, this extends to autonomy in the control, monitoring, and coordination of their own work. This in turn leads to the fact that the expectation of such professional groups toward the management is aimed at providing the infrastructure and the necessary resources for the execution of the healthcare services. According to Baecker (2003), instead of hierarchical leadership, a dialogue is required in order to position one's own professional self-image.

The board of directors is responsible for overseeing the management and setting the ethos and general direction of the public-sector hospital in terms of its strategy, as well as its interaction with the domains of politics and society. The CEOs and managers, in turn, feel responsible for managing the public-sector hospital as a whole, with the physicians being committed to the orthodoxy of healing of patients, and the 'carers' (nurses) to the care of patients (Bellou, 2008; Glouberman and Mintzberg, 2001; Degeling, Kennedy and Hill, 2001; Davies, Nutley, and Mannion, 2000). In this way, domains are defined by expectations set and areas of responsibility demarcated.

### **A3.2.3 Cultural significance of the four subsystems in the hospital**

Organisational culture is the sum of what is shared between public-sector hospital staff including common beliefs, values, and behavioral norms, while most staff nonetheless move within their own professional groups. This is how public-sector hospital culture is created in a common way (Aktaş, Çiçek, and Kiyak, 2011; Bellou, 2008; Lok, Westwood, and Crawford, 2005). This common culture shows us how to understand the public-sector hospital as an organization and enables employees to understand, judge, and evaluate situations, events and any occurrences in a unique way (Lok, Westwood, and



Crawford, 2005). When analyzing a public-sector hospital's culture, different levels can be identified (Degeling, Kennedy, and Hill, 2001; Davies, Nutley, and Mannion, 2000). The subconscious and seemingly self-evident patterns that structure an employee's thinking and behavior are at the deepest level (Lok, Westwood, and Crawford, 2005). These assumptions and patterns result in visible corporate values that represent the standards and objectives to which employees attach their intrinsic values (Lok, Westwood, and Crawford, 2005; Aktaş, Çiçek, and Kıyak, 2011). Ceremonies and traditions are the tangible images of a hospital's culture (Degeling, Kennedy, and Hill, 2001; Davies, Nutley, and Mannion, 2000), as are buildings, uniforms, and other visual manifestations. The visible outer levels of culture are more manipulable than those deep-seated beliefs and values (Lok, Westwood, and Crawford, 2005). These deep-seated patterns are more immune to external influences. For example, the financial pressures which led to an economization of medicine in public-sector hospitals succeeded in introducing new management approaches such as lean management and balanced scorecards. However, other changes did not materialize because deep-seated patterns of culture (convictions, socialization of medical professions) could not be influenced (Degeling, Kennedy, and Hill, 2001; Davies, Nutley, and Mannion, 2000). For example, the autonomy of the physician remained largely unchanged (Salvatore, Numerato, and Fattore, 2018; Degeling, Kennedy, and Hill, 2001; Davies, Nutley, and Mannion, 2000). As a consequence, the suspicion that doctors are to blame for the fact that treatment costs in medicine are rising because demand is supply-induced still prevails in the financially-pressurized environment (Kurth, 2014; Kocher, 2011).

Due to the financial cutbacks in healthcare, the equitable provision of health services poses a challenge, as physicians' actions are increasingly influenced by interests not related to the patient (Giger, 2015; Schnyder, 2012). According to Giger (2015), doctors in Switzerland would more often sign contracts that contain economic performance enhancement components and even accept financial rewards for patient referrals. Doctors, on the other hand, feel that their autonomy is impaired by the cutbacks (Salvatore, Numerato, and Fattore, 2018) and blame economists for the cost explosions, leading to tensions between doctors and economists (Kurth, 2014; Kocher, 2011; Glouberman and Mintzberg, 2001). The often very public manifestation of these tensions is important because it signifies the different values and perspectives in the analysis (Degeling, Kennedy, and Hill, 2001). The culture within a public-sector hospital cannot be entirely uniform and consistent due to the four dominant subsystems of the main occupational groups (Bellou, 2008; Degeling, Kennedy, and Hill, 2001; Davies, Nutley,

and Mannion, 2000). These subcultures may be associated with different levels of power and influence within the organization, whose effectiveness may change as a consequence (Bellou, 2008; Degeling, Kennedy and Hill, 2001; Davies, Nutley, and Mannion, 2000). Competition and tensions between the four subsystems (physicians, care, management, and board of directors) can lead to disharmonious subcultures (Bellou, 2008; Degeling, Kennedy, and Hill, 2001; Davies, Nutley, and Mannion, 2000). The resulting subcultures in a public-sector hospital should not be considered separately. This makes it all the more important to develop a common leadership culture involving the various representatives of the subcultures. Thus, it is all the more important to analyze differences and work toward consensus (Bellou, 2008; Degeling, Kennedy, and Hill, 2001; Davies, Nutley, and Mannion, 2000).

#### **A3.2.4 The leadership and governance dimension of a board of directors**

The board of directors considers itself responsible in particular for the strategic dimension and as a link between the cantonal political landscapes, the local health needs, and the public-sector hospital (Tuckermann, Rüegg-Stürm, and Mitterlechner, 2014). The board of directors of a public-sector hospital reviews the corporate goals and their achievement in relation to the existing strategy and within the framework of financial resources, and monitors the business of the Executive Board (Zaugg and Müller, 2014). In addition, the board of directors prepares the strategy for the public-sector hospital and ensures that the legal framework conditions are complied with and elects the members of the Executive Board. It draws up regulations and is responsible for the various committees of the board of directors. In accordance with the Swiss Code of Obligations (Art. 716a para. 2 OR), most members of the board of directors set up committees for the preparation and execution of Board decisions or for the supervision of their own business. These committees can carry out in-depth analyses of specific issues. These analyses are submitted to the full board of directors so that overall responsibility remains with the board of directors.

In Swiss public-sector hospitals, committees such as the Audit Committee, the Compensation Committee, the Nomination Committee, and the Risk Committee are established frequently. The advantage of these committees lies in their more efficient decision-making. In the case of private limited companies, the board of directors is responsible for proposing and paying dividends as well as for capital increases through the issue of new shares (Zaugg and Müller, 2014). One of the most central tasks of the board of directors is to define a clear strategy with pension policy, financial policy, and

personnel policy objectives, as well as guidelines for cooperation, composition of the public-sector hospital council, financial control, auditing, and reporting (Zaugg and Müller, 2014). The rights and duties of the board of directors are defined in the Swiss Code of Obligations and, in the case of public-sector hospitals, the legal basis is based on the legislative foundations of the respective canton.

Zaugg and Müller (2014) identified the following attributes for the efficiency of a board of directors in a public-sector hospital context:

- the desire for continuous further training
- the active procurement of information from the company
- a willingness to pursue critical and often unpleasant questions
- the will to invest the necessary time in the mandate

The board of directors in the public-sector hospital environment should think in an entrepreneurial manner and, as an active independent participant within the industry, should deal, with great focus, with the strategic goals of the public-sector hospital (Zaugg and Müller, 2014). Therefore, it is no longer sufficient to pursue a strategy of what Wong (2011) termed as 'noses in, fingers out' (Wong, 2011). The board of directors should also be well-versed in crisis management, as the Swiss healthcare system is subject to constant change and increasing levels of competition. In order to execute effective governance, and to manage the CEO appropriately, it is imperative that the board of directors has profound knowledge of the healthcare system. In order to achieve successful results in a complex public-sector hospital environment, including on the part of the board of directors, and to make an effective contribution to the strategic management of the public-sector hospital, Swiss Board Members should define and implement various action frameworks such as Code of Conduct, Corporate Governance, and Code of Ethics for the public-sector hospital and management, so that a common corporate action and management culture is created at that level, which then percolates down through the organization.

Braun (2019) wrote that in Swiss public-sector hospitals only 19% of board members were previously in a CEO or executive management position, compared with listed companies where 67% of board members were previously in an executive position. In Swiss public-sector hospitals, 50% of the seats were held by politicians, lawyers, or doctors at the time of writing (Braun, 2019). In addition, it is criticized that the open

positions on the board of directors are filled on the basis of relationships rather than on the basis of competencies.

### **A3.2.5 Management dimension of the public-sector hospital CEO**

In order to look at the genesis of executive management from the business economics occupational group in a public-sector hospital, one can refer to the study by Glouberman and Mintzberg (2001), in which they described this occupational group as administrators. Historically, they used to support the chief physicians in their daily administrative work. Over time, however, they developed into a strong professional group in their own right and assumed positions of power as managers in public-sector hospital management. This professional group has an authority restricted to what the medical professions consider as formalities, and is not perceived by doctors as an important hierarchical level (Glouberman and Mintzberg, 2001). They question the leadership of these managers as CEOs, or as board members at the head of the public-sector hospitals, because, as non-physicians, they are not involved in clinical routine (Glouberman and Mintzberg, 2001).

Over the past 20 years, however, the global healthcare system has undergone rapid change as a result of technological progress and medical research. As a result, 15 people are currently involved in the treatment of one patient, compared to three specialists 30 years ago (Tuckermann, Rüegg-Stürm, and Mitterlechner, 2014). This provides a further indication that the management of a public-sector hospital in Switzerland, due to the increase in political regulators and intensified competition, requires a holistic view in order to successfully master the new challenges (Schaefer, 2014). These challenges go beyond the historically-grown boundaries of autonomous medical and nursing fields, and require decision bases that take the perspective of the entire organization (Tuckermann, Rüegg-Stürm, and Mitterlechner, 2014; Schaefer, 2014). Due to these new challenges, it is critical today to work in an integrative and collaborative manner with representatives of all professional groups of a public-sector hospital, with the goal of delivering on the strategy of the public-sector hospital and implementing effective structures internally and externally in pursuing the achievement of this goal (Schaefer, 2014). For this reason, public-sector hospital directors in Switzerland have founded the "Swiss Association of Hospital Directors" as a formal forum enabling a fuller and more comprehensive framework for information and knowledge to be exchanged.

CEOs and public-sector hospital managers have been shown to consider themselves

responsible in their professional roles for the public-sector hospital in its political dimension and economic context, as well as for the future development of the public-sector hospital (Schmitz and Berchtold, 2008a,b; Tuckermann, Rüegg-Stürm, and Mitterlechner, 2014; Tuckermann and Rüegg-Stürm, 2007). The representatives of the economic and strategic dimensions represent a counterweight to the more operational orientation of the medical management (Schmitz and Berchtold, 2008a,b). For hospital managers, leadership means, above all, shaping relationships (Reeleder et al., 2006), both with a view to gaining the necessary acceptance and prioritization for oneself and one's own requirements (Reeleder et al., 2006), and for sensitizing and committing the medical professional managers to the overarching concerns (Schmitz and Berchtold, 2008a,b). Moreover, public-sector hospital managers also need to build internal and external relationships to improve the coordination of complex structures (Glouberman and Mintzberg, 2001). They gain respect and trust from public-sector hospital staff through commitment and through a clearly-communicated and visibly-consistent line of action (Reeleder et al., 2006; Schmitz, and Berchtold, 2008a,b). It has also been noted that public-sector hospital managers focus on participative processes when aligning the organization (Reeleder et al., 2006) or assert themselves with objective and comprehensible decisions (Schmitz and Berchtold, 2008a,b). Reeleder et al. (2006) described in their study that the most important tasks of public-sector hospital CEOs consists of ensuring the articulation and implementation of a compelling, common vision to mobilize internal stakeholders in a common direction (Nohria, Joyce, and Roberson, 2003), to define what is feasible, to set an agenda for the improvement of efficiencies, and to create a basis for realizing common values (Aktaş, Çiçek, and Kiyak, 2011).

For the setting of priorities, it is of great importance to promote and cultivate a vision that is shared between the local institution and various interest groups and stakeholders, so that the vision is also adapted to the changing circumstances (Reeleder et al., 2006). Visions simplify the definition of priorities by helping to sharpen the agenda for consolidation, efficiency improvement, and process restructuring, and to set them bindingly and transparently (Reeleder et al., 2006). A vision in the public-sector hospital forms the basis for not only the creation and implementation of a set of common values (Reeleder et al., 2006), but above all as the basis for harmonization of the different subcultures of the different professional groups with the common public-sector hospital values (Davies, Nutley, and Mannion, 2000). A vision that is developed in an integrative manner and is clearly and transparently defined and articulated sustainably promotes these values and contributes to a common identification with the organization.

For a public-sector hospital to be successful in terms of providing excellent care to the community and doing so within the financial constraints it operates under, robust coordination and collaboration is necessary between the local politicians, the board of directors, and the various layers of medical and administrative management (Reeleder et al., 2006; Meijboom, de Haan, and Verheyen, 2004). Moreover, the literature also identified the need for coordination with other health institutions such as centralized public-sector hospitals, municipalities, governments, and partnerships (Mur-Veeman, Van Raak, and Paulus, 1999), as this is the only way to ensure the creation of integrated healthcare in order to make meaningful cooperation possible in order to optimize the provision of services and to cover the demand by redistributing limited resources (Reeleder et al., 2006; Mur-Veeman, Van Raak, and Paulus, 1999). In order to improve the overall healthcare system for patients and optimize costs, it is also important to enter into alliances and strategic partnerships that allow local and regional planning and delivery for the benefit of patients and organizations alike (Reeleder et al., 2006; Westra et al., 2017).

CEOs shape, nurture and integrate the multiple and complex stakeholder relationships to achieve a balanced vote on the different priorities on the agenda (Martin, et al., 2003). The interests and challenges of the various stakeholders are considered and integrated in the development of various solutions (Martin et al., 2003; Daniels and Sabin, 1998).

Reeleder et al. (2006) described that by promoting a value-based culture based on one's own character and the beliefs of the decision-maker (Aktaş, Çiçek, and Kiyak, 2011), they ensure that even controversial opinions and perspectives are discussed comprehensively, transparently, honestly and constructively in an atmosphere of trust. In this way, a CEO creates a professional communication vessel in which diverse ideas are taken into account in the development of the public-sector hospital and in the development of new solutions, so that the jointly agreed vision, which serves to steer the public-sector hospital in a successful direction, can retain its legitimacy (Daniels and Sabin, 1998; Nohria, Joyce, and Roberson, 2003).

#### **A3.2.6 CEO Structure of Swiss public-sector hospitals**

At the public-sector hospital level, more and more professional board members are elected instead of local politicians, who, however, continue to serve as the link between the cantonal administrations and the public-sector hospital as a strategic body. At the

operational level of the public-sector hospitals, either a tripartite team (administrative director, medical director, nursing director) or a single team (CEO) is set up, while the management arrangements at departmental level are more flexible and diverse (Rüegg-Stürm and Bachmann, 2012).

The anchoring of profit orientation and cost control in healthcare, as described above, legitimizes the single leadership of a CEO if changing organizational structures must be implemented. According to some research reports, this could be understood as a loss of influence and autonomy by doctors and nurses (Schwartz, 2010; Rüegg-Stürm, 2008; Salvatore, Numerato, and Fattore, 2018). According to Etienne (2019), data analysis of the cantonal public-sector hospital lists in October 2018 revealed that 40 of the 230 public-sector hospitals examined had a physician as CEO (17.4%), five of them women. Public-sector hospitals have the highest proportion of CEOs with a medical background (19%). Predominantly, these have a medical specialization in surgery or internal medicine. In psychiatric clinics, the proportion of medical CEOs is 17%. What looked initially to be a high proportion was, in fact, not surprising, as they often hold the position of chief physician at the same time. In the rehabilitation clinics, these double functions are commonly found. In smaller public-sector hospitals, on the other hand, this dual function of CEO and chief physician is less common. In larger public-sector hospitals, there is no double function at the CEO level. In affiliated doctors' hospitals with a doctor as CEO, the function of a medical director is often deleted from the organization chart (Etienne, 2019).

Analyzing the statistics, it could be concluded that the typical Swiss public-sector hospital CEO is male and has no medical background (Etienne, 2019). This result was considered a significant factor given the ongoing cost-cutting in the medical sectors. As referenced above, this challenged the system to increase entrepreneurial thinking in the face of a dynamic market situation in the healthcare system in Switzerland, particularly with reference to ever-increasing levels of competition (Schaefer, 2014).

### **A3.2.7 Management dimension of the Medical Directorate**

The physician is, above all, responsible for the cure dimension of the model presented above and feels primarily committed to the healing of his patients and not necessarily to his employer (Giger, 2015; Gloubermann and Mintzberg, 2001). This can be said to be rooted in their taking of the Hippocratic oath and the vow of Geneva doctors (Giger 2015; Bauer and Präsident, 2003). These embody the medical ethos of the profession. The

professional ethos of the physician represents his professional understanding. Doctors come from different cultures, have different nationalities, and are active all over the world, but all doctors share the role of the healer (Bauer and Präsident, 2003) and therefore, there is even a worldwide common oath of the medical profession, the roots of which are based on Hippocrates (Kurth, 2014).

The changes in the healthcare system, with particular reference to increased marketisation and patient expectations, also affect the physicians, which results in them having to deal with complex legal, economic, and political issues in the public-sector hospitals. The increased expectations on behalf of patients, alongside adjustments to the tariff system for doctors in Switzerland, the rapid progress in technology, the efforts of public-sector hospitals to achieve greater efficiency, the specialization trap in the medical profession, the general shortage in the supply of doctors, and, last but not least, the loss of status are putting doctors in Switzerland under pressure (Giger, 2015; Bauer and Präsident, 2003). As previously referred to, an equitable provision of high-quality healthcare is increasingly jeopardized as a result of the challenges listed above. This has resulted, in some cases, in doctors accepting inducements for referrals of patients (Giger, 2015). Giger (2015) stresses that the fair provision of health services is becoming an increasing problem in Switzerland and that some doctors even accept kickbacks for referrals.

To address what could be called a degree of ethical drift, a new oath is to be launched for doctors where fundamental principles of medical care are set out and doctors are encouraged to assume responsibility again (Giger, 2015). This Charter on Medical Professionalism should promote the improvement of the health system and thus also improve the well-being of society (Bauer and Präsident, 2003). The Charter contains basic principles, such as *“the primacy of the patient’s well-being”*, *“the patient’s right to self-determination”*, *“social justice”*, and outlines the profession’s medical responsibilities as shown in adaptation from Bauer and Präsident (2003:1-3):

#### *“Doctors’ Responsibilities*

- *Commitment to professional competence*
- *Commitment to truthfulness in dealing with patients*
- *Commitment to confidentiality*
- *Commitment to maintaining appropriate relationships with patients*
- *Commitment to continuous quality improvement*



- *Commitment to maintain access to medical services*
- *Commitment to the equitable distribution of limited resources in the health sector*
- *Commitment to the use of scientific knowledge*
- *Commitment to appropriate conduct in the event of conflicts of interest*
- *Commitment to collegial responsibility” (Bauer, 2003:1-3)*

#### **A3.2.7.1 Specific responsibilities of the Medical Director**

Within Swiss public-sector hospitals, the management structure of the doctors working in those public-sector hospitals is organized differently. In most scenarios, there is either a medical director function in operation, or that of chief physician, both of which would be members of the executive board. Their principal role is to represent the interests of their medical clinics and play a major role in joint decision-making on issues affecting the entire public-sector hospital (Cleary et al., 2019; Pawlecki et al., 2018; Kossaify, Rasputin, and Lahoud, 2013; Fitzgerald et al., 2006). Medical members of the Executive Board (MD) participate in strategic planning, have budget and personnel responsibility for their respective clinics, and are also responsible for the smooth running of the clinics in general. In the university environment, the MDs are also responsible for teaching and research (Cleary et al., 2019; Pawlecki et al., 2018; Kossaify, Rasputin, and Lahoud, 2013; Fitzgerald et al., 2006). In public-sector hospitals that have been granted teaching-hospital status in Switzerland, the MD is also responsible for the training and professional development of the medical profession. To accomplish this, the MD must create an appropriate environment for individuals and teams in the public-sector hospital, especially for the medical profession (Pawlecki et al., 2018; Kossaify, Rasputin, and Lahoud, 2013). In addition, the MD is responsible for the high quality of any medical treatment of patients and should therefore review and adjust the quality standards in the clinics under his authority and ensure that the quality standards are adhered to by all doctors in the respective medical fields (Pawlecki et al., 2018; Kossaify, Rasputin, and Lahoud, 2013).

Attention should also be paid to innovation in medical technology (Pawlecki et al., 2018; Kossaify, Rasputin, and Lahoud, 2013). As the MD is a role model, it is important that they model highly-developed social and communication skills. Communication that inspires confidence and collegial interaction with all stakeholders in his field of work are required of an MD (Pawlecki et al., 2018; Kossaify, Rasputin, and Lahoud, 2013). Since a normative management style also promotes a positive working atmosphere among

doctors, increases the empowerment of the medical profession, and thus strengthens the autonomy of the medical profession, it contributes to stability in the clinics under its control. In addition, it is of great importance that the MD participates in the various medical commissions or delegates his representatives to them. In medical matters, the MD is responsible for communication with the cantonal health authority and, in particular, for communication with referring external doctors and collaborative partners. The different traits, behaviors and profiles are summarized in the Table 18.

<b>Behavioral &amp; ethical Profile</b>	<b>Medical &amp; Scientific Profile</b>	<b>Administration &amp; Managerial Profile</b>
equity and fairness	medical teaching	physician administrative record
respect and trust	scientific activities	quality indicators of outcome
exemplary behavior	medical record policies	medical procedures
maintain ethical principles	professional competitiveness	ensure medical equipment
professional distance	malpractice management	positive interaction with nursing directory
evolutionary mind	continuous quality improvement	positive interaction with staff directory
communication expertise	ensure patient satisfaction	positive interaction with executive director
optimism and empathy	patient care audits	positive interaction with financial director
normative leadership	thoughtful problem solver	positive interaction in medical commission
moral integrity	critical situation analyst	ability to strategy planning
responsibility, mindfulness	local involvement	ability to understand financial reports & budget
resilience	occupational and environmental health programs	positive interaction with cooperation partners & referrers
passionate about excellence	industrial hygiene and safety	
passion	community health interface	

Table 45: Subsets of MD traits (Kossaify et al., 2013, Pawlecki et al., 2018)

The Table 45 was derived from synthesizing attributes identified in the literature and is not intended to be an exhaustive table. These attributes will vary according to public-sector hospital and region where they are impacted upon by their respective contexts.

### **A3.2.8 The management dimension of Nursing**

To situate the occupational group in the context of a public-sector hospital, and to understand its specificity as one from which the criteria for successful nursing management can be derived, it is important to understand its historical development and origins. Therefore, in this section, the historical background of the nursing profession is outlined briefly.

The historical development of the nursing profession in Switzerland can be traced back to the church and deaconry sisters (Schär, 2018; Nolte et al., 2017; Stüber and Feuerstein, 2014; Bischoff, 1992) who took over the care and maintenance of sick people as a role assisting doctors. The physician delegated part of the tasks to so-called unskilled workers (Stüber and Feuerstein, 2014; Bischoff, 1992). As the non-medical care for patients, tasks such as bringing food and drink, monitoring medication intake, washing patients, as well as caring for these patients was considered similar to the household and serving activities women were allocated in the home; the care of patients was predominantly all in the hands of the women (Stüber and Feuerstein, 2014; Bischoff, 1992). At the beginning of the 19th century, women were considered to embody virtues such as service, obedience, and selflessness (Hallam, 2012; Bischoff, 1992).

The scientific and rational aspects of the work, on the other hand, that could be considered the leading part, remained with the male sex, specifically the physician (Stüber and Feuerstein, 2014). Stüber and Feuerstein (2014) explained in her book that, in the 13th century, medicine and monastic medicine were originally dominated by women while men played a subordinate role. This practice held true until the first universities were founded in Europe in the 13th century, which, however, instituted a ban on women studying medicine (Stüber and Feuerstein, 2014; Bischoff, 1992). Stüber and Feuerstein (2014) also reference that, from the 14th to the 18th century, women were burned as witches when they seemingly strayed into practicing medicine. Until the 20th century, nursing remained an auxiliary profession for doctors. Social change and emancipation made it possible from the second part of the 20th century for this occupational group to head for self-determination and subsequently demand independence (Tierney, Bivins, and Seers, 2019).

The contemporary nursing profession has developed into an independent, highly qualified occupational demographic, which is also becoming increasingly academic.

Nursing care is gaining in prestige as a result of becoming more academically underpinned and ongoing professionalization. Professionalization, and an increase in academic underpinnings of the nursing profession, can be said to have positively impacted the level of education, skills, responsibilities, autonomy, decision-making participation, remuneration, working conditions, and social status of graduate nurses (Gunn et al., 2019). This, in turn, increases the profession's attractiveness from the point of view of recruitment and retention (Gunn et al., 2019). Standardized training requirements for career entry demonstrate that nurses need high-level skills and knowledge, and that their arguments about their position in clinical practice are based on scientific evidence rather than subjective perceptions (Gunn et al., 2019). This gives the nursing profession greater independence and autonomy in a practical work context, to participate in decision-making for better health services and medical care, and to influence policy (Gunn et al., 2019). Increasing professionalization empowers nurses to participate in the development of organizational structures in public-sector hospitals informed by their practice, which is underpinned by research, and, in so doing, make a meaningful contribution (Gunn et al., 2019). University degrees in nursing serve to educate future generations with specific current knowledge, based on up-to-date research, which contributes to the development of the nursing sciences (Osier et al., 2019), thereby increasing professional choices for nurses (Gunn et al., 2019).

#### **A3.2.8.1 Professional understanding of nursing care**

A thorough literature review identified a dearth of publications about the professional and leadership understanding of nursing. Rather, there were many different views referencing that the professional identity of nursing is ambiguous and complex (Walker et al., 2014; Willetts and Clarke 2014; Johnson et al., 2012). Due to the lack of a clearly-defined professional identity, which could be called the foundation of every profession (Jebriil, 2008), carers were sometimes wrongly presented as intrinsically-dissatisfied employees (Coomber and Barriball, 2007). Some authors interpreted the occupational identity of nursing as an awareness and the sum of personal experiences in the nursing profession (Johnson et al., 2012; Crawford, Brown, and Majomi, 2008; Jebriil 2008; Randle and Arthur, 2007). Some authors summarized the personal, potentially even intuitive, understanding of caregivers as the attributes, self-image, self-concept, professional self-image, self-identity, and caregiving identity (Hoeve, Jansen, and Roodbol, 2014; Brennan and Timmins 2012; Piil et al., 2012; Randle and Arthur, 2007; Cowin and Hengstberger-Sims, 2006). Yet other authors reported on professional

identity, which included professional and nursing roles (McCrae, Askey-Jones and Laker, 2014; Baldwin et al., 2014; Currie, Finn, and Martin, 2010).

In order to outline the leadership of a clinical profession, it was necessary to analyze specific professional factors, such as education, competencies, knowledge, research, professional relationships, and ethics (Higgs, Richardson, and Dahlgren, 2004; Porter-O'Grady, 2011). In contrast to the medical profession, there is no common internationally- or nationally-agreed manifesto or memorandum on the attributes of the nursing profession from which a common understanding of the profession could be derived. Some authors concluded that this circumstance impaired the development of this profession (Kopala, 2001). The creation of a common understanding of nursing practice would develop the focus on public-sector hospital organization and increase involvement in medical decisions. In order to establish a common framework for structural and operative decisions, in which clinical responsibility, the clinical role of nursing, care models and management principles, as well as nursing research evidence are also represented, nursing models were developed (Frith and Montgomery, 2006; Anthony, 2004; Hess, 2004; Batson, 2004).

A public-sector hospital's management layer for nursing is responsible for patient-centered decisions on the part of nursing staff and ensures that decisions can be made effectively and efficiently by the nursing staff. As a consequence, it is important that decision-making powers are clearly defined and that the instruments and resources for safe decision-making are available (Porter-O'Grady, 2011). This task of enabling nursing staff has an impact on the autonomy of the nursing profession and is therefore one of the most important tasks. Apker, Ford, and Fox (2003) pointed in their study to a positive identification of nursing staff with their employer when they were able to work independently facilitated through the support of the nursing management. Swiss public-sector hospitals are also pursuing this important task of creating a generally agreed nursing mission statement as a foundational framework for all nursing staff in a public-sector hospital. Most of the guiding principles reference professionalism, values, and principles of nursing care.

The mission statement thus forms the identity-forming and unifying character of all nursing activities in a public-sector hospital. Such public publication of standardized nursing guidelines can be found on the various homepages of Swiss public-sector hospitals (see Hirslanden Clinic nursing guidelines; Appenzell Ausserrhoden Hospital

Association; Limmattal Hospital; Lachen Hospital, to name but a few). These nursing guidelines also serve as performance management and quality instruments and are adapted to the latest standards of nursing research. Externally, such models provide patients and their relatives with transparent information and a better understanding of how the public-sector hospital sees itself, manages its overall performance, and what nursing care is like, compared to the statement judgements.

### **A3.2.8.2 Specific responsibilities of the Nursing Directorate**

A director of care, synonymous with the role of nursing director, should have the necessary skills for the medical care of patients and the delivery of high-quality nursing practice (Burns, 2019; Frampton, Gilpin, and Charmel, 2003). In so doing, a number of attributes have been highlighted in the literature as being required, such as self-confidence, personal values, maturity, strength of character, courage, leadership experience, and the ability to build trusting working relationships within and outside one's own professional group (Ambrose and Arnaud, 2005; McLennan, 2005). For high-quality patient care, it is important that the Director of Nursing promotes the quality of nursing practice and theory-based nursing knowledge, manages the quality of care provision through appropriate quality instruments, and derives meaningful data from these (Burns, 2019; Hildreth and Kimble, 2004; Joel and Kelly, 2002). Furthermore, this person should be able to create a stable and positive working environment for caregivers (Force, 2005). In light of contemporary challenges, a Nursing Director should have competencies in strategic and financial planning as well as skills relating to medical technology (Simpson, 2013). Force (2005) and McLennan (2005) discovered that a normative style of leadership promotes a positive working environment, increased empowerment of nurses (Campbell, 2003), strengthened nurses' autonomy, and thus created stability in care. Given their role within a public-sector hospital environment, they also found to be required that the Nurse Director act as a role model for nurses throughout the public-sector hospital and that she allows her employees to participate in achieving good results (Clark, 2012; Fabre, 2005; Kerfoot, 2007). In her study, Huston (2008:905-908) identified the following topics that should be on the agendas of nursing directorates so that they can help develop the nursing profession sustainably in the changing social context:

- *“A global perspective or mindset regarding healthcare and professional nursing issues.*
- *Technology skills which facilitate mobility and portability of relationships, interactions, and operational processes.*

- *Expert decision-making skills rooted in empirical science.*
- *The ability to create organization cultures that permeate quality healthcare and patient/worker safety.*
- *Understanding and appropriately intervening in political processes.*
- *Highly developed collaborative and team building skills.*
- *The ability to balance authenticity and performance expectations.*
- *Being able to envision and proactively adapt to a healthcare system characterized by rapid change and chaos.” (Huston, 2008:905-908)*

Porter-O'Grady (2011) found that innovation is also an important aspect of leadership and therefore a care director must be able to ensure innovation is encouraged and implemented (Sanford and Janney, 2019).

### **A3.2.9 Collaboration between nursing staff and physicians**

The directors of nursing care are hierarchically positioned in the management bodies of Swiss public-sector hospitals at the same level as the medical directors (formal autonomy). However, they are subject to specialist medical supervision in the performance of their clinical nursing activities (Tierney, Bivins, and Seers, 2019). This fact was seen to be liable to create tension around power, prestige, and responsibilities in everyday life and can thus negatively affect cooperation (Lahana et al., 2019; Caricati et al., 2015). The fact that the physician continues to have ultimate responsibility for the administration of medication, the medical treatment of a patient, implies that the physician has *de facto* supremacy over all expert committees in a public-sector hospital. These tensions do not, as a general rule, result in actual conflict. Good collaboration between these two professional groups is a prerequisite for the successful medical treatment of a patient (Wall, 2009; Hansson et al., 2010). Petri (2010) pointed out that good cooperation, mutual respect, trust, and transparent and precise communication between the parties are essential. According to Petri (2010) and Tang et al., (2013), both parties must share responsibility through a clearly-demarcated understanding of roles (Caricati et al., 2015; Currie, Finn, and Martin, 2010) in order to have clarity about those roles and implement effective patient care. This in turn, requires a measure of trust and understanding of each other's expertise (Petri, 2010). Tang et al. (2013) described that prioritizing the tasks in everyday clinical life that require working in partnership is another important milestone in the collaboration, because it also demonstrates that people meet on an equal footing. Nurses and doctors see interdisciplinary cooperation based on

mutual appreciation as a success criterion for high quality patient care (Schärli et al., 2017; Hughes and Fitzpatrick 2010; Messmer, 2008; Stein-Parbury and Liaschenko, 2007).

The quality of medical care and the outcomes for patients improved as a result of positive cooperation between doctors and nurses (Schmid and Svarstad, 2002). Conversely, negative cooperation led to dissatisfaction among both occupational groups and minimized the quality of care provided to patients (Tang et al., 2013). Some studies showed that both occupational groups have different perceptions of cooperation (Degeling, Kennedy, and Hill, 2001). Nurses were found to be more positive about working with doctors (Vegesna et al., 2016; Zheng, Sim, and Choon-HuatKoh, 2016; Hughes and Fitzpatrick, 2010; Jones and Fitzpatrick, 2009; Garber et al., 2009; Taylor, 2009; Thomson, 2007), while physicians considered collaboration less important according to some authors (Hughes and Fitzpatrick, 2010; Garber et al., 2009; Thomson, 2007). Despite the disparity in the degree of importance attached to collaboration, agreement existed nonetheless that they should work closely together for consistency in the quality of care.

Daily interdisciplinary rounds, which are mainly attended by both professional groups, promote communication, improve collaboration and minimize uncertainties and ambiguities in daily work and contribute to quality care (Burns, 2011, Schmalenberg and Kramer, 2009). Messmer (2008) saw interdisciplinary simulation and role-play exercises as an opportunity to improve quality, since the various occupational groups can enhance the level of understanding of one another, so that, in a real treatment situation, the responsibilities and expectations are clearly defined. It was considered important that the communication between these occupational groups was clear, unambiguous, and effective so that no misunderstandings arose and that nurses could inform the doctor without fear in the event of critical medical observations on the patient and could also intervene in emergency situations. In return, nurses required recognition of their intrinsic part in the overall process of patient care (Robinson et al., 2010; McCaffrey et al., 2010).

### **A3.3 Financing of medical treatment costs**

Within the framework of cost sharing, the insured persons cover part of the costs of inpatient public-sector hospital treatment via their premiums, their insurance deductible, and the general deductible. Switzerland has a dual public-sector hospital funding system,



such that the reimbursement for inpatient public-sector hospital treatment is normally covered by the canton of residence and the health insurance company according to a fixed financing key (FOPH, 2019). The canton of residence finances at least 55 percent and the health insurance at least 45 percent of the costs. The cantonal budget is financed by taxpayers. Some Swiss public-sector hospitals throughout Switzerland are still subsidized by the cantons. Taxpayers contribute to the costs of public-sector hospital subsidies and premium reductions through their tax substrates (FOPH, 2019).

In the outpatient sector, insured persons contribute to the costs of the illness via their premiums, their insurance deductible, and the deductible. The remaining costs of outpatient treatment in public-sector hospitals, outpatient medical institutions, or specialists in private practice are covered by health insurance. In order to ease the financial burden on the cantons' budgets, reforms are currently being introduced for public-sector hospitals to ensure that certain inpatient treatments are treated on an outpatient basis. In the outpatient sector, no distinction is made between basic and supplementary insured persons, whereas this difference exists in the inpatient sector.

#### **A3.4 Acute care hospitals in Switzerland**

The figures used in this section were taken from the analyses by the Swiss Federal Statistical Office and the PricewaterhouseCoopers report 'Swiss Hospitals: This is how healthy the finances were in 2017' (Schwendener and Sommer, 2017) as well as from industry analyses by Demet Schaefer. Every year, Switzerland's healthcare system costs the economy around CHF 80 billion, of which CHF 23 billion is spent on acute care hospitals (FOPH, 2019; Schwendener and Sommer, 2017). The annual cost increase in the field of acute care hospital is around 4%. In the 163 acute care hospitals in Switzerland, around 1.3 million inpatient cases with around 7 million nursing days were treated (FOPH, 2019; Schwendener and Sommer, 2017). In Switzerland there are around 235 acute care public-sector hospital locations with around 23,000 beds in total, which have an average bed occupancy rate of around 80 percent. With its 235 hospitals, Switzerland has a high-performance density, so that there are around three public-sector hospital beds available per 1000 inhabitants. This is provided at a time when some medical services are being provided on an outpatient basis due to advancements in medicine and care (FOPH, 2019; Schwendener and Sommer, 2017).

It should be mentioned here that in these 235 locations, hospitals without 24-hour/365-day emergency rooms were also counted (FOPH, 2019; Schwendener and Sommer, 2017) and that averages could be distorted in certain locations. The primary care public-sector hospitals and central public-sector hospitals with accident and emergency departments are classified as public-sector hospitals of importance for the provision of care in Switzerland. Due to public-sector hospital mergers, the number of such public-sector hospitals with emergency connections fell from around 184 to around 100 in the last 15 years (FOPH, 2019; Schwendener and Sommer, 2017). According to data analysis and evaluations by PricewaterhouseCoopers, 94 percent of Swiss citizens can currently reach one of the 235 hospital locations within 30 minutes. This security of supply drops from 235 sites to around 100 sites at night, as only around 100 sites offer 24-hour emergency services (FOPH, 2019; Schwendener and Sommer, 2017).

#### **Acute care hospitals in Switzerland**

*“1.3 million cases (inpatient)*

*7.0 million care days (incl. night)*

*23,000 beds*

*163 hospitals with 235 locations and 23,000 beds”*

(Schwendener and Sommer, 2017:8)

#### **A3.4.1 Financial situation of Swiss acute care public-sector hospitals**

Since the implementation of the DRGs in 2012, PWC has calculated that public-sector hospitals should achieve an EBITDAR (earnings before interest, taxes, depreciation, amortization, and restructuring or rent costs) margin of 10 percent, which was also a target for the public-sector hospitals in which the author worked. In the seventh year after the implementation of the DRGs, there seems to be a trend reversal in the inpatient sector, as the growth of case numbers in the inpatient sector is stagnating (FOPH, 2019; Schwendener and Sommer, 2017). In 2017, annual sales growth halved, so that only 1.5 percent sales growth could be calculated for acute public-sector hospitals (FOPH, 2019; Schwendener and Sommer, 2017). In a detailed analysis of the figures by PWC, it was established that the overall growth was due to the higher revenues generated by the outpatient segment of acute public-sector hospitals (Schwendener and Sommer, 2017). According to PWC, the outpatient segment grew by 5.0 percent (Schwendener and Sommer, 2017).

In contrast, inpatient growth is mainly associated with public-sector hospital takeovers

by other public-sector hospitals and strong population growth in certain areas (Schwendener and Sommer, 2017). In all public-sector hospitals with fewer than 250 beds, a decline in inpatient growth was observed (Schwendener and Sommer, 2017). Smaller public-sector hospitals with fewer than 250 beds have on average treated 0.5 percent fewer inpatients and are increasingly losing these patients to university and center public-sector hospitals, as public-sector hospitals with more than 250 beds have achieved inpatient growth of 0.2 percent on average (Schwendener and Sommer, 2017). This is because the total number of inpatient cases in the public-sector hospitals included in the analysis has remained stable. These figures show that every patient counts throughout Switzerland in the face of tough competition.

Personnel costs, which have risen due to stricter regulations, account for around two thirds of the costs in acute public-sector hospitals. For the smaller public-sector hospitals, personnel costs are on average higher than the average for the larger hospitals (Schwendener and Sommer, 2017) with economies of scale much more challenging to achieve. Due to the legally binding requirements of the Working Hours Act and the necessary fixed costs for advance services, personnel costs can only be optimized above a certain public-sector hospital size (Schwendener and Sommer, 2017). Moreover, an ongoing shortage of skilled personnel increases the expenses for personnel costs in smaller public-sector hospitals, since smaller public-sector hospitals try to counter the shortage of skilled personnel with financial incentives and, according to Schwendener and Sommer (2017), also incur high costs from specialist personnel leasing agencies, in order to obtain the necessary skilled personnel.

The strict regulations that govern labor laws and contractual protection measures in place mean that changes are difficult to implement and take a long time to come into force. As a result, the pressure to optimize costs increases on other areas of operation and requires a consistent expansion of outpatient services as a measure, where there are no 24-hour/365-day services, and certain services have to be outsourced in order to enable more flexible service provision (Schwendener and Sommer, 2017). Overall, the above information demonstrates how difficult it is for public-sector hospitals with fewer than 250 beds to survive in a market that is at once both dynamic and over-regulated. As Switzerland is a small country and most of the 235 public-sector hospital locations have fewer than 250 beds, the structural adjustment process will be accelerated over the next five years and concentrations of medical services at a few public-sector hospital locations will be inevitable. As a result, larger public-sector hospitals will grow and

smaller public-sector hospitals that cannot reorient themselves are likely to disappear.

The proposed revisions and measures for the public-sector hospital list of the Canton of Zurich, which are currently under consultation, will bring further challenges for public-sector hospitals from 2020. Stricter rules are to be introduced for the minimum number of cases per medical service area, so that public-sector hospitals below a critical size will not be able to deliver these minimum quantities. In addition, the implementation of the FOPH's requirements for the elimination of what it calls '*perverse incentives*' (FOPH, 2013:4) in the revision of the public-sector hospital list should lead to the introduction of fixed salaries for doctors. As a result, the financial incentives created by smaller public-sector hospitals can no longer be effective in the fight for specialists. In addition, the FOPH has published a list of medical interventions that provide outpatient treatment instead of inpatient treatment. This regulation has been consistently implemented in all Swiss public-sector hospitals since 1<sup>st</sup> January 2019 (FOPH, 2019). The results of these changes are expected to be published from 2022. Furthermore, the tariff intervention requested and renewed by the FOPH from 01/01/2019 led to widespread discussions. With this intervention, tariffs in the outpatient sector were reduced, such that this revision further reduced income in the outpatient sector of acute public-sector hospitals (FOPH, 2019).

### **A3.5 Challenges and success factors operating in public-sector hospitals**

This section deals with some of the challenges and opportunities, or success factors, that have been identified through the literature or this researcher's experience in her own working life. Moreover, the research undertaken for this thesis has served to highlight some challenges and success factors as experienced by participants. These are referenced here, in an introductory fashion, as themes that were analyzed and crystallized, as shown in subsequent sections.

#### **A3.5.1 Challenges**

In terms of its size, the healthcare sector in Switzerland is gaining in importance, and is likely to do so further, as a result of the changes that have begun to be implemented. The changes are intended to both regulate and increase clarity and transparency regarding the delivery and cost of medical provision. This is intended to enhance the enterprise outlook of public-sector hospitals and presents the management of public-

sector hospitals in a dynamic market such as the Swiss healthcare system with the challenge of dealing more thoroughly and more deeply with the rapidly changing market and the competition that is playing an increasing role (Schaefer, 2014). As mentioned above, public-sector hospitals have already been closed (Schwendener and Sommer, 2017).

An increasing level of attention is raised in the Swiss press which focuses on public-sector hospitals of different sizes in Switzerland that are reporting financial deficits. Much faith is placed in the regulatory power of competition which, in turn, increases demand on public-sector hospitals to provide patient-centered treatments that are also highly effective (Schaefer, 2014). Now, more efficient processes leading to higher medical treatment quality must be developed in all departments, regardless of public-sector hospital size (Schaefer, 2014). The introduction of free public-sector hospital choice also influences patient flow as a further factor and gives patients the opportunity to be treated outside their canton of residence. While, on the face of it, this increases flexibility and choice, this also further increases competition (Schaefer, 2014). With the introduction of the new reforms, all public-sector hospitals must segment their service groups more effectively so that the specialization of selected treatment services can be offered at a high level of quality in order to compete for patients (Schaefer, 2014). Being able to offer a broad and highly segmented offer is important for public-sector hospitals to position themselves. This ensures economic survival in a competitive market. Another success factor for public-sector hospital operations is the infrastructure with a financially viable property (Schaefer, 2014).

In summary, and based on the above information and research and analysis of the financial situation of Swiss public-sector hospitals from the sources identified, the following challenges could be said to arise for the management of Swiss public-sector hospitals:

- skills shortage
- outpatient before inpatient
- competitive pressure through the introduction of a minimum number of cases; quality versus volume expansion
- realignment of the smaller public-sector hospitals so as not to be affected by structural adjustment
- cost optimization versus innovation
- optimization of public-sector hospital processes

### **A3.5.2 Success factors**

#### *Cooperation between family doctors and public-sector hospital doctors*

The growing quantity and quality of cooperation with family doctors, as the referring specialists, are a fundamental success factor for public-sector hospitals. An optimal treatment of the patient presupposes a collaborative partnership between general practitioners and public-sector hospital doctors. In this context, the cooperation between general practitioners and practicing specialists is also worth mentioning. The basis of a cooperative partnership is the cultivation of contacts, mutual respect, and an effective culture of communication. All those involved in the inpatient and outpatient sectors make important contributions to the recovery of patients. For this reason, public-sector hospital managers such as chief physicians, nursing directors, or CEOs of public-sector hospitals should in future increasingly promote this cooperation between the public-sector hospital, the family doctors, and the referring specialists and be in dialogue with them. This theme was prominent in the research undertaken for this thesis and was revisited in the analysis of the findings.

#### *Patient satisfaction and employees*

Patient satisfaction continues to be a fundamentally important criterion for the success of a public-sector hospital. As mentioned above, in recent years, patients have made high demands on their treatment and personal care while in public-sector hospital. It is therefore important not only to employ highly-qualified nursing staff, doctors, and other technical and/or therapeutic staff at all levels, but also to further develop their social and communication skills so that the concerns of the patients are understood and a trust-building treatment atmosphere is guaranteed. This presupposes an ethical, respectful, and trustworthy attitude on the part of the staff, so that the best possible medical and human care of the patients is guaranteed by interdisciplinary cooperation.

In summary, it can be said that patient orientation, qualified doctors and employees, interdisciplinary cooperation, care of relationships, stable finances, entrepreneurial action, and successful communication were identified as the success factors in today's public-sector hospital landscape. These are the factors that allow public-sector hospitals to navigate the increasingly turbulent landscape successfully. These challenges and opportunities, as well as the economization of medicine, require changes that are particularly challenging for managers in the healthcare sector. In addition, the shortage of skilled workers is increasing the challenges faced by managers.

### **A3.6 The perspective of the CEOs (survey)**

This section analyses one item of up-to-date literature specifically. It is significant and pertinent in the context of this thesis, as it investigates the views of CEOs and executives of Swiss public-sector hospitals in the second survey of its kind (after the first one, which was conducted in 2015). The consulting company PricewaterhouseCoopers conducted a survey to ascertain the views of public-sector hospital CEOs on a range of topics concerning the public-sector hospital market. 49 CEOs took part in this study, of which around 62 percent were from acute-care institutions and around 68 percent from psychiatrists and specialist clinics (Sommer, Bieri, and Schulthess, 2017). The question of how the CEOs would anticipate the average annual growth over the next five years was answered overwhelmingly through increasing the number of cases (Sommer, Bieri, and Schulthess, 2017). From the results it could be concluded that the CEOs were assuming a twofold increase in the number of outpatient cases compared to inpatient cases.

At the same time, respondents to the survey anticipated that the tariffs would continue to fall (Sommer, Bieri, and Schulthess, 2017). Around 38 percent of those surveyed regarded the development of tariffs as the greatest challenge. When asked about their earnings and profitability expectations, most CEOs answered that, despite falling rates, they did not expect a decline in profitability (EBITDA-MARGE), which led to a very interesting conclusion, namely that the savings and optimization potential has not yet been exhausted (Sommer, Bieri, and Schulthess, 2017). This could be because tariff reductions can only be offset by consistent cost reductions and simultaneous efficiency gains. Consequently, the focus of the CEOs surveyed was, above all, on effectiveness and efficiency gains. Only around 22 percent said that a shortage of skilled workers was the greatest challenge for them (Sommer, Bieri, and Schulthess, 2017). This relatively low ranking of the question of skills came as somewhat of a surprise to this researcher, as the number of staff vacancies and a shortage of skilled workers could represent risks when it comes to generating added value.

It is also worth noting that the optimization of support processes was on the strategic agenda of around 90 percent of respondents and patient-centricity was on the strategic agenda of around 66 percent. More patients are to be cared for through more flexible care pools with fewer medical staff, whereby it was assumed that the mix of skills and

qualifications was, and continues to be, of fundamental importance for efficient and effective processes (Sommer, Bieri, and Schulthess, 2017). In addition, the respondents stated that they would like to significantly increase their share of patients with supplementary insurance in the next few years, with the Swiss market for supplementary insurance shrinking rather than growing as a result of the introduction of new insurance products. This would lead to the conclusion that the fierce competition for those with supplementary insurance will be intensified further (Sommer, Bieri, and Schulthess, 2017). It is also interesting to note that around 79 percent of CEOs wanted to expand their outpatient services by investing in 'walk-in clinics' or outpatient medical centers. The majority of CEOs had no plans to cooperate with suppliers or companies outside the industry (Sommer, Bieri, and Schulthess, 2017:9), although technology trends and changing patient needs would make innovations possible in these areas.

All CEOs agreed that there will be a change in patient needs over the next 5 years, and it is often assumed that patients in particular will want shorter waiting times, greater comfort, and first-class information. Although Switzerland's data protection laws have been revised and are subject to stricter requirements, around 53 percent of CEOs believed that patient expectations in this area will hardly change (Sommer, Bieri, and Schulthess, 2017). The CEOs see the most important trend as an expansion of their medical services in the upstream outpatient area. In so doing, they identified the following four reasons: *"improving patient acquisition, meeting new patient needs, freeing up of expensive personnel resources in emergency rooms, and day clinics"* (Sommer, Bieri, and Schulthess, 2017:18).

It is interesting to note that the priorities of the CEOs surveyed included the satisfaction of employees or patients, not least, it has to be assumed, as the competition for specialists and patients is enormous within the Swiss healthcare landscape. Although efficiency and effectiveness are at the core of most agendas as important components, non-industry collaborations enabled through technological progress and cost-effective staffing of patient-related infrastructures are not considered. Contrary to expectations, CEOs surveyed by Sommer, Bieri and Schulthess (2017) were not making any effort to increase patient and employee satisfaction through the use of technologies, such as digitization, quantified self, Artificial Intelligence, or Big Data.

One indication that employee satisfaction was not prioritized at all levels was that only around 22 percent of those surveyed regarded the shortage of skilled staff as a major



hurdle in the public-sector hospital market. Cost optimization was mentioned as the most important item on the strategic agenda. Press articles and unofficial information speak a different language here, since employee protests and the departure of established chief physicians repeatedly led to large sales losses. Such crisis situations appear to become the new normal in some contexts, but can be shown to have a negative reputational (and potentially economic) impact. Examples of such management shortcomings include the Freiburg Hospital, Horgen Hospital, Richterswil Hospital, Baselland Cantonal Hospital, Lachen Hospital, Valais Hospital, Appenzell Ausserrhoden Hospital Association (Brunner, 2019; Medinside, 2019; Zweili, 2019; NZZ, 2018; Nars-Zimmer, 2018; SRF, 2018; Hudec, 2016; Aargauer Zeitung, 2015).

In contrast, high satisfaction rates amongst employees (as well as patients) percolate out to the patients and the wider population, and therefore to the external stakeholders of a public-sector hospital.

Most significantly, in the context of the research presented here, CEOs did not appear to pay any attention to leadership or change in leadership understanding (Sommer, Bieri, and Schulthess, 2017). Leadership is also changing in an industry that is undergoing a constant process of change. While the statements of about 49 public-sector hospital CEOs cannot be generalized, it nonetheless could be seen to confirm the respective statement in the introductory chapter that most board members, head-hunters, and other persons involved in the recruitment process of public-sector hospital directors, chief physicians, and nursing directors may speak of AL, but cannot explain what AL means. Managing chief physicians from a business perspective and transforming public-sector hospitals from public to profit-making organizations requires skillful executive leaders in Swiss public-sector hospitals. To achieve such change and be successful as an executive leader, one needs to understand what the major challenges and concerns of executive board members are first of all, and secondly how to develop and implement a common understanding of executive board leadership in practice. According to the results of this survey, there was no need to realign the common understanding of leadership in public-sector hospitals, which arguably only serves to underline the lack of commonly-agreed principles of leadership in general, and AL in particular.

## **APPENDIX B**

This appendix highlights the philosophy (ontology, epistemology, and axiology) and philosophical paradigms. The second section moves on to the theory of quantitative and qualitative research (this part is based on this researcher's work in 2016 for the course of DBA502). The last section presents the historical background of Grounded Theory.

### **B1 Philosophy**

A research philosophy includes research paradigms (Blaikie, 2000, 2007). Philosophy emphasizes the quest for knowledge about "being," the world, and the position of man on earth.

#### **B1.1 Ontology**

Ontology is the philosophy (Mahner, Vollmer, and Bunge, 2011; e.g., Peirce 1892-93; Woodger, 1929, 2014) that deals "*with the general qualities of being and becoming*" (Mahner, Vollmer, and Bunge, 2011:4). It is the science of our basic meta-acceptance positions, for everything we believe or do presupposes metaphysical assumptions (Mahner, Vollmer, and Bunge, 2011; Easterby-Smith et al., 2012, 2008).

The teaching of being and becoming constitutes today's science. Science shapes humankind's knowledge, and the application of scientific expertise forms our view of the world. To delineate the meta-orientation of this researcher is, therefore, of foremost importance. Philosophy defines ontology as the fundamental structures of reality and has set itself the goal of being able to understand the world by providing a universal tool (Mahner, Vollmer, and Bunge, 2011). All research is carried out by man, and the meta-orientation characterizes the research paradigm as well as the choice of research methodology, so it is vital for the viewer of the research results to know and understand the worldview of the researcher. Researchers often use underlying assumptions (Mahner, Vollmer, and Bunge, 2011; Easterby-Smith et al., 2012, 2008) based on a philosophical tradition. These traditions include, for example, positivist, postpositivist, critical theorist, scientific realist, critical realist, constructivist, and pragmatist worldviews. The adoption of a fundamental philosophical stance allows researchers to develop consistency and integrity in studies and study results.

## B1.2 Epistemology

Classical philosophical ontology holds that one can find the real and the unreal by using language. It is about what one can say as true about what exists. Thus, any ontological statement requires justification and becomes part of cognitive science (Mahner, Vollmer, and Bunge, 2011). Aristotle (translated by Lasson, 2016) dealt precisely with this circumstance in his writings (metaphysics). Since antiquity, many theorists have dealt with quite different epistemological basic positions. According to Easterby-Smith et al. (2012, 2008), epistemology deals with the most implementable research methods to explore the nature of the world. In short, epistemologists are concerned with how researchers generate knowledge, what implications the acquisition of this knowledge have on reality, and how this knowledge is described (Mahner, Vollmer, and Bunge, 2011). In summary, epistemology deals with the philosophical exploration of knowledge and the reasons why individuals believe that something is or might be true (Mahner, Vollmer, and Bunge, 2011).

Historically, Aristotle is the progenitor of the realistic approach (see Aristotle, translated by Lasson, 2016). Realism takes the view that the fundamental experience of reality is valid and can be explained in language. Antirealistic approaches, by contrast, hold that the basic framework of being is merely the projection of thinking about things, for the nature of reality, independent of the knowledge of the thinking observer is not at all accessible to the thinking observer (Mahner, Vollmer, and Bunge, 2011). Immanuel Kant's teaching shaped the constructivists' point of view (see Ritzel, 1985); Kant believed that 'the thing itself' was unrecognizable (Mahner, Vollmer, and Bunge, 2011).

However different the various epistemological points of view may be, the concept of ontology as a 'descriptive tool' is consistent with all the points of view shown in Table 19. According to the anti-realist perspective, what appears to be reality is, in principle, created from the structures that one imagines in the process of perceiving; hence, reality does not exist independently of an observer (Mahner, Vollmer, and Bunge, 2011). In the words of Hawking and Mlodinov (2011:42-43) *"There is no picture- or theory-independent concept of reality (. . .). If two (. . .) theories or models accurately predict the same events, one cannot be said to be more real than the other; rather we are free to use whichever model is the most convenient"*.

Mahner, Vollmer, and Bunge (2011) criticized ontologists for trying to explain why the world is as it is—but this is the terrain of metaphysics. Instead, they argued, it is the task

of scientific ontology—such as physics, social sciences, economics—to explore what exists empirically (Mahner, Vollmer, and Bunge, 2011). It is possible to classify the various epistemological perspectives on a spectrum between objectivism and subjectivism.

### B1.3 Axiology

Philosophical axiology is the doctrine of values—thus, it deals with the extent the values of the researcher flow into the results of research. According to Saunders et al. (2009), it is significant for the credibility of research results that the values of the researcher are analyzed and made transparent. Every human being has values that change through interactions with other people, experience, and the passage of time. People’s values shape their actions and their way of thinking. Researchers’ philosophical orientations must be consistent with their choice of research methodology. The consistency of philosophy and methodology influences how credible, original, and useful the results are.

### B1.4 Comparison of philosophical paradigms

	<b>Ontology</b>	<b>Epistemology</b>	<b>Methodology</b>	<b>Methods</b>	<b>Consequences</b>
Positivist	The real world exists.	Inquirer separate from the phenomenon under consideration.  Objective.	Empirical, Perceptual Precision, control and manipulation, verification, single method, etc.	Experiment, observation, survey.	Correspondence theory of truth, laws.
Post-Positivist	The real world exists but cannot truly be perceived.	Inquirer strives to be as neutral as possible.  Acknowledgment of position	Empirical, Perceptual Precision, control and manipulation, triangulation seeks understanding, falsification, discovers, etc.	Experiment, observation, survey.	Knowledge remains tentative.
Critical theorist	The real world exists but cannot truly be perceived.	Value inherent. Bounded by an ideology. Aimed at changing social structure.  Social-produced ‘facts’ are central.	To capture the social reality, social activist, transformative, single method, Emic.	Observation, Activism, Historical, Dialectic	Change ideologically based conclusions.

	<b>Ontology</b>	<b>Epistemology</b>	<b>Methodology</b>	<b>Methods</b>	<b>Consequences</b>
Scientific realist/ Critical realist	The real world is independent of human thought but meaning or knowledge is always a human construction.	Inquirer strives to adopt a contemporary scientific perspective.  Universalistic in scope but particular in interpretation	Empirical. Seeks 'understanding.' Multi-methodology.	Experiment, Observation, Survey, Hermeneutic Dialectic	Questions not methods drive context and goal dependent, science; methods must follow the questions.
Constructivist	The real world is independent of human thought but meaning or knowledge is always a human construction.	Realities exist as multiple mental constructions. Socially and experientially based.  Inquirer and the phenomenon under consideration interact to literally 'create' the findings.	Case study. Ethno-methodology, multi-methodology based.  Constructivist Grounded Theory	Hermeneutic, dialectic, ideographic	Empathetic, specific, rich, thick descriptions.
Pragmatist	The truth is not fixed or absolute: "true ideas are those that we can assimilate, validate, corroborate and verify" (James, 1907:201).	Fallibilistic instrumentalism.  Deals with different viewpoints and tries to create coherence.	Multi-methodology, mixed methodology.	Quantitative and qualitative.	Values play a significant role in interpreting results.

Table 46: Course material 2013 (out handed by Dr. Philippa Ward in Munich)

## **B2 Theory of quantitative and qualitative research**

*“This theoretical section explains the differences between quantitative and qualitative research. It is essential to analyze the differences between the two research methods before beginning a research project (Bryman and Bell, 2007, 2011). The epistemological attitude of each researcher must be analyzed to determine whether quantitative or qualitative research should be chosen (Guba, 1990; Bryman and Bell 2007, 2011).”* (Schaeffler, 2016)

### **B2.1 Quantitative research**

*“If researchers align themselves with Popper’s critical rationalism (Popper, 2012) and the positivist approach paradigm (Green et al., 2015), quantitative research is the most suitable method. The central element of Popper’s philosophy is objective truth, even though he states that completely representing the truth is impossible (Popper, 2012). As the term “quantitative” implies, for measuring data and presenting results using statistics, quantitative researchers must work with large samples (Santner and Duffy, 2012; Osborne, 2008).*

*Quantitative research originated in the natural sciences (Lincoln and Guba 1985; Balnaves and Caputi, 2001; Byrne, 2013a; Byrne, 2002). To measure a natural phenomenon in a controlled environment and eliminate extraneous factors that can distort the data, quantitative researchers must use objective measurements (Byrne, 2013a; Kock, 2006; Santner and Duffy, 2012; Anderson et al., 2015).*

*Quantitative researchers collect and analyze large samples numerically and statistically. Data collection is usually based on standard measurements and experiments or tests that can reliably reproduce numeric information about the subject matter (Byrne, 2013a; Balnaves et al., 2001; Anderson et al., 2015). To obtain the results objectively, the subjectivity of the researcher and the test subjects must be controlled (Santner and Duffy, 2012; Osborne, 2008; Burzan, 2005; Burzan et al., 2008) to isolate distinct variables (Balnaves et al., 2001; Byrne, 2013a). In addition, complex connections are reduced to core statements (Gläser and Laudel, 2006, 2010).*

*Quantitative research is linear. First, a precisely formulated research question or hypothesis is developed and reviewed (Osborne, 2008; Anderson et al., 2015). Then, the hypothesis is tested following the dictates of deductive logic (Byrne, 2013a; Balnaves*

*et al., 2001; Kock, 2006; Ramage and Shipp, 2009). Next, the researcher applies general conclusions to individual cases. The deductive method prohibits the researcher from making changes to the research criteria, which otherwise would decrease the comparability of the collected data (Byrne, 2013a; Mayring, 2001; Osborne, 2008; Santner and Duffy, 2012; Walker, 2010). Usually, these characteristics secure the objectivity of the investigation and make the results of such surveys free of value judgments, assumptions, and non-empirical reasoning (Dreier, 1997; Burzan, 2005; Burzan et al., 2008; Anderson et al., 2015).” (Schaeffler, 2016)*

### **B2.1.1 Strengths of quantitative research**

*“Many researchers (Osborne, 2008; Anderson et al., 2015; Balnaves et al., 2001; Diekmann, 2007) favor quantitative research because it enables them to measure complex research topics via controlled operationalization, which means finding a method to manipulate independent variables and measure dependent variables. Quantitative research also enables researchers to collect precise measurements, manage information effectively, and simplify the data analysis (Santner and Duffy, 2012; Byrne, 2013a; Ramage and Shipp, 2009; Osborne, 2008). Moreover, the progression of data is clear, and generalizations can be made about the research question. This improvement in the readability of the results and the comparability of the research are further strengths of quantitative research (Bortz and Döring, 2013). In addition, extraneous factors that might affect the results can be eliminated or monitored. Furthermore, this approach creates a distance between the researcher and the test subjects, and it is better for test subjects who prefer not to verbalize their answers. These qualities lead to a more accurate design of existing knowledge and thereby provide more clarity of thought (Anderson et al., 2015; Balnaves et al., 2001; Byrne, 2013a; Burzan, 2005).” (Schaeffler, 2016)*

### **B2.1.2 Weaknesses of quantitative research**

*“Quantitative methods often do not capture social relationships in their natural environment; instead, it focuses on the study of objective findings from experimental studies, observations, and measurements (Denzin and Lincoln, 2011; Alasuutari et al., 2008; Marshall and Rossman, 2006, 2010). Quantitative research concentrates on general laws and generalizations. Yet, it mainly observes frequent phenomena and records data numerically, thereby excluding the subjective point of view of the test subjects and the researcher. Quantitative research can explain the background of the*

researched phenomenon in a numerical way, but it cannot explain the genesis of the phenomenon (Bryman and Bell, 2007; Byrne, 2013a; Miles and Huberman, 1994; Huberman and Miles, 2002; Willis, 2007). One criticism of quantitative research is that the instruments do not suitably reflect the research object (Flick, 2013; Sensing, 2011; Andreski 1977; Lamnek and Krell 2010; Lamnek, 2005). Furthermore, Lamnek and Krell (2010) criticizes instruments that are developed once and applied indiscriminately, even if they were unsuitable for assessing the nature of the subject matter.

Moreover, critics accuse quantitative researchers of formulating social research questions that overemphasize a meta-orientation. Due to its propensity to decompose data into single variables, quantitative research is pre-structured. In other words, quantitative results are compressed into prefabricated categories, which could result in social issues being falsified or reported inappropriately (Lamnek and Krell 2010; Lamnek, 2005). Von Saldern (1995) also argues that the questions and results of quantitative research cannot be applied to the everyday issues and problems of social life due to its exact methodical standards.

Heinze (2013) criticizes generalized statements that are written in meta-theoretical abstractions that unrealistically reflect reality. Simplifying the complexity by reducing the scientific findings means the researchers generate their hypotheses and determine which segments should be the focus of scientific inquiry in advance; thus, the method inhibits the variety of the social research field (Gläser and Laudel, 2006, 2010). The researcher thereby forces the test subjects to experience conditions that they would not face in their natural environment or an unstructured process. Furthermore, researchers might not learn about information and perspectives of respondents that deviate from their expectations because the data would not apply to their prepared reply catalogues (Bamberger, 2000; Lamnek and Krell 2010; Lamnek, 2005).

Therefore, Flick (2007, 2013) suggests that the results of quantitative research have little to do with the human activity in everyday life; thus, they are unrealistic. Burzan (2005) and Burzan et al. (2008) state that the reduction of scientific findings and the loss of information might mean discarding valuable data in favor of discovering regularities. Qualitative research reduces information, but Gläser and Laudel (2006, 2010), and Huberman and Miles (2002) note that qualitative reductionism is not based on quantification. Fromm (2013) and Santner and Duffy (2012) state that in quantitative



research, scientific reductionism takes place via algorithmic transformation, while the qualitative approach applies scientific reductionism by recognizing general statements.

Sensing (2011) comments that the isolation of processes, which is analogous to the scientific method, should not be applied in social research. Social research focuses on the representation of human activities in relation to the research topic and the totality of these relationships. According to Adorno (1989), measuring social objects does not offer the same homogeneity of data as provided in the natural sciences.

Bamberger (2000), Osborne (2008), and Lamnek and Krell (2010) argued that the quality of research is more critical than its quantity because large samples do not lend themselves to discussing measurement problems and unmeasurable factors. If quantitative methods are used with human test subjects, representativeness might be compromised should the subjects refuse to supply evidence or if the data collected does not match the prefabricated statement catalogues (Bryman and Bell, 2007; Garz and Kraimer, 2013). Lamnek and Krell (2010) state that the sample size of the quantitative survey can often appear to be representative, but often the take-up rate is far from 100%.

Von Saldern (2013) criticized the validity of quantitative research because the uncontrollable influences of the researcher can compromise the research conditions. Kelle (2009) and Kluge and Kelle (2001) attack the validity of the quantitative research results as well because the nearness (or relationship) to the examined object is not given. Quantitative research considers the subjectivity of the participants and the researcher to be a disruptive influence that must be eliminated so that the objectivity, representativeness, and validity of the research are maintained. However, Lamnek and Krell (2010) and Garz and Kraimer (2013) believe that quantitative researchers construct the world of their test subjects according to their understanding, and the apparently objective representations of the researcher result from their prior determinations (e.g., ready-made answers and hypotheses; [Heinze, 2013]).

Lamnek and Krell (2010) consider the inclusion of the researcher to be essential to the research process. Creswell (2003) points out that answering a research question requires consideration of the beliefs, experiences, interests, and thought processes of the researcher. Sensing (2011) and Creswell (2015, 2012) criticize the distance between the researcher and the subject in quantitative methods.

Mayring (2001) and Höfer et al. (2004:88) determined that there is a statistically significant correlation between “the number of storks and the number of births”. Cities and communities, in which more storks have settled, have higher birth rates. In similar (plausible) cases, researchers may accept this correlation as evidence of a causal relationship (Mayring, 2001, 2002; Santner and Duffy, 2012).” (Schaefer, 2016)

## **B2.2 Qualitative research**

“Qualitative research examines the meaning of phenomena to grasp and to understand their inner character. (Robson and McCartan, 2016; Creswell and Creswell, 2018; Creswell and Poth, 2016; Robson, 2011; Denzin and Lincoln, 2011; Bryman and Bell, 2007). The roots of this qualitative intellectual tradition date to Aristotle (Lentzen, 2007:104), “the forefather of qualitative thinking”. Giambattista Vico is considered a later precursor to the qualitative method (Lock and Strong, 2010). An entire strand of qualitative research methods can also be found in the works of Spinoza, Herder, and Dilthey (Lentzen, 2007).

Particularly in the last 20 years, the application of qualitative research has become indispensable to social research. Rapid economic globalization and technological progress have changed the way of life for many people. These changes in social relations have facilitated the development of new research phenomena that cannot be researched using existing quantitative research methods (Goodwin, 2012; Saunders et al., 2009; Creswell, 2015).

Qualitative research findings can be generalized to everyday situations; therefore, it is imperative to explore the research subject in its natural environment to focus on or to contain the test subject’s individual and personal circumstances (Mayring, 2015; Sensing, 2011; Goodwin, 2012). Further, qualitative research accounts for the expertise/experiences of the participants in the results, as differences in social realities may affect the viewpoints and actions of the test subjects.

The qualitative researcher transcribes and interprets experiences and observations during the research process to gain in-depth knowledge about the test subjects’ natural environment and actions (Miles and Huberman, 1994; Mayring, 2015). Data collection is a communicative and interactive process between the researcher and the participants, in contrast to quantitative research, during which such interaction must be avoided

(Lamnek and Krell, 2010; Lamnek, 2005). Quantitative analysis based on individual cases creates general statements from the results (Bortz and Döring, 2013; Anderson et al., 2015; Osborne, 2008) by using so-called “theoretical sampling” (Glaser and Strauss, 1998). The flexibility and openness of the researcher, as well as the inclusion of new aspects of qualitative research, give qualitative research an explorative character (Steinke, 1999; Goodwin, 2012; Alasuutari et al., 2008). Complicated situations cannot be divided into characteristics and variables, but reflection on and modification of the questions provides qualitative researchers with a flexible and open method (Denzin and Lincoln, 2011; Lamnek and Krell, 2010; Diekmann, 2007). Qualitative research is non-linear as compared with quantitative research because the collection of data and its analysis are not separate processes; therefore, feedback and reflecting processes can take place. Each phase of the qualitative research may result in changing the main research question (Denzin and Lincoln, 2011; Marshall and Rossman, 2006). By using induction, qualitative research can achieve new knowledge that might not be discovered by using hypotheses and quantitative methods (Denzin and Lincoln, 2011; Marshall and Rossman, 2006; Miles and Huberman, 1994). Inductively-conducted research excludes random sampling and does not want to conduct representative surveys; instead, it generalizes based on building categories and the recognition of similarities between carefully chosen cases (Miles and Huberman, 1994; Bryman and Bell, 2007).” (Schaefer, 2016)

### **B2.2.1 Strengths of qualitative research**

“The central strength of qualitative research is its explorative nature, which facilitates access to new knowledge (Creswell, 2015; Denzin and Lincoln, 2011). The holistic perception of the examinee involves a broader focus due to the nature of data collection, including an openness to examining unexpected situations and new information in the research process (Marshall and Rossman, 2006; McKernan and James, 2013; Zuber-Skerritt, 2013).

Moreover, the researcher can observe the social reality of his examinees as the examinees experience it in reality; consequently, test subjects are not confined to the researcher’s predetermined variables (Alasuutari et al., 2008; Coghlan and Brannick, 2009; Coghlan 2004). Qualitative research allows the test environment and the researchers themselves to be open and flexible, which more accurately reflects everyday life and avoids distortions resulting from the abstraction of quantitative research (Denzin

and Lincoln, 2011; Marshall and Rossman, 2006). Thereby, qualitative research methods may provide more valid results.

*Qualitative researchers record and consider non-verbal behaviors, which may influence the results, which is impossible when conducting quantitative research (Alasuutari et al., 2008; Diekmann, 2007; Flick, 2007, 2013). Qualitative research provides direct access to the test subjects and also uncovers profound test subject behavior as well as the base rules underlying their behavior, which researchers cannot achieve using the standardized methods of quantitative research (Mayring, 2015, 2008; Denzin and Lincoln, 2011; Marshall and Rossman, 2006).” (Schaefer, 2016)*

### **B2.2.2 Weaknesses of qualitative research**

*“A weakness of qualitative research includes the so-called effect of non-binding, which means that the results may lack differentiation, or they may exhibit a degree of uncertainty or vagueness (Bryman and Bell, 2007, 2011; Heinze, 2013). These weaknesses may result from the researcher’s inquiry questions and intentions not being delineated from the start, as they are in quantitative research (Heinze, 2013; Creswell, 2011; Willis, 2007). The explorative character of qualitative methods allows researchers to modify the research questions and engage a feedback process during the research phase, but this may lead to indeterminacy (Heinze, 2013). Thus, intuitive skills and the lack of standardization may lead different qualitative researchers to interpret the same data set differently (Stake, 2010; Bryman and Bell, 2007, 2011; Willis, 2007). Critics of the qualitative method call for new ways to evaluate and interpret data in a more controlled manner. Therefore, many researchers claim that qualitative research lacks representativeness, reliability, and validity (Rubin, 2010; Denzin and Lincoln, 2011; Stake, 2010). According to Flick (2007, 2013). Rejecting these criticisms, Lamnek and Krell (2010) and Mayring (2001) point out that although quantitative research might be more valid, qualitative research may be more reliable. According to Mayring (2015, 2008, 2002, 2001), humanity develops as a result of changes to their lifestyles, and quantitative tools cannot detect these changes. Lastly, the time factor can be viewed as a disadvantage because qualitative research is usually very time consuming due to the vast amounts of data which must be interpreted (Stake, 2010; Denzin and Lincoln, 2011; Heinze, 2013).” (Schaefer, 2016)*

### **B3 Historical Background of Grounded Theory**

At the beginning of the 1960s, there were significant debates between the quantitative and qualitative camps in sociology (see Charmaz, 2014). Especially at the University of Chicago (where Anselm Strauss studied from 1939 to 1945), the empirical foundations for case studies and ethnographic studies were laid, inspired and influenced by the work of George Herbert Mead (1932, 1934a), John Dewey (1948, 1997), Thomas and Thomas (1928) and Thomas and Znaniecki (1958, 1996). A trend of observing the research participants developed in inductive qualitative research, but this new methodology had not yet been academically defined and theorized in qualitative sociology (Charmaz, 2014). According to Platt (1998) and Rock (1979), however, it was not clear what these researchers were doing when they 'observed', since they usually only described their processes of data collection and data analysis (see, for example, Adams and Preiss, 1960; Junker, 1960; Kahn and Cannell, 1957).

Barney G. Glaser and Anselm L. Strauss together examined death and dying in hospitals using a qualitative method and theorized their applied method in their 1967 book, 'The Discovery of Grounded Theory: Strategies for Qualitative Research.' Since that time, qualitative research has lost ground because quantitative methods have dominated the terrain of sociology (Platt, 1998). For that reason, the gap between inductive qualitative and deductive quantitative research is growing.

Quantifying theorists in sociology believed that all knowledge is based on a specific theory that describes how people develop knowledge. Generalized methods of systematic observation, reproducible experiments, operational definitions of concepts, logically-derived hypotheses, and corroborated evidence nourished this view (Charmaz, 2014). These assumptions supported positivism, which was then the widespread paradigm in scientific studies. Such positivist social scientists hoped to find causal explanations and predictions about the external world (Charmaz, 2014). They were convinced that they could reduce the complexity of human experience, with its emotionality world and diverse systems of thought, to a few variables and generalize them objectively (Bryant and Charmaz, 2019; Bryant, 2019). According to Charmaz (2014) positivistic theory-building took the upper hand, but it rarely generated new theory constructions (Bryant and Charmaz, 2019; Bryant, 2019; Charmaz, 2014).

The grounded theory offered instruments for systematic data collection and data analysis to qualitative researchers, and built upon and underpinned naive positivist

characteristics, attracting considerable interest in social research that went beyond the boundaries of the University of Chicago. Glaser and Strauss (1967) mentioned Kuhn and Hacking (2012) and his thinking on the 'construction of scientific understatement,' but, according to Bryant and Charmaz (2007), they drew on the views of Cicourel (1964).

Glaser and Strauss built GTM as an antithesis to logical-deductive theory. In this variant of GT, researchers inductively developed a conceptual framework for their theories based on the data (see also Bryant and Charmaz, 2012; Birks and Mills, 2015; Charmaz, 2014; Corbin and Strauss, 2015; Glaser and Strauss, 1998; Glaser and Strauss, 1967; Locke, 2000; Oktay, 2012; Stern and Porr, 2017; Strauss and Corbin, 1998; Thornberg and Charmaz, 2014).

The grounded theory combines two different traditions in sociology: positivism from Columbia University and pragmatism and fieldwork from the University of Chicago. Glaser trained with Paul Lazarsfeld at Columbia University, which was known for its positivist and quantitative background. Paul Lazarsfeld codified quantitative research, so according to Charmaz, Glaser took the idea of codifying qualitative research from him (Charmaz, 2014). Furthermore, Glaser's GT was influenced by the theorist Robert Merton (1957), since Glaser, like Merton, relied on the arguments of the 'middle-range theories' in the development of theories. Strauss also found the influence of the Chicago School in the Grounded Theory method. For Strauss, it was essential that Grounded Theory considers the patterns and thought processes of human action, with its multi-layered social and subjective meanings, and addresses corresponding problem-solving practices. These ideas of Strauss are found in the philosophical tradition of pragmatism (Blumer, 1969; Mead, 1934a). *"Glaser and Strauss worked together for several years and then went their separate ways"* (Martin and Gynnild, 2011:183).

The Grounded Theory of Glaser and Strauss inspired new generations of social researchers and especially nurses (see Chenitz and Swanson, 1986; Corbin, 1998, 2009; Corbin and Strauss, 2008; Kearney, 2007; May 1996; Schreiber and Stern, 2001; Stern and Porr, 2011; Wilson and Hutchison, 1991).

Strauss (1987) developed a new handbook for a new and flexible kind of qualitative analysis for social scientists and combined it with verification, but retained the inductive and iterative research process analogous to the original GT (Charmaz, 2014). Later, Strauss further developed his method with Juliet M. Corbin (Corbin and Strauss, 1990,

2011) by developing additional technical procedures. Glaser (2002; Glaser and Holton, 2014) criticized the modified GT method of Strauss and Corbin (1998) because it forces data and analysis into preconceived categories that disregard emergence and thus provide a conceptual description rather than a 'grounded theory' (Charmaz, 2014). Glaser's criticism has not prevented the enormous popularity of Strauss and Corbin's variation of GTM (1990, 1998, 2008).

### **B3.1 The transformed version of GT in constructivist turn**

With the spread of the Internet, networking and communication also increased, creating more freedom and opening doors for innovation, which also spread in research, so that researchers turned their backs on positivism (see Bryant, 2002, 2003; Charmaz, 2000, 2000b, 2006; Clarke, 2003, 2005; Seale, 1999). Charmaz (2014) used GT in her doctoral thesis and developed the constructivist GT, which is popular because it is socially acceptable (Bryant and Charmaz, 2019; Charmaz, 2014). Charmaz states that she chose the term "constructivism" to emphasize the subjectivity of the researcher involved in the construction and interpretation of the data. Furthermore, she also wanted to clarify the distinction between her variant and the conventional social constructivism of the 1980s (Charmaz, 2014). For Charmaz,

*"A constructivist approach means more than just looking at how individuals see their situation. It not only theorizes the interpretive work that the research participants do but also recognizes that the resulting theory is an interpretation (. . .). The theory depends on the researcher's point of view; it does not and cannot stand outside this point of view."* (Charmaz 2006:130)

Charmaz (2014) states that a core variable cannot explain the social world that the researcher studies, as in Glaser's method, because *"relativism (ontological perspective) starts from multiple social realities and acknowledges the mutual creation of knowledge by the observer and the observed, and aims at an interpretative understanding of the meanings of the subjects"* (Charmaz 2000:510).

Charmaz's idea is to develop theories that make social action understandable and explainable, which presupposes the search for underlying patterns that the question *"why it is so"* can elicit (Charmaz 2014:228). According to (Charmaz, 2014), description and induction alone, as in Glaser's method, cannot bring innovative ideas into the world.

Therefore, it is essential to create a theory that is understood as 'building,' not 'inventing,' a theory (Bryant and Charmaz, 2019). Researchers, therefore, construct theories by using knowledge and interpretation of data (Charmaz, 2014). Such abductive reasoning integrates a three-step research logic that creates *"the prerequisites for a justifiable theory through the steps of abduction, deduction, and induction"* (Charmaz 2014:201). Charmaz (Bryant and Charmaz, 2019) understands the research work as a social production process that is always linked to the perspective of the researcher and is characterized as communicative (Bryant and Charmaz, 2019). This research process, thus, promotes the researcher's reflexivity.

As elsewhere mentioned, the constructivist GT method was created to address criticisms of previous versions of GTM (see cited in Charmaz, 2014:12; Conrad, 1990; Ellis, 1995; Richardson, 1993) and to resist the *"mechanical applications of it."* The critics of GT argued that the previous GT method was *"an outdated modernist epistemology"* that divided the research participant's information into pieces and *"relied on the authoritative voice of the researcher, blurred difference, and uncritically accepted Enlightenment grand meta-narratives about science, truth, universality, human nature, and world-views"* (Charmaz, 2014:13). Charmaz (2014:13) argued that *"such critics melded the grounded theory statements with the originator's early statements and usage of the method."* Therefore, Charmaz (2014:13) advised researchers to use GTM instruments *"without endorsing mid-century assumptions of an objective external reality, a passive, neutral observer, or a detached, narrow empiricism."*

### **B3.2 Objectivist compared to constructivist theory**

Charmaz (2014) compares her 'constructivist GT' with the 'objectivist theory' to show the differences. Under the 'objectivist founded theory,' the original version of GT (Glaser and Strauss, 1967) and the variant from Glaser's writings (1978, 1998, 2012) are classified. The differences between the two variants result primarily from their epistemological positions. According to Charmaz (2000, 2006, 2014), the objectivist GT includes elements of positivist quantitative research while solving the problems that arise from quantitative social analysis (Charmaz, 2000, 2006, 2014). The ontological viewpoint of objectivist GT assumes the existence of 'an objective reality' (Charmaz, 2014), which is why it maintains that core categories are always anchored in the data. Thus, its epistemological standpoint aims for objectivity and claims that the researcher is a neutral observer and that the data collected reflect social reality (Bryant and Charmaz, 2019;



Charmaz, 2014). The aim is to present causal explanations and predictions about phenomena in the outside world. The causal relationships are described based on defined variables and published as causes, conditions, results, predictions, or problem solutions packed into the framework of 'middle-range theory' (Charmaz, 2014). Another difference is an objectivistic and highly-scientific writing style.

According to Charmaz (2014), constructivist GT theory represents the views of social constructivism, which emphasizes 'relativism' and the existence of multiple realities. Furthermore, Charmaz (2014) writes that social constructivism integrates the role of the researcher (subjectivism) at the level of epistemology, thus anchoring the interactive and interpretative character of data construction. As mentioned above, this variant emphasizes the exploration of meanings of participants' actions and the understanding of the research process as a social production process (Charmaz, 2014). The writing style of constructivist theory is, thus, more creative than the precise scientific writing style. Influenced by the pragmatic tradition of the Chicago School, the researcher is encouraged to present an interpretative and constructed account of his research to the reader (Charmaz, 2014).

Multiple variants of the original GT are currently used in social research (Bryant and Charmaz, 2019:260): *"Inductively oriented grounded theory by Barney Glaser and Anselm Strauss, advocating the idea that concepts and new theories emerge from the data without the researcher's interference (critical: Thornberg and Elvstrand 2012). During this process of revealing a stable, hard truth, the researcher remains passive (critical: Dey 1999:17,35), which leads to the reasonable objection that this approach is ingrained with Positivism (Glaser and Strauss 1967; Glaser 2002, 2005, 2007; and Glaser and Holton 2004)."*

*"Classic grounded theory by Anselm Strauss, which gradually reveals concepts and theories in a circular movement between the acquisition of theory, the gathering of data, and the interpretation of data-driven by constantly comparing each aspect to another (...). This approach is ingrained in American pragmatism (Peirce, Dewey, Mead) and has similarities with a (non-reflective) sociology of knowledge and to social constructivism (Berger and Luckmann 1966). According to Bryant and Charmaz (2019), "This approach (referring to pragmatism and the concept of abduction) considers research work as a search of patterns and best explanations in making comparisons and interpretations – and hence as a process which is always bound to a perspective and which is*

*communicative. This approach shows similarities to a reflective sociology of knowledge and the communicative constructivism (Reichertz 2004b; Keller, Knoblauch, and Reichertz 2012)” (Bryant and Charmaz, 2019:260).*