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THE IMPACT OF THE TOTAL LEADERSHIP MODEL ON FINANCIAL PERFORMANCE FOR HEALTH CENTER ADMINISTRATORS

Patrick Shuler

THE IMPACT OF THE TOTAL LEADERSHIP MODEL ON FINANCIAL PERFORMANCE FOR HEALTH CENTER ADMINISTRATORS

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Patrick D. Shuler, B.A., M.Ed.

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APPROVAL OF THE DISSERTATION

The dissertation, "The Impact of the Total Leadership Model on Financial Performance for Health Center Administrators", has been approved by the Ed.D. Faculty of Lynchburg College in partial fulfillment of the requirements for the Ed.D. degree.

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Dr. Roger Jones, Chair

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Dr. Deanna Cash, Committee Member

_____

Dr. Todd Olsen, Committee Member

_____

Dr. Andrew Bruce, Committee Member

_____Date

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CHAPTER 1: INTRODUCTION

Statement of the Problem

Leadership is a critical part of any organization's success (Bass, 1986; Horner, 1997; Goleman, 2000). For this reason and many others, a wide range of leadership models have been developed and researched extensively for centuries (Horner, 1997). Even with the depth of literature in the leadership field, researchers have always had a difficult time identifying the concise reasons why some leadership styles and qualities work and others do not. Furthermore, there are also limited studies that link leadership to organizational performance in a quantitative or measurable way (Goleman 2000; Spencer & Seymour, 1998; Choudhary, Akhtar, & Zaheer, 2013). There is even less research in the area of leadership models impact on organization's financial performance.

The purpose of this study is to examine the extent to which a leadership model impacts the financial performance of one organization. The organization has multiple centers, each with its own leader. A survey will be used to gauge the value alignment of the selected leadership model on each center leader within this organization. The model that will be used for this study is the Total Leadership model. The main goal of Total Leadership is to improve performance in four domains of life as identified by Friedman: work, home, community and self by creating mutual value within each therefore creating value alignment. First, a description of the selected leadership model and creator of the model is appropriate. The Total Leadership model was developed by Stewart Friedman who is the Director of the University of Pennsylvania's Leadership Program. Friedman has been a part of the Wharton School of Business at the

University since 1984 and was the founding director for the Wharton Leadership program as well as the Wharton Work/Life Integration project. While Friedman's research focus has been on work/life integration, research contributions in leadership development and the dynamics of change. Friedman has authored four books and numerous articles within the aforementioned topics which will be discussed in greater detail in the literature review. In 2008, Friedman published a widely popular book titled *Total Leadership: Be A Better Leader, Have A Richer Life* which introduced the Total Leadership concept. Since the introduction of the concept, the Total Leadership model has been used by individuals and companies worldwide. In addition, Total Leadership is being used in a multi-year study funded by the National Institutes of Health on improving the careers and lives of women in medicine. Lastly, there are over 135,000 students enrolled in Friedman's *Coursero* through the University of Pennsylvania which utilizes Total Leadership concepts to teach students how to apply the model to their individual life situations to become a better leader in all areas of life (Friedman, 2014).

Friedman (2008) states the overall goal of the Total Leadership model is to improve performance in all four domains of life: work, home, community, and self by creating mutual value among them. According to this model, improved performance can be achieved through examining what and who matters most to you, then you design and implement experiments to produce what Friedman (2008) calls "four-way wins," which are results that are meaningful for all of these domains. According to Friedman (2008), a Total Leadership experiment is a planned change deliberately aimed at making life intentionally better in each of the four domains. The experiments are founded on what you have learned so far in your life experiences and focuses on making things better. The main action for an experiment can take place in a single domain, such

as work, yet have an indirect benefit on other domains. An example described by Friedman (2008) would be changing jobs which improves your self-esteem and therefore makes you a better father and friend. Experiments can also occur in multiple domains and have a direct impact on all four such as training with your family for a marathon which also raise funds for charity that will benefit your work organization. Friedman (2008) suggests several guidelines for the experiment. First, experiment with where, when and how you get things done and rethink the way you are getting things done currently. Secondly, involve as much of your work organization as possible or where you spend most of your time. Third, enlist your stakeholders to ensure that your changes are serving the collective interest of those you care about most. Lastly, manage boundaries to focus better and pay attention. In other words, do not just spend time without also devoting the appropriate attention and focus during that time. By conducting these purposeful experiments, Friedman (2008) suggests that "four-way wins" can be achieved that will improve performance in each area of life. It is important to note that Total Leadership is focused on value alignment and appropriate focus, not balance and taking away from one area to help another (Friedman, 2008).

A brief explanation of the chosen organization and leadership population is needed. The selected organization is in the healthcare field, particularly in the area of nursing and skilled nursing facilities. The selected organization has multiple facilities in Virginia and North Carolina. The selected population in the organization for this study is all of the Health Center Administrators (HCA) in the company's health centers in both states. The study will be surveying 40 HCAs to assess the impact of the Total Leadership model on their center's financial performance. This population is appropriate to examine because the job of HCA's is a difficult

and highly stressful profession, and a legitimate leadership model is needed for high performance. The survey will gauge their value alignment regarding the Total Leadership model and therefore will allow for analysis of how the model impacts their performance as a leader.

A further explanation of what is meant by value alignment is necessary. An appropriate illustration is a HCA may be spending the exact amount of focus, time and energy on each of the four areas of life (work, home, self, community) identified by the Total Leadership model, and in turn their values would be in alignment. This alignment within the model may or may not positively impact their center performance. Therefore, this study will use the Total Leadership model to measure the HCA's value alignment within the concept then statistically analyze and compare their scores to the financial performance of the health centers they lead.

Significance of the Study

This quantitative analysis of an organization's HCAs and the impact on financial performance using the Total Leadership model is significant not only to the organization but to the overall field of both leadership models and the HCA profession. Few, if any, research studies have used the Total Leadership model within the HCA field and the findings of this study will address the research gap by applying this model to the HCA field. Information gleaned from this research will potentially have an impact on best practices in leadership for HCAs both at this organization and in the general field. It will also add to the limited literature on leadership within the general healthcare field as well as provide the opportunity to build upon this area of research.

Research Questions

This study will use an online Google survey tool to distribute a combined survey utilizing the Total Leadership survey and several performance questions related to healthcare center

metrics. Friedman (2008) developed a free survey which is available online at the Total Leadership website, www.totalleadership.org, titled *My Total Leadership Skills*. The survey is an 18-item inventory of how real, whole and innovative an individual measures within each category. There are 30 points given for each category (real, whole, and innovative), for a total score of up to 90. The survey will provide each participant with a detailed breakdown of their Total Leadership skills assessment within each principle as well as how they compare to the world wide average. The higher the score, the closer the participant is to being proficient in that leadership principle. For example, if the participant scored 28 out of 30 on being 'whole' they would be acting with integrity by respecting the whole person based off the Total Leadership model and responses. The scores for being 'real' and 'innovative' would then be combined for a total score of up to 90 and also include a detailed breakdown of what that means within the concept. Survey questions are measured on a Likert scale with each answer to the survey having the option of strongly disagree, disagree, neither agree or disagree, agree or strongly agree (see Appendix A – Total Leadership Survey). In addition to the Total Leadership section of the survey, there are several questions concerning center performance for 2014 (see Appendix B – Center Performance Survey). Using this survey, the researcher will answer the following research question:

- What is the impact of the Total Leadership model on the financial performance for health center administrators?
    - H_1: Total leadership scores correlate with center financial performance.
    - H_2: Leaders who have a higher score in the 'real' section of the Total Leadership survey will have higher financial performance in their center.
    - H_3: Leaders who have a higher score in the 'whole' section of the Total Leadership survey will have higher financial performance in their center.

- H_4: Leaders who have a higher score in the 'innovative' section of the Total Leadership survey will have higher financial performance in their center.

Description of Terms

Health Center Administrator (HCA) – For the purpose of this study, this term refers to the administrator at the health centers within the selected medical organization, and can also be called Nursing Home Administrator or Healthcare Administrator (Davis, Haacker, & Townsend, 2002).

Health Center – For the purpose of this study, this term refers to the facilities operated by the Health Center Administrators in this organization and can also be called Nursing Homes, Nursing Facilities, Skilled Nursing Facilities and Health and Rehab Centers (Davis, Haacker, & Townsend, 2002).

Limitations

This study has several limitations. Initially, there are a select number of participants because the research is conducted within a case study model of one organization. Therefore, the sample size is less than 40 HCAs because only HCAs that have been tenured for at least 9 months during the 2014 year will be surveyed. A minimum of 9 months was selected because an administrator can have a significant impact on the center performance if they have been there for most of the year, whereas if they were only administrator for half of the year the data may be skewed. There is also some personal bias due to the researcher working for the organization and being a proponent of the Total Leadership model. Furthermore, this study will be using a convenience sample as the researcher is a member of the organization and has easy access to the participants needed to conduct the research. In conclusion, this study is also limited to researching the impact of one leadership model, which is Total Leadership.

CHAPTER 2: REVIEW OF THE LITERATURE

The purpose of this chapter is to review the literature on general leadership models, the impact of leadership models on organizational performance, and the Total Leadership model which includes an analysis of work/life balance. This chapter is divided into three sections. Section one is the literature review which begins with an examination of general leadership models as it is important to discuss leadership models that are prevalent currently as well as seminal models that are foundations within the leadership literature.

In the second section, there is an analysis of studies that link leadership models to organizational performance to show that there can be a strong correlation between the two factors. These studies are largely focused on the impact of a selected leadership model on organizational performance, which makes this topic essential to the study.

The third section provides an in-depth description of the Total Leadership concept as this is the theoretical framework for the proposed study. This section includes a brief overview of the research and concept of work/life balance to establish a clear difference from general leadership models and the Total Leadership model.

For the purposes of this literature review the search process included the use of the Lynchburg College library system. Initially, articles were identified through conducting searches using LC OneSearch and Google Scholar on the web. Key words used were: (a) leadership models, (b) healthcare leadership, (c) nursing home administrator, (d) nursing home administrator leadership, (e) work/life balance, (f) leadership and organizational performance, (g) leadership and financial performance, (h) leadership models; impact performance, (i) Total Leadership. Additionally, reference lists from several key articles were used to further identify

sources for this review. The sources resulting from this search were peer reviewed articles, professional articles, and several books. The criteria for selecting the studies wer based upon relevance to one of three main areas of focus; leadership models, leadership model impact on organizational performance, and Total Leadership.

Leadership Models

General Organizational Models

There is an abundance of research in the area of leadership and this section uses a funnel method of starting with earlier models and moving toward more contemporary models. Over the years, there have been extensive studies done on the topic of leadership which have varied both in context and theoretical foundation. Some researchers have labeled leadership as a process, but the majority research is directed at the person or individual leader to understand leadership (Horner, 1997). Horner (1997) defines leadership as, "…the traits, qualities, and behaviors of a leader." The search to understand leadership has continued over the decades, and these models are important to identify and understand before further discussion on concept (Foster, 2002).

One of the earliest studies on leadership was conducted by Lewin, Lippit & White (1939). They conducted an extensive study of leadership by examining schoolchildren's behavior when exposed to different leaders. They were able to establish three main leadership styles; authoritative, democratic and laissez-fair. Authoritative leadership is characterized by clear expectations of what, when and how things should be done as well as strong direction from the leader and significant control of the followers allowing for little input in terms of decision-making. Leaders that use the democratic style take on more of a facilitator role in which they provide guidance to followers while obtaining input before making decisions. Laissez-fair

leadership consists of a ‘hands-off’ approach in which the decision-making is left to the followers as the leader provides very little guidance. In this study, the democratic model of leadership is the most effective in terms of producing results because this leadership generally fosters a sense of commitment and shared goals among the group (Lewin, Lippit & White, 1939). These leadership models are mentioned because they have remained relevant models over the years and are still used in contemporary leadership studies (Foster, 2002).

Several leadership models were developed during the 1960’s. Herzberg’s motivation-hygiene theory was a popular concept for leaders during this time because it dealt with reducing employee dissatisfaction and increasing employee satisfaction and performance through leaders creating a more compatible environment. Herzberg (1964) found that job satisfaction and dissatisfaction were affected by two different sets of factors which means that they cannot be measured on the same continuum. The elements that cause satisfaction, the author labeled motivators, because employees are motivated by these things, while the other set of elements are labeled hygiene factors. The hygiene factors are only necessary to keep employees from being dissatisfied and include supervision, interpersonal relations, physical working conditions, salary, company policy and administration, benefits, and job security. Motivation factors, which are what lead to positive job attitudes, are achievement, recognition, the work itself, responsibility, and advancement. The core concept of the theory is that the satisfaction of hygiene needs can prevent dissatisfaction and poor performance, but the focus needs to be on the satisfaction of the motivation factors because only they will produce the desired performance improvement that organizations desire (Herzberg, 1964).

Also developed during this decade was the concept of situational leadership. Hersey and Blanchard (1969) introduced their theory of situational leadership in the book *Management of Organizational Behavior* (1969). Situational leadership theory evolved from a task-oriented versus people-oriented continuum and proposes that in order to be an effective leader there must be an understanding of the situation and an appropriate response, instead of a singular leader with followers. The theory suggests that the leadership style of the leader should conform to the maturity level of the followers, which would be different depending on the situation (Hersey & Blanchard, 1969).

During the 1970's, two major leadership models emerged, Greenleaf's (1977) servant leadership and Burns' (1978) and Bass's (1985) transactional-transformational leadership. Greenleaf introduced the theory of servant leadership through a series of essays and books on the theme of the servant as leader. Greenleaf (1977) took the stance that the servant-leader is a servant first and should naturally flow from the individual. The servant leadership model proposed that the role of servant and leader should be merged within the individual in the leadership position. Greanleaf (1977) believed that servants should become leaders, and after making that conscious decision to lead they should develop an understanding of the roles and values of leadership. Those that have never been servants often choose to lead for different incentives such as power and material possessions, and only choose to serve after they become leaders. Servant leaders develop mutual trust and deny self-interest for the sake of service to their followers. Furthermore, a servant leader is open to being influenced by others and embraces new experiences and challenges. In this model, change is simply part of the growth of the leader and is not a threat to the hierarchical structures as in more bureaucratic models (Greenleaf, 1977).

One year after the servant leadership model was introduced Burns (1978) developed a theory of leadership that included two leadership styles represented as a dichotomy: transformational and transactional leadership. Burns (1978) stated that transactional leadership is a 'give and take' style of leadership in which the leader establishes a positive rapport with their followers through exchanges. In this model, the leader takes the initiative in contacting others for the purpose of an exchange of valued things. Burns (1978) suggests that transformational leadership is a very different from transactional and is a more effective model. Over the past 30 years, transformational leadership has been "the single most studied and debated idea with the field of leadership" (Diaz-Saenz, 2011, p. 299). First, there is a moral connection with transformational leadership as it occurs when the leader engages with the followers in a way that increases their motivation and morality. While transactional leadership has a sense of selfish motives, transformational leadership is focused on advancing the collective purpose of the organization by being in touch with the aspirations of their followers. Furthermore, the author used four basic categories to describe the types of transformational leaders: intellectual, reform, revolutionary, and heroic. Burns (1978) also proposed that there is a difference between leaders and those that have a leadership position or simply wield power. He states that leaders satisfy the motives of their followers to some degree while power-wielders are only focused on their agenda or goals regardless of follower input (Burns, 1978).

In 1985, Bass expanded on Burns' transformational leadership concept and developed the Bass' Transformational Leadership Theory. Bass (1985) suggests that transformational leadership should be defined by the impact it has on the followers within the organization. He proposed that transformational leaders acquire their followers trust, respect and admiration and

also possess four key characteristics: intellectual stimulation, individualized consideration, inspirational motivation and idealized influence (Bass, 1985). Both Burns (1978) and Bass (1985) measure effective leadership through their actions and the overall impact that they have on their followers.

Further leadership models were developed in the 1990's beginning with Gardner's (1990) theory of leadership as defined by identified traits. Gardner (1990) defines leadership as, "…the accomplishment of group purpose, which is furthered not only by effective leaders but also by innovators, entrepreneurs, and thinkers; by the availability of resources; by questions of value and social cohesion" (p. 38). According to this theory, leadership is a broad phenomenon because through a study of numerous leaders by Gardner (1990) it was discovered that there are some attributes that makes leaders successful in any circumstance. These characteristics were identified to be: Physical vitality and stamina, intelligence and action-oriented judgment, eagerness to accept responsibility, task competence, understanding of followers and their needs, skill in dealing with people, need for achievement, capacity to motivate people, courage and resolution, trustworthiness, decisiveness, self-confidence, assertiveness and adaptability/flexibility (Goleman, 1990).

In 1995, another major leadership model was developed by Goleman (1995) identified as emotional intelligence. Emotional intelligence was originally developed by Salovey and Mayer (1989) and is defined as the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth. Goleman's (1990) model is a combination of the emotional intelligence ability model (Salovey & Mayer, 1989) and the

emotional intelligence trait model (Petrides & Furnham, 2001). According to Goleman (1990) there are five dimensions of emotional intelligence: self-awareness, managing emotions, motivating others, showing empathy, and staying connected. This model proposes that each of these qualities translates into leadership ability that will equal that individual's performance capability. In other words, the stronger a leader is in each of these qualities, the more effective they will be as a leader in their organization (Goleman, 1990).

Another leadership model established by Kaplan and Kaiser (2003) is the versatile leadership model. The authors use a mixed-method study to determine if managers that establish a balance between the task-oriented and people-oriented models of leadership have better management performance. This study uses a two-part research design model to analyze the balance of leadership styles and their correlation to organizational effectiveness. Action research through interviews and surveys is used to gather data from senior level managers before analyzing the data quantitatively for correlations. Kaplan and Kaiser (2003) believe that using one leadership model too much without using another to balance it out often leads to imbalance and ineffectiveness. Instead, they suggest that a versatile leadership model that can utilize various aspects of several models depending on the circumstances. The four leadership models they describe are forceful, enabling, strategic and operational. Ideally, the versatile leader will use the appropriate balance between forceful and enabling leadership and strategic and operational leadership. Results of the study indicate that the more versatility used in leadership style between these four models, the more effective the executive (Kaplan & Kaiser, 2003).

This section has provided a summary of the major general leadership models that researchers have established over the last century. Next, there will be an examination of leadership models that link to organizational performance.

Leadership Models Impact on Organizational Performance

In 1985, Bernard Bass was one of the first researchers to study the importance of leadership models and their immense impact on performance in his book *Leadership and Performance Beyond Expectations* (1985). Bass (1986) points out that something amazing happens in organizations that have excellent leadership, something that is hard to measure with conventional variables. Great leaders often produce great results, but it is often difficult to identify what links the two together. While there has been limited research that successfully measures and connects leadership models to organizational performance, this section will discuss the literature in this area. This concept is important to the study of healthcare leaders and how they impact financial performance of their organizations.

One of the most significant studies was Goleman's (2000) analysis of the consulting firm Hay and McBer's study on leadership. Similar to Kaplan and Kaiser (2003), Goleman (2000) describes a model in which leaders use a collection of distinct leadership styles, stemming from emotional intelligence, at the appropriate times and in the right doses. Furthermore, they state that this model can be learned and that it has been proven to improve organizational performance. The model was developed using the research by Hay & McBer in which they randomly sampled 3,871 executives worldwide on how their leadership styles impacted their organizational performance. They studied and observed thousands of executives in order to identify specific behaviors and how they impact their organizational climate. Six leadership

styles were identified, each of which had a direct impact on the organization's financial performance when used individually. The six styles were coercive, authoritative, affiliative, democratic, pacesetting and coaching. A summary of these leadership styles is as follows; coercive demands immediate compliance; authoritative mobilizes people toward a vision; democratic forges consensus through participation; pacesetting sets high standards for performance; and coaching develops people for the future. Leaders with the best results use a blend of the six leadership styles throughout a typical week, dependent on what was needed in the context. Each of the styles are identified within the concept of emotional intelligence which is the ability to manage yourself and your relationships effectively. Authoritative, affiliative, democratic and coaching styles all have a positive correlation to overall impact on organizational climate which in turn has a positive impact on the financial performance of that organization. This research is significant in that it uses quantitative research to measure specific leadership models impact on organizational results (Goleman, 2000).

Spencer and Seymour (1998) also use research by Hay and McBer to discuss the use of the Hay McBer Causal Leadership Model framework for an organizational development effort at University of Minnesota Medical Center (UMMC). The model suggests that successful leadership competencies and managerial styles produce motivating organizational climates, which arouse employee motivation to perform work well, and these factors produce the desired organizational outcomes: exceptional customer satisfaction and financial performance. The authors review describes UMMC's plan to conduct a 2-year research project examining the relationships among leadership, organizational climate, patient satisfaction, and organizational performance within the organization. The results would then be used to drive organizational

change. While the research project has been completed, the results were not published for public review (Spencer & Seymour, 1998).

Similar research has been conducted on transformational (Bass, 1985) and servant leadership (Greenleaf, 1977) models by Choudhary, Akhtar, and Zaheer (2013). The authors use a quantitative study to examine the impact of transformational and servant leadership models on organizational performance outcomes. A sample of 155 participants was taken from the profit-oriented service sector of Pakistan and the data was analyzed through surveys gathered on a five point Likert scale from the organizations. Choudhary, et al. (2013) sought to find out which leadership style helps leaders obtain maximum profit for their organizations. The study first analyzed links to the models and organizational learning then linked organizational learning to organizational performance. The results showed that transformational leadership had more impact on organizational learning than servant leadership. Additionally it was found that organizational learning enhances organizational performance. However, the research suggests that because both leadership models had an indirect impact on organizational performance, leaders should utilize the models depending upon the situation (Choudhary, Akhtar, & Zaheer, 2013).

There have been multiple studies linking the transformational and transactional leadership model (Bass, 1985) to organizational performance. Flanigan, Stewardson, Fleig-Palmer and Reeve (2013) researched the effects of transformational and transactional leadership on financial performance in the industrial distribution market segment. The study was conducted at the local level to discover how this leadership style of 300 participants affects branch-level sales and margin performance of industrial sales organizations in 100 branch offices nationally

using the Multifactor Leadership Questionnaire (MLQ). The researchers used multiple regression analysis to find that there was a positive association between leaders practicing transformative leadership and higher sales and profit margin performance, while there was a negative relationship between transactional leadership style and sales performance (Flanigan, et al., 2013).

Further research using the transformational and transactional leadership model was performed by Bass, Jung, Avolio, and Berson (2003) to predict unit performance in the United States Army. Leadership ratings were collected from units operating under stable conditions to predict the performance of those units in high stress situations using partial least squares analysis. The study used the Multi Leadership Questionnaire (MLQ) to examine the predictive relationship of 72 platoon leaders with the transformational and transactional model, through the measurement of unit potency, cohesion and performance in combat simulation exercises. Bass, et al. (2003) found that the platoon leaders' transformational and transactional leadership styles had a positive and direct relationship with increased platoon performance. Results also showed that transformational leadership positively related to potency and cohesion, which both positively related to unit performance (Bass, et al., 2003).

Another study using the transformational and transactional leadership model linked to performance was conducted by Obiwuru, Okwu, Akpa and Nwankwere (2011). This research investigated the effects of leadership style on organizational performance within small scale enterprises in Nigeria using the Multi Leadership Questionnaire (MLQ) and analyzed using ordinary least squares multiple regression. Contrary to the previous studies using the transformational and transactional model, the authors found that transactional leadership style had significant and positive effect on performance while transformational leadership style had

positive but insignificant effect on performance. Obiwuru, et al. (2011) suggested that transactional leadership was more appropriate for smaller organizations, while transformational leadership should be applied within larger organizations. This study showed that there is a link between leadership and organizational performance (Obiwuru, et al., 2011).

There can be several conclusions drawn from analyzing the three studies that used the transformational and transactional leadership models (Bass, 1985) and their link to performance. All three studies showed that utilizing transformational and transactional leadership had a positive impact on organizational performance. This is significant because each study was conducted in a different setting and organization. Flanigan, et al.'s (2013) study involved leaders within the industrial distribution market, Bass, et al.'s (2003) study involved military platoon leaders within the U.S. military, and Obiwuru, et al.'s (2011) study involved leaders within Nigerian enterprises. The only variation in results across the three studies was that Obiwuru, et al.'s (2011) study found that there was not a significant impact on performance for those leaders that used transformational leadership. It can be concluded from this research that using transformational and transactional leadership styles increases the probability of positive results in terms of organizational performance.

DeGroot, Kiker, and Cross (2000) used meta-analysis to determine the relationship between charismatic leadership and follower effectiveness, performance, satisfaction, effort and commitment. The author describes charismatic leadership as, "… a mystical, narcissistic, and personally magnetic savior" (DeGroot, et al., 2000, p. 356). While results showed only a small relationship between charismatic leadership and individual subordinate performance, there was significant evidence to suggest that charismatic leadership is more effective at increasing

organizational performance as a whole. As in the previous studies, this research showed that there is was a link to leadership style and performance (DeGroot, et al., 2000).

Koene, Vogelaar, and Soeters (2002) also researched charismatic leadership (Bass, 1985; Burns, 1978) effects on organizational climate and financial performance in their study of 50 supermarket stores in Netherlands. Similar to previously cited literature, the researchers found a clear relationship between leadership and financial performance as well as the organizational climate. Koene, et al. (2002) used statistical ANOVA tests and multiple regression analysis to measure the significance of the variables in this study, and discovered that effective leadership has a direct positive impact on financial performance. The authors found that charismatic leadership positively influenced the financial performance of stores through making staff more aware and responsible in their jobs and this seemed to enhance the quality of work resulting in the strong impact on the bottom line results of the store (Koene, 2002).

The clear theme that has emerged from this research is that leadership does have an impact on organizational performance. While there is a difference in opinion on which leadership model may be the most positively impactful, the data from these studies shows that there is a connection and a relationship between the variables.

The Health Center Administrator Profession

The previous section of the literature review discussed the importance of leadership to organizational performance. While leading any organization is a challenging task, being a leader in the healthcare field can be especially difficult. The career of a health center administrator (HCA) is a multifaceted and difficult leadership position within the healthcare field (Davis, Haacker, & Townsend, 2002; Geletta & Sparks, 2013; Holecek, Dellmann-Jenkins, & Curry,

2010; Tellis-Nayak, 2007). Nationally, HCAs bear the responsibility of ensuring quality of life for over 1 million of our seniors, 50% of whom suffer from dementia and 75% that need help with bathing, dressing, eating, transfers from bed or chair and using the toilet (Tellis-Nayak, 2007). In addition, HCAs manage a 24 hour a day, 7 day a week, often multi-million-dollar operation with human lives at risk. They facilitate the operations of hundreds of staff with expertise in a multitude of areas including but not limited to nursing, therapy, business and finances, admissions, social services, maintenance, dining services, human resources, and housekeeping (Holecek, Dellmann-Jenkins, & Curry, 2010). The pressure for HCAs to produce quality results comes from many angles. Internal and external stakeholders expect near perfection due to the high stakes as there is a clear expectation of excellent care and treatment at all times for America's elders (Davis, et al., 2002).

Tellis-Nayak (2007) discovered several of the difficult aspects of the HCA job through their nationwide study of over 685 administrators focused on both the satisfaction and the sources of frustration within the profession. In terms of stakeholders, the researcher noted that, "The Centers for Medicare and Medicaid Services, state surveyors, investors, insurers, advocates, trial lawyers, accrediting agencies, unions, labor and one's corporate managers are driven by an agenda and plays by rules not always those of the caregivers" (Tellis-Nayak, 2007, p. 22). This quote touches on some of the stakeholders that HCAs must collaborate with to be effective, and there are several that are important to expand upon. First, HCAs interact with and serve families and residents of their centers on a daily basis. This is something that must be done with grace and professionalism as there is the increasing threat of lawsuits, complaints, and building a poor reputation locally for long or short term care (Davis, et al., 2002). Next, each

health center is a revenue driven business that is reimbursed largely through the Center for Medicare and Medicaid Services (CMS). Payor sources such as CMS, private pay, insurance and managed care companies are increasingly difficult and complex to obtain payment from which can shift the focus of quality care to professional liability. Corporate leadership is interested in the bottom line profit each center is producing, and the HCA is ultimately held responsible for the financial performance (Tellis-Nayak, 2007).

Another external factor that makes the HCAs job difficult is the regulatory surveyor process. This does not come at as a great surprise as healthcare in general is one of the most heavily regulated industries in the United States by the federal and state government (An Unhealthy Burden, 2007). The regulatory survey process is an annual, unannounced on-site evaluation of all Medicare and Medicaid participating health centers within a 9-15-month cycle. A team of surveyors measure compliance within federal regulatory standards in all aspects of service delivery and quality of life as indicated by medical, nursing, rehabilitative care, dietary services, activities, sanitation, infection control and the physical environment (Holecek, et. al., 2010 as cited by Harrington, et al., 2000). Tellis-Nayak (2007) states this process is more designed to identify faults than to encourage quality and is often confrontational and lacks collaboration. When there is a standard that is deemed out of compliance, the center is tagged with a deficiency with varying scope and severity (Holecek, et al., 2010). Survey results and compliance can impact the centers ability to receive payment, result in financial penalties and affect the center star rating for public perception and review (Davis, et al., 2002). Research has linked the survey process to job dissatisfaction for HCAs. Holecek, Dellmann-Jenkins, and Curry (2010) found that 78% of HCAs view the survey process negatively and that a negative

perception of that process was associated with job seeking and poor job satisfaction for HCAs. Interestingly, there is research that suggests the biggest factor impacting quality of care and survey results is HCA leadership. Every health center undergoes an annual survey process conducted by their state department of health officials. If, during this survey, the health center is found to violate the state regulations then there is possible denial of payment, fines, denial of Medicaid and Medicare certification, transfer of residents and imposition of the center administration. This process demands that health centers remain in substantial compliance with the Medicaid/Medicare care requirements, that staff address all deficiencies promptly, and that residents receive the care and services they need to meet their highest practicable level of functioning. All deficiencies are confirmed through records, interviews and observations (Geletta & Sparks, 2013).

There is also a significant retention and turnover problem in the HCA field. The trends show that over 7,000 HCAs will leave the job this year, as they did last year and the year before that (Tellis-Nayak, 2007). In fact, 40% to 43% of health centers change their administrators every year, which has been the trend since 2005 for HCAs nationally (Holocek, Dellmann-Jenkins, & Curry, 2010; Tellis-Nayak, 2007). There are multiple causes for this high turnover rate according to the research. Geletta and Sparks (2013) investigated the relationship between HCA turnover and quality of care and found that the higher the administrative turnover, the higher the number of survey deficiencies. Tellis-Nayak (2007) also found that the survey process was one of the main factors contributing to HCA turnover due to the process being set up to identify faults instead of encourage quality. Tellis-Nayak (2007) found that HCAs believe that the process is often confrontational and punitive versus educational and leaving room for

collaboration. Furthermore, the survey regulations often defy common sense and set expectations that are near impossible to reach at times which contributes to HCA stress and job satisfaction. Another reason for turnover in the HCA field is the increasing regulatory pressures from external stakeholders such as the aforementioned CMS but many others including investors, insurance companies, lawyers, accrediting agencies, unions, and corporate management. According to HCAs, these external stakeholders put extraordinary pressure on their centers to play by their rules and dictate much of the operation which takes a lot of the control away from the HCA. The rules and regulations also seem to change at a high rate making it difficult to comply on a routine basis. Due to the complicated nature of the business and high stakes of meeting the multitude of regulations, corporate management often micro manages HCAs and stifles their autonomy, creativity and other joys of leadership (Tellis-Nayak, 2007). In addition to the high turnover, there is also a shortage of individuals going into the profession. Tellis-Nayak (2007) noted that the number of candidates that will take the national licensure exam to become a HCA has shrunk by 40% in 2007 in comparison to recent years.

All the aforementioned dynamics play into the fact that HCAs have turned into, "…a compliance officer, risk manager, and entrepreneur all rolled into one" (Tellis-Nayak, 2007, p. 22). Although the leadership position is a difficult one, there are some positive aspects. The average salary for HCAs in 2014 was $106,953 not including the average bonus compensation of 15.16% of their salary annually. That is an increase from 2013 in both salary and bonus compensation, as it is clear that increases continue to be solid for this career. Interestingly, not only is the compensation competitive, there are more opportunities than ever to become a HCA. Sean De Vore (2014), president of a national HCA recruiting firm, notes that quality long-term

care administrators are constantly in demand and the job market is thriving (McKnight's Long Term Care News, 2014). Another positive aspect to this career is the fact that working as a HCA can be very rewarding. HCAs that are satisfied with their jobs attribute their happiness to the fact that they have the opportunity to make a difference in the lives of residents, families, and staff every day which cannot be measured monetarily (Tellis-Nayak, 2007).

In summary, the position of a HCA is difficult and challenging, and it could be beneficial to the profession to identify a legitimate leadership model that is applicable. While several leadership models have been researched within the context of general healthcare leadership, there has been minimal research on leadership models for the specific field of health center administration. The Total Leadership model could be a possible solution to this gap.

The Total Leadership Concept

Friedman Background and Previous Work

The Total Leadership model was developed over the past 30 years through a blend of research and field based studies by Stewart Friedman who is currently the Director of the Wharton Leadership Program at the University of Pennsylvania (Friedman, 2008).

Friedman has published several books in the area of his research interests which include work/life integration, leadership development and the dynamics of change. Most of Friedman's published work and research has focused on work/life integration which is a primary component of the Total Leadership model. His first book *Integrating Work + Life: The Wharton Resource Guide* (1998) was created through several Wharton Work/Life Roundtable sessions led by Friedman and DeGroot, an MBA student at Wharton. The goal of the roundtable was to develop new knowledge about work and personal life through researching the evolving careers and

personal lives of individuals within the Wharton community. The group consisted of academics, work/life consultants, and employees in other large organizations. Through this ongoing study, Friedman and Degroot (1998) were able to compile a list of skills and principles that assist in managing work/life dilemmas. The whole framework to the book is based off of three principles. First, clarify what is important by aligning personal interests and the vision of the organization to find common ground. Second, recognize and support the whole person and build a foundation for flexibility. Third, continually experiment with how goals are achieved through finding creative solutions to business and personal dilemmas. The book goes into detail on specific actions and examples on how to achieve each of these principles in one's own individual work/life situation (Friedman, DeGroot, & Christensen, 1998). This was the beginning of the formation of what would become the Total Leadership model several years later for Friedman.

In 1998, Friedman, Christensen, & DeGroot published an article discussing work/life integration titled *Work and Life: The End of the Zero-Sum Game* (1998) which discussed the conflicting demands of work and personal life. The author used cases from several dozen U.S.-based companies that vary in terms of industries to analyze the process of finding a balance between work and personal life. This balance requires a partnership between the manager and the employee. Friedman, Christensen, and DeGroot (1998) discovered that the companies that had success in finding a balance between work and personal life had management that granted extensive autonomy to their employees as to how they achieved desired company results and goals. In these situations, managers and employees had complete transparency in their dialogue about personal goals and adjusted work schedules that benefited both the company and the individual. Throughout the case studies a theme that emerged in successful cases was that there

was value placed more on productivity than face time. In other words, being present and face to face with employees was not the main focus, results were more important (Friedman, Christensen, & DeGroot, 1998).

Friedman and Greenhaus co-authored a second book *Work + Family - Allies or Enemies?: What Happens When Business Professionals Confront Life Choices* (2000) which analyzed the choices and consequences of the decisions that are made in what the authors call life's two central domains, work and family. Friedman and Greenhaus (2000) surveyed 860 business professionals and graduates from Drexel University and the University of Pennsylvania business schools about their values, work lives, and family lives. While there has been a multitude of literature on the topic of work/family connection, the authors state that this book addresses the gap of the details behind understanding the tensions between work and other life roles. The data showed that the most satisfied individuals were those that placed dual importance on work and family versus more focus on one or the other. Furthermore, the research showed that equal involvement in work and family as well as being psychologically engaged in both domains led to greater fulfillment for those individuals in their career, family lives, personal growth, children's development, and overall life satisfaction. These individuals chose life priorities that allowed them to integrate work and life instead of choosing one over the other to focus on. This study showed that work and family can be either allies or enemies depending on life choices and priorities. As Friedman and Greenhaus (2000) put it, "Resources derived from one role can be fruitfully applied to the other, and positive emotions initially experienced in one part of life can spill over to enrich other domains of life as well. When our experiences, behaviors, and feelings cut across life roles in favorable ways, work and family are allies, and are

integrated" (Friedman & Greenhaus, 2000, p. 142). However, when there is a lack of support or clarity in values in one area over another, work and family are enemies that can consistently conflict with one another (Friedman & Greenhaus, 2000).

Friedman and Sharon (2003) published *The Happy Workaholic: A Role Model For Employees* that analyzed leaders that focused on what matters most to their employees in all aspects of their lives not just work. Results showed that more than ever talented labor force is looking for organizations that allow them to fulfill personal goals while making a living. Based on this study the authors concluded that organizations gain a competitive advantage and better results through creating a supportive business culture that values the whole person. Friedman and Sharon (2003) conducted 100 interviews in 25 organizations over four years (1999-2002) focusing on questions about the organization's approach to work/life culture change, the role of senior executives making the change, and the challenges associated. The most surprising finding from the study was that the senior executives did not have to be role models for "balance" but instead most were what the authors call 'happy workaholics.' Happy workaholics are defined as role model leaders that reflect their core values about work and personal life but also see the benefit of allowing their employees to act according to their beliefs about the same things. For these senior executives it is more about authenticity than balance and more about results or productivity than traditional face time or time at work. One of the major concepts that Friedman uses throughout all of his work is the belief that balance is the wrong concept, instead the leadership challenge at hand is authenticity. Friedman & Sharon (2003) found that authenticity over balance allows for a respect of diversity in choosing personal values because there is no one best choice. While many of the senior executives in this study work long hours and days (hence

the term ‘workaholic’), that aligned with their values and what is important to them. Lastly, the study found that the happy workaholic leaders allowed freedom of choice among their staff through focusing on the results instead of the process by telling staff what outcomes must be achieved instead of how to do things (Friedman & Sharon, 2003).

Friedman’s most recent book *Baby Bust: New Choices for Men + Women in Work + Family* (2013) focused on a cross-generational study regarding graduate students views on work/life and family. Friedman (2013) conducted surveys with graduate students from the Wharton School of Business in two cohorts, 1992 and 2012. The study allowed a longitudinal look across 20 years at two different generations, Generation X and Millennials. The study revealed that both men and women’s view of work/life and family have drastically changed. There were several significant findings regarding this shift in mindset between generations. First, the rate of graduates who plan to have children has dropped by nearly half and men and women are now more aligned in their attitudes about dual-career relationships. Secondly, the definition of family has been redefined from a focus on children to a greater emphasis on relationships, friends and job networks. Due to the higher number of families with both parents working, it is harder for parents now to have time to invest in their children because of their careers. For Millennials, the meaning of family is more about a network of friends and a closer tie to their immediate family domain than Generation Xers. In summary, Friedman (2013) suggests that young professionals embrace the cultural changes in work/life and take the time to plan and invest in what matters to them in terms of their definition of family which is aligned with his previous work regarding the Total Leadership model (Friedman, 2013).

Friedman published his most popular book *Total Leadership: Be a better leader, have a richer life* (2008) which framed and established the concept of Total Leadership. Friedman (2008) built the foundation for the model from gaps in leadership research and literature developed over the years, especially in the area of work/life integration and the whole person. He cites the early leadership trends of focusing on traits which then transitioned to the emotional and social intelligence movement of the 1990s encompassing the personal aspect of leadership; connecting with humanity and the leader within. However, pockets of leadership literature shifted to how we fill different roles and their effect on each other, which began in the 1960s with Goode's (1960) role theory and other systems designed to analyze how organizations and individuals within them interact with regards to their lives. From the early 1970's until recently, the field of work/family balance has been consumed with models that presume conflict between work and the rest of life, which is where the solution of Total Leadership fits in. Friedman (2008) cites the work of Sigmund Freud and Carl Roger on the nature of leadership and the pursuit of happiness in work and life that has shaped much of the theory of the 21st century. He also attributes formation of the Total Leadership model to John Gardner's (1990) research suggesting that leadership must begin with a lifelong pursuit of self-knowledge. Friedman also cites management expert Peter Drucker's notion of creating small wins through innovation to create organizational change as being impactful on his theory (Friedman, 2008).

Beyond the literature, Friedman (2008) developed the Total Leadership concept using his academic role to show individuals that who they are professionally can be enhanced by who they are in other aspects of my life. Friedman's (2008) research focused on the importance of bringing the whole person to work and gaining an understanding of the interplay between work and the

rest of life. Using data generated through the Wharton Work/Life Interests Project, an initiative that gathered information from thousands of students and alumni, Friedman's (2008) leadership team at Wharton explored the intersection of career and life interests for the past two decades. Connections were made between leadership development and personal-life challenges and empowered students to think about choosing careers that aligned with their deepest values (Friedman, 2008).

What is Total Leadership?

According to Friedman (2008) the purpose of Total Leadership is to improve performance in all four domains of life by creating mutual value among them. The four domains of life that the model refers to are work, home, community and self. Work refers to one's career or job, home is one's family, community refers to friends, neighbors and religious or social groups, and self is one's mind, body and spirit. Friedman (2014) describes, "In an age of constant communication and economic pressure, everyone is struggling to have meaningful work, domestic bliss, community engagement, and a satisfying inner life" (Friedman, 2014, p. 112). The author suggests that many leaders are feeling disappointed, overwhelmed, and complacent because they feel like they have to forsake performance in one or several of the four domains for the other. However, the Total Leadership model is designed to allow for the pursuit of excellent performance as a leader in all of the domains through better integration between work and the rest of life. Friedman (2014) vehemently believes that the answer is not a commitment to better 'work/life balance', because this would assume that one must make trade-offs in one of the four main aspects of life. Through Total Leadership he teaches against the notion that finding satisfaction and performing higher in all areas has to be a zero-sum game. Instead, the model is

built around striving for what Friedman (2008) calls four-way wins. Achieving four way wins begins by clarifying the questions of "What do you want and how much can you contribute to each domain of life?" Secondly, there must be clarification on who are the individuals in one's life that matter the most and identify their expectations as well as what is expected of them. Essentially, this is a practice of aligning values in all areas of life, and placing the time and effort on the appropriate domains (Friedman, 2008).

How Can Total Leadership Be Achieved?

Friedman (2008) proposes that once this foundation is laid then integration can continue through embracing three key principles; be real, be whole, and be innovative. These principles have been tested by Friedman for over a decade with executives, MBA candidates and other professionals interested in improving their leadership performance. To start with, being real is acting with authenticity by clarifying what is important, which allows one to do what they love while still creating value for the family and career aspects. Next, individuals must establish a compelling vision of the everyday actions that align with both their personal values and the values of their chosen groups. In addition, they make a commitment to collaborating with the people they care most about and hold themselves and others accountable for following through with their vision. Then, Friedman (2008), there needs to be genuine reflection about how crucial events in the past have shaped an individual's values and direction for the future. Lastly, there needs to be an honest assessment of the importance of work, home, community and self. The individual should determine how much time and attention there is being focused on each of these parts of their life, how satisfied they are in each area and how well aligned each area is with their

goals. Through this process, a foundation for authenticity can be established and an individual can truly know what really matters to them moving forward (Friedman, 2008).

The next step of applying the Total Leadership model is to be whole which means to act with integrity by respecting the whole person. Friedman (2008) explains that this can be achieved by first respecting and acknowledging all the roles an individual plays in life that make up the whole person and ensuring that others understand those roles. Subsequently, they must identify who really matters to them, just as they identified what was important to them in the previous step. Friedman (2008) calls these people your key stakeholders, and once they are established it must be clear what is expected of them and what they expect as well. Then there must be an assessment of how these performance expectations and one's assets and skills are interrelated and how everything fits together as a whole. This can be the hardest part of the Total Leadership program, because there must be clarity about what really matters to the most important people. However, this is often the most rewarding piece of the program because there is transparency which takes away a lot of the stress and pressure of life. Once this is accomplished, there should be a network of trust present in which the key stakeholders are supportive in all domains. The last part of being whole is managing the boundaries of the established expectations and maintaining seamless transitions between domains (Friedman, 2008).

The third principle of the Total Leadership model is to be innovative which means to act with creativity. Friedman (2008) describes this process as keeping a results-driven focus while providing maximum flexibility when choosing how, when, and where things get done. He argues that because it is now clear what and who matters most, then one can now be free to use

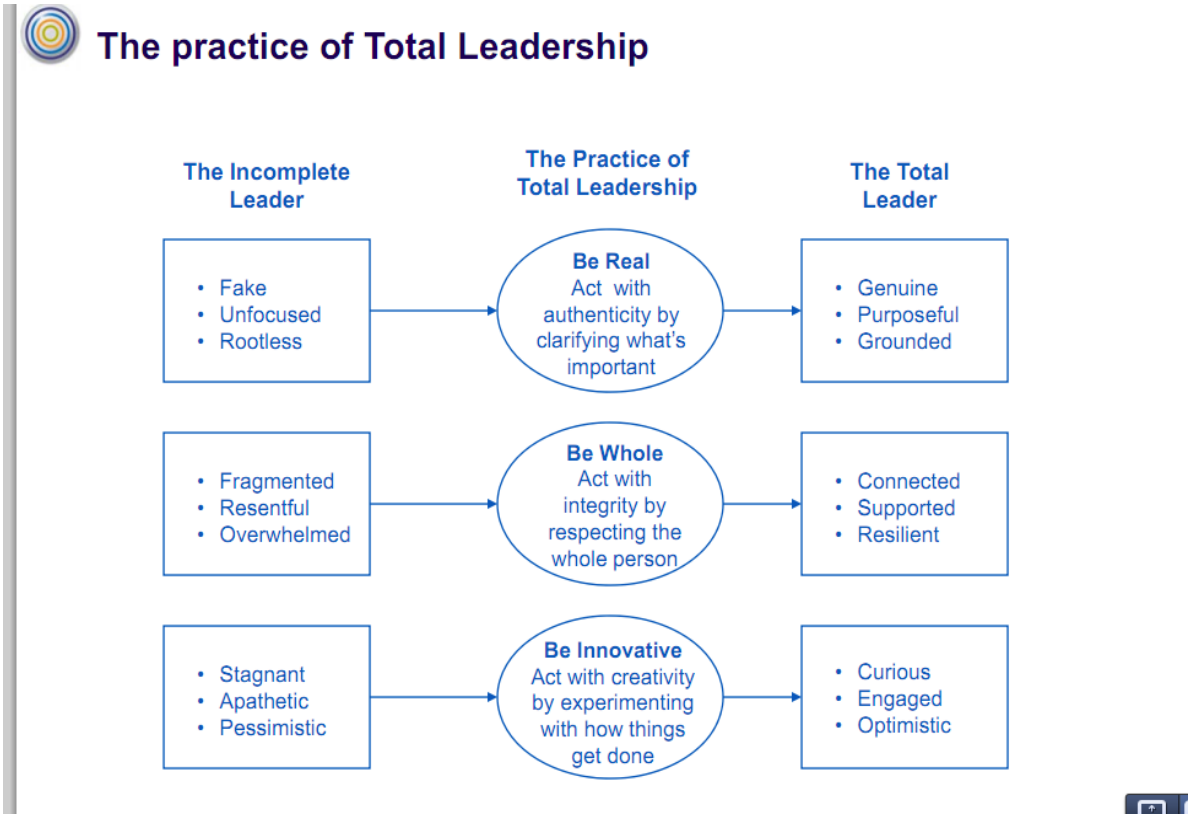
innovation. An individual should do this by questioning the status quo, not accepting tradeoffs that hurt performance and embracing change. In the Total Leadership model this is done through designing and implementing smart experiments that will produce better results in all parts of life. Basically, Friedman (2008) states that an individual can use trial and error experiments to discover the best way to get things done. These experiments are encompassed in nine different categories (Friedman, 2008). The first category is *tracking and reflecting* which is keeping a record of activities, thoughts and feelings in order to assess progress on personal and professional goals. In theory, this should help to increase self-awareness as well as maintaining priorities. Secondly, is *planning and organizing* through taking action to make better use of time while also preparing and planning for the future based on what has been identified as being important to the individual. Next, is *rejuvenating and restoring* which means paying close attention to the body, mind and spirit so that the tasks of daily living and working are undertaken with renewed power, focus, and commitment. This aspect is making sure that the daily grind does not take over life to the point where an individual is not focusing on those three most important aspects of self. The following category is *appreciating and caring* which is basically having fun and enjoying people outside of the work setting, caring for others, and appreciating relationships as a way of bonding at a basic human level to respect the whole person, which increases trust. *Focusing and concentrating* is the next category which is essentially being physically and psychologically present when necessary in order to pay attention to stakeholders who matter most such as family or friends. Often this means saying no to opportunities or obligations in order to show more respect to the important people in one's life and to be accessible to them. The subsequent category is *revealing and engaging* which is sharing more of

yourself with others and listening to them in order for them to better support your values and the steps you want to take toward your leadership vision. Part of this category is improving communication about different aspects of life, which allows you demonstrate respect for the whole person. The next category is *time-shifting and "replacing"* which is working in a different way, whether remotely or changing hours, to increase flexibility and therefore increase time for community, family and personal activities while also increasing work efficiency. This directly challenges traditional assumptions about work/life and allows trying new ways of getting things done. The following category is *delegating and developing* which requires a reallocation of tasks in ways that increase trust, free up time, and develop skills in yourself and others. Basically, this is working smarter by reducing or eliminating low-priority activities. The last category is *exploring and venturing* which is taking steps toward a new activity of your choice, possibly a job or career that better aligns your work, home, community and self with your core values and aspirations. The hope is that by doing this, you will create a healthy learning environment through an intelligent trial and error system. Once these principles have been implemented, Friedman (2008) states that there must be a careful review of the impact of the experiments on performance in order to identify what worked, what didn't, and why. Then analyze the expectations of key stakeholders as aligned with one's values and aspirations and reflect on what the applications are for continued growth as a complete leader (Friedman, 2008). Friedman (2008) shows in figure 2 the overall transformation that should occur when the model is applied.

Becoming a Total Leader.

In summary, the Total Leadership model is a potential method of producing sustainable change in leadership performance in all parts of life and has been grounded through decades of

research by Friedman since 1984. This theory may have applicability to the HCA profession, which is the context of the proposed study. The below flow chart is an accurate depiction of the evolution of an incomplete leader to a total leader (see Figure 1 – The Practice of Total Leadership, Friedman, 2008)



Work/Life Balance

Although Total Leadership is a clear paradox to work-life balance, it is also important to discuss the well-researched concept to ensure that the differences are clear between theories. There is an abundance of literature on the balance of work or career and family life over the past few decades (Barling & Sorenson, 1997; Greenhaus & Parasuraman, 1999 as cited by Greenhaus

& Powell, 2006; Kanter, 1977). Barnett (1998) noted that there is little agreement about what constitutes the concept of work/family. Researchers investigating work-life issues study topics such as conflicts with personal schedules, household duties, child or elder care, stress, marital relationships, home environment, and physical and mental health (Barnett, 1998). Much of the literature surrounding the concept of work and life balance is focused on the assumption that there is a limited amount of time and human energy and those that participate in both work and family roles inevitably experience conflict and stress that deter their overall quality of life (Greenhaus & Powell, 2006). Specifically, there is a zero-sum game at play in which you must sacrifice time in either your work life or your home life (Friedman, 2008). Furthermore, researchers are now suggesting that work-life balance is regarded as one of the most important workplace qualities, second only to compensation (Kumar & Chakraborty, 2013).

Many different components have been studied within the work-life concept in order to find a better solution to the problem. Bulger, Matthews, and Hoffman (2007) investigated boundary management profiles of workers with an investigation of the segmentation-integration continuum while also analyzing the relationship between boundary management strategies and work/personal life balance. Results of the study indicated that the less the flexible boundaries the more interference with their work-life balance, while the more permeable the boundaries the more enhancements were experienced in that area. Matthews, Swody, and Barnes-Farrell (2012) examined the role of work hours in relation to work-life balance and suggest that role salience is positively related to behavioral involvement with work and with family. Adversely, behavioral family involvement is negatively related to works hours and family to work conflict and behavioral work involvement is positively related to work hours.

Groysberg and Abrahams (2014) included the interviews of roughly 4,000 executives worldwide and 82 executives in a Harvard Business School leadership course to determine how they reconcile balance between their professional and personal lives. The authors identified the problem as executive leadership in this generation are finding it nearly impossible to attain balance through constant multi-tasking, which prevents them from engaging either at work or at home in a meaningful way. Results of their study determined that the executives that are finding this balance are doing so by making deliberate choices about which opportunities to pursue in both areas. Groysberg and Abrahams (2014) propose through their data that leaders who carefully manage their own human capital in this way achieve more satisfaction professionally and personally. This study in work-life balance is closer to the concept of Total Leadership than some of the other strategies in the field because it addresses determining what is important and places value and time in those areas. However, there is still the idea that there must be a trade off in one area for another, which is opposed to the Total Leadership model (Groysberg & Abrahams, 2014).

Several researchers have taken a similar stance to Friedman (2008) in suggesting that work/life balance is a myth. One of the first individuals to take this stance was socialist and organizational theorist Mary Beth Kanter in her seminal work *Work + Family in the United States* (1977). Her book was one of the first pieces of work that called attention to what Kanter (1977) phrased the "myth of separate worlds." Kanter (1977) argued that the assumption of separation between work and family was a myth and that future research should take a cross-domain approach to examine how work and family affect each other. Furthermore, she called to action future generations of researchers to take a closer look at different work and family

circumstances in order to determine whether they stifle or promote well-being for the individual (Kanter, 1977). Another researcher that takes this stance is Jon Gordan. In Gordan's (2011) article *The Myth of Work/Life Balance: 7 Ways to Rethink Your Approach to the Daily Grind*, he suggests that the concept of work-life balance is a myth and quite unobtainable. However, he suggests that the topic is quite relevant as a recent survey of North American employees found that 87 percent of participants regard work-life balance as negatively affecting their health. The author proposes that instead of the focus on balance, there should instead be a change to the overall approach philosophically. Gordan (2011) proposes that there is an appropriate season or time for everything and that an individual needs to ensure that they have a career with meaning in order to fully be content. The process for achieving this contentment is outlined through a list of several suggested approaches to daily living focusing mostly on aligning purpose (Gordan, 2011).

Taken as a whole, the literature on work-life balance overwhelmingly suggests that there must be a trade off in either work or home life in order to achieve happiness, contentment or success. This is a distinct paradox from the Total Leadership model. Total Leadership however suggests an alignment of values in all domains of life that improves performance in all areas, while work-life balance suggests that one area, either work or life, must suffer for the sake of the other.

Conclusion

The purpose of this chapter was to provide a review of the literature surrounding leadership models, health center administration, the Total Leadership model, and studies that link leadership to organizational performance. It is apparent from this review of the literature that

there is a gap in the literature for both the HCA profession and the Total Leadership model. There are limited studies examining HCAs and leadership models, which validate the importance of this study to the field. Moreover, there are no known studies applying the Total Leadership model to organizational performance or the HCA profession, which further substantiates the need for research in this area.

CHAPTER 3: METHODOLOGY

This chapter describes the methodology and research design of this study. The purpose of this study is to discover how the Total Leadership model is linked to financial performance for HCAs within a single organization. This study's purpose has also defined the structure of the methodology and research design. Initially, similar to previous research (DeGroot, Kiker, & Cross, 2000; Koene, Vogelaar, & Soeters, 2002; Pereira & Gomes, 2012; Choudhary, et al., 2013), this study sought to use quantitative measurement to link leadership to organizational performance. There were several unique aspects to this research. No known previous study has used the Total Leadership survey tool or model to measure organizational performance through quantitative analysis. Furthermore, there were limited studies within the healthcare leadership field that link leadership to organizational performance.

This chapter will be divided into five sections; research design rationale, research participants, procedure, data collection and analysis, and limitations. The rational for the research design section will focus on building a case for using the Total Leadership survey to quantitatively measure financial performance within a single organization. The next section will simply describe the participants of the study. The procedure section will provide an outline for the process that will take place during the study, which will include the various steps involved in

conducting the research within the organization. The next section will simply explain the data collection and analysis methods. Lastly, the final section will describe the limitations of this study. There will also be a discussion of the overall methods at the conclusion of this chapter.

Rational for Research Design

The research design for this study was intended to quantitatively measure the impact of a singular leadership model on the financial performance of an organization. Best practices in survey research include collecting data in standardized form through questionnaire or interview, seek explanation, and provide data for testing hypotheses (Kelley, Clark, Brown, & Sitzia, 2003). This study measures the impact of one leadership model, Total Leadership, on the financial performance of a single organization. That measurement was produced through assessing the Total Leadership competency of the HCAs within that organization using the Total Leadership survey tool which was distributed online using the online Google survey tool. Past studies have measured aspects of leadership that cause or correlate to organizational performance (DeGroot, Kiker, & Cross, 2000; Koene, Vogelaar, & Soeters, 2002; Pereira & Gomes, 2012; Choudhary, et al., 2013). This study-design used similar methods to assess HCAs leadership competency within the four domains of life; work, home, community and self. This assessment was achieved using the Total Leadership survey tool, developed by Friedman(2008). Friedman (2008) has used years of extensive research to develop this assessment tool for his studies as well as for organizations to use to inform their stakeholders about the core Total Leadership concepts; how they apply to each individual participant; and how individuals, groups and organizations compare. The author suggests that the proper application of these assessment tools enables any organization or individual to show how leadership skills and attributes are enhanced as a result of

applying the Total Leadership model. The focus of the Total Leadership survey assessment tool derives from the three core principles of being real, being whole, and being innovative. The survey is available online at the Total Leadership website, www.totalleadership.org, titled *My Total Leadership Skills*. The original survey was an 18-item inventory of how real, whole and innovative an individual measures within each category. There was 30 points given for each category, 30 points for each section, for a total score of up to 90. Survey questions were measured on a Likert scale, each answer to the survey having the options of strongly disagree, disagree, neither agree or disagree, agree or strongly agree. In addition to the Total Leadership section of the survey, there were several questions regarding center performance for 2014 that were added (see appendix D). The center performance questions were to gauge the level of performance in multiple measurements in order to analyze the impact of the Total Leadership model on center performance for HCAs. The demographic and performance sections of the survey were answered through drop down menu, multiple choice and sliding scale options. The research study was explained to the HCAs participating through a phone call prior to survey delivery and a copy of the invitation to participate and the informed consent form were emailed. Instructions to access the survey online were included in the invitation email. After the potential participant accessed the online survey, a copy of the informed consent form comprised the first screen, and participants indicated their willingness to participate on this page before being given access to the remainder of the survey. Using this survey, the study tested the following hypotheses:

H_1: Total leadership scores correlate with financial performance.

H_2: The more 'real' a leader is the higher they perform financially.

H_3: The more 'whole' a leader is the higher they perform financially.

H_4: The more 'innovative' a leader is the higher they perform financially.

This study examined the Total Leadership scores received from the survey data and compared it to the financial performance of the center where the HCA is currently employed. The financial performance was measured by whether they met or did not meet targeted budget, which will help to eliminate the bed size of the center as a factor. For example, a 180-bed center is going to make a higher total profit than a 60-bed center, but by measuring if they met or did not meet budget, it showed the centers financial performance according to budgeted goals. This data was important as the study sought to understand the leadership competency of each HCA assessed through the Total Leadership model, and the size of the center should not play a factor in that consideration. Other elements of leadership were also measured on the survey including organizational climate, clinical validation and systems, customer service surveys, and state survey results. The organization has measurable results in each of these areas which further showed leadership competency and performance which assisted in analyzing the performance level of the participants in the study.

Research Participants

The research sample consisted of all HCA's in a selected medical organization with centers in Virginia and North Carolina. There were 41 possible HCA's within this organization. Participants were not surveyed for demographic information in order to maintain as much confidentiality as possible. There were two criteria that were used for selecting the HCAs. First, the individuals had to be HCAs within the selected organization at one of the 41 centers in Virginia and North Carolina. Secondly, the HCAs had to have been in their position for most of

the 2014 year or at least 9 out of 12 months. This criterion was used because in order to use the performance data linked to the HCA's center, they had to have been in their position for most of the year to impact the performance.

Procedure

The initial step was to gain approval from the organization regarding this study. The Chief Operating Officer of the organization drafted and signed an approval letter that allowed obtaining the appropriate financial data to be accessed and to access all HCAs (see appendix C). The organization does not currently have an internal review board but the letter was approved through the organization's legal department. Once the approval was obtained, potential administrators were identified within the company who had been employed at their centers for at least 9 months of the 2014 year. There were 28 HCAs that met these criteria. Next, the identified potential participants were called individually and the researcher used the phone script (see appendix A) to explain the details of the study and survey process as well as answered any questions regarding the research process. After each potential participant was called, the researcher contacted the Vice Presidents of each region to send out an email to the administrators under their leadership showing their support of the study. Once this step was completed, an email was sent to the potential participants to briefly reiterate the survey procedure with a link to the online Google survey (see appendix B). Within two weeks of sending the original survey, the researcher followed up to determine if the survey response rate was at an acceptable level. 89.3% of the potential participants responded to the survey within a week of receiving it. The researcher sent out a follow up reminder email with the same information in the original email with a sentence at the beginning stating that there was still time to complete the survey. The final

response rate remained at 89.3% for the study. Lastly, the data was imported into IBM Statistical Package for the Social Sciences (SPSS) Graduate Pack version 21 for Microsoft Windows 2007. SPSS was used to analyze quantitative data through multiple regression analysis. Analysis of variance (ANOVA) and paired t-tests were not used since the dependent variable, financial performance, was continuous. See further details on data collection and analysis in the section below.

Data Collection and Analysis

The primary data collection instrument was the Total Leadership survey which was delivered online through email to the Google survey link. Participants responded to these questions with answers ranging from strongly agree to strongly disagree. Most of the responses were converted to a Likert Scale with 5 representing strongly agree, 4 agree, 3 neither agree nor disagree, 2 disagree, and 1 strongly disagree. There were also performance related questions on the survey that were a combination of drop down menus and multiple choices. Once the results were obtained, the data were entered the Total Leadership section of the online survey at www.totalleadership.org for a detailed breakdown of each HCAs score. This further enabled me determining competency with the Total Leadership model.

CHAPTER 4: RESULTS

This chapter is separated into three sections to present the data collected. First, the descriptive statistics will be reviewed for both center performance and Total Leadership. The data for the descriptive statistics was obtained from the HCA survey responses and gathered using SPSS. Secondly, analysis of the data will be presented. Finally, there is an examination of the research questions as they relate to the collected data according to the correlational analysis.

Descriptive Statistics

The primary purpose of this study was to measure the impact, if any, of the Total Leadership model on the financial performance of HCAs. There was also an analysis of the impact of the Total Leadership model on additional center performance metrics of HCAs. The raw data from the Google online survey tool was entered manually into the Total Leadership survey online, which was attached to the Google survey answers. The data was then manually entered and coded into SPSS for each participant's responses. The participants responded to several center performance questions that had a combination of drop down menu, multiple choice and sliding scale options. The participants responded to the Total Leadership portion of the survey measured on a Likert scale. Each answer to the survey had the options of strongly disagree, disagree, neither agree nor disagree, agree or strongly agree.

The research sample consisted of HCAs within a single organization employed at their centers for a minimum of nine months in 2014. The HCAs surveyed operate centers that range in size from 60 beds to 240 beds throughout North Carolina and Virginia. The response rate was 89.3%, and a total of 25 HCAs participated in the study out of a possible 28. Three HCAs opted out. All other participants taking part in the research study completed an informed consent agreement prior to completing the survey. No demographic information was gathered on the participants in order to have as much confidentiality as possible for the HCAs.

Survey Question Results

The survey results were separated into two sections which were center performance scores and Total Leadership scores.

Center Performance

Participants were asked eight questions, which ranged from financial performance to other performance metrics such as annual state survey results. Participants responded to these questions using a drop down menu, multiple choice and sliding scale options. Data from this section of the survey are provided in Tables 1-6.

Table 1 - Center Performance Survey Descriptives

	Question Description	Answer Description	Frequency	Percentage
Q1	Annual financial performance	1 - Met or exceeded targeted annual budget	1 - 15	60%
		2 - Did not meet targeted annual budget	2 - 8	32%
		3 - Had a hard loss for the year	3 - 2	8%

Table 1 shows the center performance results for annual financial performance for the HCAs surveyed within this organization. Sixty percent met or exceeded the target annual budget for 2014, while 32% did not meet target. Eight percent of the HCAs had a hard loss, which means they actually lost money for the year. Achieving targeted budget and making an annual profit is a very crucial part of any HCAs professional livelihood in the field of healthcare leadership (Davis, Haacker, & Townsend, 2002). The organization that the participating HCAs operate under measure financial performance monthly and annually as well as post the results openly for all HCAs to review.

Table 2 - Center Performance Survey Descriptives

	Question Description	Answer Description	Frequency	Percentage
Q2	Center's annual survey results	1- More than state avg. w/ no high level tags	1 - 0	0%
		2 - More than state avg. w/ one or more high level tags	2 - 0	0%
		3 - Less than state avg. w/ no high level tags	3 - 20	95%
		4 - More than state avg. w/ one or more high level tags	4 - 5	5%

Table 2 shows the center performance results for annual survey results for the HCAs surveyed within this organization. Annually the state health department does an inspection of all

skilled nursing facilities to ensure regulations are being followed. The state team is regulated by CMS which controls reimbursement as well as what regulations are to be followed. Each survey results in a certain number of tags, or deficiencies of practice, that has to be corrected in a certain time period. These tags have several different levels that include low, middle and high. High-level tags mean that severe care issues have occurred and often come with financial penalties as well as a revisit from the state survey team to clear the deficient practice. Each state publishes their state average annually, which is what this survey is using to measure for performance. Ninety-five percent of the HCAs surveyed had less than the state average for tags and received no high level tags, which is excellent performance. Five percent had a survey with more tags than the state average and one or more high level tags.

Table 3 - Center Performance Survey Descriptives

	Question Description	Answer Description	Frequency	Percentage
Q3	Center's cms star rating	1 - 1 Star	1 - 2	8%
		2 - 2 Star	2 - 1	4%
		3 - 3 Star	3 - 6	24%
		4 - 4 Star	4 - 3	12%
		5 - 5 Star	5 - 13	52%

Table 3 shows the star rating for each facility for 2014 as rated by CMS. There are four individual factors that are measured on a five star scale that add up to a total star rating. The four factors are quality measures (clinical performance), health inspection (annual survey), staffing (level of direct care nursing staff), and RN staffing (level of RN staffing). An individual can look up a skilled nursing facilities star rating online at any time. Fifty-two percent of the HCAs surveyed had 5 star centers in 2014, while 24% had 3 star centers. Out of the remaining centers 12% had 4 star, 8% had 1 star, and 4% had 2 star ratings.

Table 4 - Center Performance Survey Descriptives

	Question Description	Answer Description	Frequency	Percentage
Q4	Employee opinion survey rating	1 - Green	1 - 16	64%
		2 - Orange	2 - 9	36%
		3 - Red	3 - 0	0%

Table 4 shows the 2014 annual results for the employee opinion surveys (EOS) completed by corporate auditors within the HCA's organization. Every year, this organization conducts an in depth set of interviews with staff from every department at every center designed to gauge the overall morale of the center. The levels of morale are measured with three different colors. These are green (excellent), orange (fair), and red (poor). Sixty-four percent of the HCAs surveyed achieved a green score on the EOS, while 36% got an orange score. (If you are starting a sentence with a number, please write out the number.

Table 6 - Center Performance Survey Descriptives

	Question Description	Answer Description	Frequency	Percentage
Q7	Nursing validation of systems	Scale Option 1-10	5 - 1	4%
			7 - 2	8%
			8 - 4	16%
			9 - 6	24%
			10 - 12	48%
Q8	Rehab validation of systems	Scale Option 1-7	3 - 2	8%
			4 - 2	8%
			5 - 2	8%
			6 - 6	24%
			7 - 13	52%

Table 6 shows the 2014 internal audits for nursing and rehabilitation, which are also called validation of systems. Annually, the organization conduct audits on metrics that have been proven to predict success clinically within the nursing and rehabilitation departments. These audits are unannounced and thorough. Nursing is measured on a scale of 1-10 systems with 10

being the highest, while rehab is measured on a scale of 1-7 systems with 7 being the highest. For nursing, 48% of the HCAs surveyed scored a perfect 10 systems, while 24% scored 9 systems. The remaining scores were 16% with 8 systems, 8% with 7 systems and 4% with 5 systems. For rehab, 52% of the HCAs surveyed scored a perfect 7 systems, while 24% scored 6 systems. The remaining scores were 8% each for 5 systems, 4 systems, and 3 systems.

Total Leadership

Participants were asked 18 questions which were divided into three sections of six questions each. The three sections (Real, Whole, Innovative) gave the participant a score as high as 30 points for an overall possible score of 90 points. Participants responded to these questions using a Likert scale option.

Data Screening

Before statistical analysis was conducted, the data was screened to ensure accuracy and to identify appropriate tests to be run. The data was manually entered into SPSS. After it was entered, the researcher reviewed the data to ensure it was entered accurately. There were no data missing from the completed surveys as all questions were completed by the participants. Box and whisker plots were analyzed with no outliers being identified. The data was analyzed to determine if the Total Leadership scores were normally distributed in each category (real, whole, innovative and overall). Table 2 in the results section shows that the scores were normally distributed. However, it should be noted that there were significant gaps in the scores which can be attributed to the low sample size of 25.

SPSS was used to conduct all statistical analyses for this study. There are three different kinds of data than can be used when conducting a research study: nominal, continuous or

ordinal. Nominal data is information that is separated into separate groups such as male or female and pass or fail, for example. Continuous data is information that is conveyed by a series of numbers where the distance between the numbers is set. Lastly, ordinal data are basically a series of numbers with not consistency between the spaces of the numbers. The data shows that there are three finishing positions but the space between those numbers is different or not consistent.

For this study, the data collected was ordinal. The dependent variable for the study was the financial performance of the centers as there were three options to gauge the performance: met budget, did not meet budget or hard loss (lost money). It was determined that ordinal regression analysis was the appropriate test to run using SPSS in order to analyze the relationship between HCA's Total Leadership scores on the center's financial performance. Ordinal regression analyses were run for overall Total Leadership scores and also for three sub-sections of the survey which were real, whole and innovate scores. The three sub-sections allowed for a possible point total of 30 points each which added up to a total score of a possible 90 points. In addition to ordinal regression analysis, SPSS was used to confirm results of the study as well as identify emerging themes. At a 95% confidence level, the data had a significance level of p= .0000, an r2 of .62.

Research Questions and Ordinal Regression Analysis

This section addresses the results for the research hypotheses and covers the findings of the Ordinal Regression Analysis for this study. The results for the ordinal regression analysis for overall Total Leadership scores, and the three sub-sections of the survey are shown in the tables below.

The primary research question was "What is the impact of the Total Leadership model on financial performance for health center administrators?" There were four hypotheses used for this study.

- H_1: Total Leadership scores correlate with center financial performance. **(Not Supported)**

Before analyzing the ordinal regression for the hypotheses, the descriptive statistics were observed for any possible visual correlations between overall, real, whole and innovative scores and financial performance.

Table 7 - Total Leadership Scores vs. Budget

	Real	Whole	Innovative	Overall
Met Budget	26.8 (1.4)	25.3 (2.6)	24.7 (2.5)	76.8 (4.7)
Did Not Meet Budget	27.1 (2.6)	26.5 (2.3)	25.6 (2.4)	79.3 (5.9)
Hard Loss	26.0 (4.24)	26.5 (0.7)	23.5 (0.7)	76.0 (5.7)
Total Leadership Scores	26.8 (2.0)	25.8 (2.4)	24.9 (2.4)	77.5 (5.1)

When table 7 is examined, it is seen that the Overall Total Leadership scores for the Did Not Meet Budget group (M=29.3, SD=5.9) scored higher than either the Met Budget group (M=76.8, SD=4.7) or the Hard Loss group (M=76.0, SD=5.7). These data do not conform to the hypothesized relationship between Overall Total Leadership scores and financial performance. The ordinal regression analyzed below further confirms that there is no ordered relationship between budget status and Total Leadership.

Table 8 - Model Fitness for Overall Total Leadership Scores vs. Budget

Model	-2LL	Chi- Square	df	*p*
Only the intercept	35.105			
Final	34.642	0.463	1	0.496

When table 8 is examined, there was no significant difference between the model established with the independent variable and the model established without the independent variables (x^2 = 35.105 – 34.642 = 0.463, $p < .05$). This indicated there was no relationship between the dependent variable and the independent variable. Basically, the overall Total Leadership scores did not explain the financial performance of the healthcare centers. Further examination to determine the reliability of the model was also completed in table 4 below. Pearson evaluates the data fit of the model using chi-square and deviation statistics and the difference between the observed and expected values.

Table 9 - Results of the Goodness of Fit Test for Overall Total Leadership Scores vs. Budget

	Chi- Square	df	*p*
Pearson	27.668	27	0.427
Deviation	28.286	27	0.396

H_0 = Model represents the data.
H_1 = Model does not represent the data

On examining table 9, the Pearson's chi-square value (x^2 = 27.668, $p > .05$) and the deviation chi-square value (x^2 = 28.286, $p > .05$) were not significant. This means that the H_0 hypothesis was supported, and that the model was consistent with the data. Therefore, the model fits the data which is significant because the data showed there is no real correlation between the overall Total Leadership scores and financial performance.

In the study, the accuracy of the fit of the model was also tested by the pseudo-R^2 value. The pseudo-R^2 value aims to measure and assess the power of the relation between the dependent variable and the independent variable. The McFadden, Cox-Snell, and Nagelkerke R^2 statistics are the most used pseudo-R^2 statistics (Selma, Şenel, & Alatli, 2014). The findings obtained are show in table 10 below.

Table 10 - Results of the Pseudo R-Square Value for Overall Total Leadership Scores vs. Budget

Cox and Snell	Nagelkerke	McFadden
0.180	0.022	0.011

As can be seen from table 10, the pseudo-R^2 values by Cox and Snell, Nagelkerke, and McFadden statistics were 0.180, 0.022, and 0.011. The Nagelkerke and the Cox and Snell R^2 are essentially the same measurement. However, the Cox and Snell R^2 uses a range of 0-1 like a traditional R^2 value. For this correlational analysis using the Cox and Snell R^2 is not appropriate because the value would end well short of 1 making interpretation difficult in terms of logistic regression. Similar to Cox and Snell R^2, the McFadden R^2 value also falls between 0 and 1, so the log of a likelihood is less than or equal to zero. When using McFadden R^2, if a model has a very low likelihood, then the log of the likelihood will have a larger magnitude than the log of a more likely model and a small ratio of log likelihoods indicates that the full model is a far better fit than the intercept model. Due to the interpretation for both the Cox and Snell and McFadden pseudo-R^2 values being difficult, the Nagelkerke R^2 value was considered for this study (Field, 2009, p. 269), and this value shows that the percentage of the dependent variable was explained by the independent variables (Oruc & Ozen Kutanis, 2015, p. 41). According to this analysis, the

level of explanation of the dependent variable by the independent variable was determined as 2.2%.

- H_2: Leaders who have a higher score in the 'real' section of the Total Leadership survey will have higher financial performance in their center. **(Not Supported)**

When table 8 is examined, it is seen that the Real Total Leadership scores for the Did Not Meet Budget group (M=27.1, SD=2.6) scored higher than either the Met Budget group (M=26.8, SD=1.4) or the Hard Loss group (M=26.0, SD=4.2). These data do not conform to the hypothesized relationship between Real Total Leadership scores and financial performance. The ordinal regression analyzed below further confirms that there is no ordered relationship between budget status and Total Leadership.

Table 11 - Model Fitness for Real Total Leadership Scores vs. Budget

Model	-2LL	Chi- Square	df	*p*
Only the intercept	28.806			
Final	28.805	0.001	1	0.908

When table 11 is examined, it is seen that there was not a significant difference between the model established with the independent variable and the model established without the independent variables ($x^2 = 28.806 – 28.805 = 0.001$, $p < .05$). This indicated there was no relationship between the dependent variable and the independent variable. Essentially, this means that the real Total Leadership scores did not explain the financial performance of the healthcare centers. The reliability of the model was also examined as shown in table 12 below.

Table 12 - Results of the Goodness of Fit Test for Real Total Leadership Scores vs. Budget

	Chi- Square	df	*p*
Pearson	26.583	15	0.032
Deviation	21.281	15	0.128

H_0 = Model represents the data.
H_1 = Model does not represent the data

On examining table 12, the Pearson's chi-square value ($x^2 = 26.583$, $p < .05$) was significant, but the deviation chi-square value ($x^2 = 21.281$, $p > .05$) was not significant. This means that the H_0 hypothesis was supported and that the model was consistent with the data. Therefore, the model fits the data which is significant because the data showed there is no real correlation between the overall Total Leadership scores and financial performance.

As with the first hypothesis, the pseudo-R^2 was also used to test the accuracy of the fit of the model and assess the power of the relation between the dependent variable and the independent variable. The findings obtained are show in table 13 below.

Table 13 - Results of the Pseudo R-Square Value for Real Total Leadership Scores vs. Budget

Cox and Snell	Nagelkerke	McFadden
0.000	0.000	0.000

As can be seen from table 13, the pseudo-R^2 values by Cox and Snell, Nagelkerke, and McFadden statistics were 0.000, 0.000, and 0.000. The Nagelkerke value was considered once again, and this value shows that the percentage of the dependent variable was explained by the independent variable at the level of 0%.

- H_3: Leaders who have a higher score in the 'whole' section of the Total Leadership survey will have higher financial performance in their center. **(Not Supported)**

When table 8 is examined, it is seen that the Whole Total Leadership scores for the Did Not Meet Budget group (M=26.5, SD=2.3) scored higher than either the Met Budget group (M=25.3, SD=2.6) or the Hard Loss group (M=26.5, SD=0.7). These data do not conform to the hypothesized relationship between Whole Total Leadership scores and financial performance. The ordinal regression analyzed below further confirms that there is no ordered relationship between budget status and Total Leadership.

Table 14 - Results of the Goodness of Fit Test for Whole Total Leadership Scores vs. Budget

	Chi- Square	df	*p*
Pearson	29.114		
Deviation	27.717	1	0.237

When observing table 14, it is seen there was not a significant difference between the model established with the independent variable and the model established without the independent variables (x^2 = 29.114 – 27.717 = 1.396, $p < .05$). This indicated there was no relationship between the dependent variable and the independent variable. In essence, this means that the whole Total Leadership scores did not explain the financial performance of the healthcare centers. The goodness of the model was also examined as shown in table 15 below.

Table 15 - Results of the Goodness of Fit Test for Whole Total Leadership Scores vs. Budget

	Chi- Square	df	*p*
Pearson	16.379	17	0.497
Deviation	17.850	17	0.398

H_0 = Model represents the data.
H_1 = Model does not represent the data

Table 15 showed that the Pearson's chi-square value (x^2 = 16.379, $p > .05$) and the deviation chi-square value (x^2 = 17.850, $p > .05$) were not significant. This means that the H_0

hypothesis was supported and that the model was consistent with the data. Therefore, the model fits the data which is significant because the data showed that there is no real correlation between the whole Total Leadership scores and financial performance.

As with the other hypotheses, the accuracy of the fit of the model was also tested by the pseudo-R^2 value. The findings obtained are show in table 16 below.

Table 16 - Results of the Pseudo R-Square Value for Whole Total Leadership Scores vs. Budget

Cox and Snell	Nagelkerke	McFadden
0.054	0.066	0.032

When examining table 16, the pseudo-R^2 values by Cox and Snell, Nagelkerke, and McFadden statistics were 0.054, 0.066, and 0.032. The Nagelkerke value showed that the percentage of the dependent variable was explained by the independent variable at the level of 6.6%.

- H_4: Leaders who have a higher score in the 'innovative' section of the Total Leadership survey will have higher financial performance in their center. **(Not Supported)**

When table 8 is examined, it is seen that the Innovative Total Leadership scores for the Did Not Meet Budget group (M=25.6, SD=2.4) scored higher than either the Met Budget group (M=24.7, SD=2.5) or the Hard Loss group (M=23.5, SD=0.7). These data do not conform to the hypothesized relationship between Innovative Total Leadership scores and financial performance. The ordinal regression analyzed below further confirms that there is no ordered relationship between budget status and Total Leadership.

Table 17 - Model Fitness for Innovative Total Leadership Scores vs. Budget

Model	-2LL	Chi- Square	df	*p*
Only the intercept	26.608			
Final	26.510	0.098	1	0.754

When observing table 17, it is seen that there was not a significant difference between the model established with the independent variable and the model established without the independent variables (x^2 = 26.608 – 26.510 = 0.098, $p < .05$). This indicated there was no relationship between the dependent variable and the independent variable. Ultimately, this means that the innovative Total Leadership scores did not explain the financial performance of the healthcare centers. Further examination to determine the goodness of the model was also completed in table 18 below.

Table 18 - Results of the Goodness of Fit Test for Innovative Total Leadership Scores vs. Budget

	Chi- Square	df	*p*
Pearson	22.417	15	0.097
Deviation	17.503	15	0.290

H_0 = Model represents the data.
H_1 = Model does not represent the data

Table 18 showed that the Pearson's chi-square value (x^2 = 22.417, $p > .05$) and the deviation chi-square value (x^2 = 17.503, $p > .05$) were not significant. This means that the H_0 hypothesis was supported and that the model was consistent with the data. Therefore, the model fits the data, which is significant because the data showed ~~that~~ there is no real correlation between the innovative Total Leadership scores and financial performance.

The accuracy of the fit of the model was also tested by the pseudo-R^2 value. The findings obtained are show in table 19 below.

Table 19 - Results of the Pseudo R-Square Value for Innovative Total Leadership Scores vs. Budget

Cox and Snell	Nagelkerke	McFadden
0.004	0.005	0.002

When examining table 19, the pseudo-R^2 values by Cox and Snell, Nagelkerke, and McFadden statistics were 0.004, 0.005, and 0.002. The Nagelkerke value showed that the percentage of the dependent variable was explained by the independent variable at the level of 0.5%.

CHAPTER 5: DISCUSSION AND CONCLUSION

This final chapter discusses the results and conclusion of this study. A summary of the study is included in this chapter as well as discussion of the research problem and a review of the methodology. Furthermore, the research findings, discussion, and recommendation for action are explained. Lastly, this chapter presents implications for future research and study limitations.

Research Problem and Purpose

The purpose of this study was to determine the impact of the Total Leadership model on financial performance for health center administrators. This quantitative analysis of an organization's HCAs and the impact on financial performance using the Total Leadership model is significant not only to the organization itself but to the overall field of both leadership models and the HCA profession. This is the first known study using the Total Leadership model within the HCA field, and one of the few research projects applying the model overall in any area. The goal was that the information collected from this research would potentially have an impact on best practices in leadership for HCAs both at this organization and in the general field. After completing the statistical analysis of the results, it was found that none of the correlations were

significant which has made it more difficult to identify future implications for the HCA leadership field. However, there were still recommendations for action for the organization to learn from based on the results of this research. The study also adds to the limited literature on leadership within the general healthcare fields as well as provides the opportunity to build upon this area of research. The study quantified there was no statistically significant correlation between Total Leadership scores and center financial performance. That result was found to be true for total scores as well as the three sub sections of real, whole and innovative. Therefore, it can also be concluded that there were not statistically significant differences in leadership qualities between those administrators who met company goals and those who did not meet those goals which is interesting. Much of the research on leadership cited in the literature review for this study stated the impact of leadership qualities on performance, but for this study this finding was not found to be true. One possible conclusion that can be drawn from this finding is the consistency of the leadership within this organization. The HCAs scores varied for the Total Leadership model, yet this did not have an impact on achieving center performance goals including financial performance.

There are a number of possible reasons why the results of this study were not statistically significant. Before discussing those reasons, it is important to point out that although there were not statistically significant results, based on the research questions posed. In terms of the research questions themselves, there were several issues with how they were defined as well as how they related to the Total Leadership Model. For the purpose of this study, performance was mainly limited to financial performance. This metric was measured by either meeting target budget, not meeting target budget or having a hard loss. This metric was gauged by net income

made as compared to the set goal for the year in terms of the budget. For example, if a center had a target budget of $100,000 for the year, and they made $95,000, that would mean they were 95% to target. That would fall under the category of did not meet budget. If a center had the same target and made $105,000 for the year, they would be 105% to target and fall under the met budget category. For the hard loss category, that would mean that the center actually lost money for the year resulting in a negative percentile to target.

Although there were other performance metrics measured with the survey, the financial performance metric was selected by the researcher due to the organization emphasizing the importance of achieving this goal. However, the Total Leadership model is actually more of a holistic model that focuses on life balance and value alignment and there is not direct relation to performance. Therefore, it is important to point out that when designing this study, the researcher chose a metric that is not directly related to the Total Leadership model. Furthermore, this study only tested one aspect of the Total Leadership model, which is the work/career section. There were three other aspects of the model that were not truly tested through this study; family, community and self. Due to this flaw in the research design, the Total Leadership model was found to not connect to the financial performance of the centers possibly because it actually measures something very different. As discussed in earlier sections, the Total Leadership model actually measures value alignment and life balance through the four areas of life. Performance is not one of the main focuses of the model which is a possible reason for the lack of correlation in this study.

However, the study was significant in other ways. While the Total Leadership model may not connect to financial performance in terms of meeting or not meeting budget at the centers for

HCAs within this organization, that does not exclude the possibility of the model being successful within the field of healthcare leadership as well as the other general leadership fields.

Another issue that may have affected results in this study was the number of participants. Due to the study being within one organization, there were only 25 HCAs that participated and met the criteria for selection. The sample size matters when it comes to research. Gallo (2016) gives the example of flipping a coin to make this point. If you flip a coin five times versus 500 times there will be different results. The more times you flip the less likely you will end up with a higher percentage of heads. This is also the case with statistical significance. The bigger the sample size, the less likely you will be getting random results as opposed to an accurate reflection of the data (Gallo, 2016). Further, the effects of self-report data should be considered here. The self-report method is an often used and popular method to gather data in research studies for many years now. However, there are limitations to using this method. There is the issue of credibility. When participants are self-reporting data, the researcher is trusting their responses as being accurate which may not be the case. Even when respondents are doing their best to be honest and forthright, their self-reports are subject to inaccuracy based on issues such as self-deception, self-awareness, and personal bias (Robins, Fraley & Krueger, 2007). Another limitation of the self-report approach for this study was the fact that there could have been perceived pressure on the participants to respond differently due to performance related questions on the survey. The survey asked several questions about performance directly related to the HCAs job performance which could have pressured them to answer differently if they had negative results during the time period analyzed. However, each participant knew that there was confidentiality as well as the data gathered was over two years old by the time the data was

collected. A different approach such as observational studies or other researchers reporting the data may have gleaned different results.

Lastly, any connection between the Total Leadership Model and financial outcome may have been outweighed by other factors such as location, staffing and budgeted goals. There are many factors that go into financial performance for healthcare centers. The location of the center makes a difference in the level of the rates for Medicare and Medicaid that the center will be reimbursed for payment. For example, in the state of Virginia, Danville has a much lower reimbursement rate than Virginia Beach for Medicare and Medicaid payments. That makes it much harder for the centers in those areas to make significant profit and balance operations. Furthermore, the area that the center is located also makes a big difference on the demographics of the staff and the patients that are occupying the centers. Using the same example of Danville and Virginia Beach, the level of education and the unemployment rate of the general population in these two areas is drastically different. This makes it much more difficult to find qualified staff as well as keep them employed at the center in Danville versus Virginia Beach. These factors weigh heavily on the financial outcomes as turnover and recruiting are costly. Lastly, when targeted budgets are set for the year within this organization, there is a large range of variation based on multiple factors. The leadership team that sets the budget often looks at the financial performance from the prior year, so if the center made budget in 2013 they most likely will raise the bar for the following year. Similarly, if the building did not meet target for 2013, they most likely set a lower target that is reasonable. It is also possible that the HCA for 2014 was newly hired heading into the year and actually inherited the budget from a different HCA. All of these factors make the target budget goal difficult to analyze in terms of consistency.

Recommended Action for the Organization

Although none of the correlations from the statistical analysis were significant, the information gleaned from this research can still potentially have an impact on best practices in leadership for HCAs both at this organization and in the general field. In the review of the literature, there were several leadership models discussed that did in fact have a direct link between leadership and measurable performance generally but not specifically in the healthcare field. However, the literature is limited in the application of those leadership models within the healthcare leadership field. There are two suggestions for this organization to consider based on this information. First, the organization should consider adopting and measuring the effects of the Total Leadership Model on the job satisfaction of center leaders, employees, families. The model has been utilized in many organizations over the past 20 years with benefits in the area of life balance. For this reason, the organization might consider redefining its metrics to measure center performance and the performance of its center leaders to embrace a more holistic approach that is more aligned with the Total Leadership Model. It would also be beneficial for there to be a way to gauge what each HCA's goals were going into 2014 for financial performance but also for the additional areas of home, community and self. That would have helped in capturing whether the holistic approach of the Total Leadership Model. Another possible suggestion is to apply the Total Leadership model across the entire company instead of limiting it to select HCAs as was done in this study. That would allow for a wider range of participants and responses to analyze. The more employees that are surveyed the more accurate the representation of the data typically (Gallo, 2016). One method that could be used in the future to improve the reliability and validity of the self-reported data in this study is having a

third party outside of the organization collect the results to further ensure confidentiality. This would alleviate some of the pressure for the HCAs responses on the performance related questions.

Secondly, it could be beneficial to the company to research why some HCAs performed higher than others. A deeper look at the reasons for success within the company could glean useful information and trends that the organization could use to train future HCAs.

Limitations

As with any study, this research had its limitations. The main limitation in this study was in the definition of performance as it relates to the Total Leadership Model. As described earlier, financial performance only captures one aspect of the model which is one of the main reasons that there was no direct correlation in this study. Secondly, the study had a limited number of participants. The sample size was less than 41 HCAs because only 28 HCAs had been tenured for the majority of 2014. This was because their financial performance was examined, and it was only fair to examine those that had been at their center for an adequate period of time. Moreover, the study was done within a single organization which also contributed to possible respondent bias as well as limited the number of possible participants. There is a possibility that this organization is not a representative of all healthcare organizations as it relates to the Total Leadership model. In addition, the researcher functions as one of the HCAs within the organization. The researcher may have some inherent biases regarding the research design and interpretations of data due to his association with the organization. Furthermore, as the researcher is a strong proponent of the Total Leadership Model, and his biases regarding the model may have affected the design of the study. Another possible limitation was this study used

a convenience sample as the researcher is a member of the organization and had easy access to the information needed to conduct the research. Convenience sampling is a type of sampling in which people are sampled simply because they are convenient sources of data for researchers. For this study, the researcher had approved access to the performance data as well as possible participants to complete the study efficiently. The fundamental limitation of a convenience samples is the lack of an underlying probability-based selection method. Without a probability-based selection procedure, it is harder to describe quantitatively the relationship between a convenience sample and the portions of the population that are included in the sample (Price, 2013). Lastly, this study only examined one leadership model, Total Leadership.

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Appendix A

Phone Script for Potential Research Participants

Hello, hope you are doing well today. My name is Patrick Shuler and I am a doctoral student at Lynchburg College and a fellow HCA within your organization. Prior to joining our company, I had started my doctorate of leadership at Lynchburg college. I am now in my third year and working on my dissertation and research. The topic I am studying is the impact of leadership, specifically a concept called the Total Leadership model, on financial performance for HCAs within our company. I am calling to ask if you would be willing to participate in my research.

Before I go any further I want you to know that the data I am looking at for this study is exclusively from the year 2014 and the information that I gather through this survey will have absolutely no impact on your job within the company. The fact that the data is almost two years old should help assure you that your participation, if you choose to participate, will not affect your professional wellbeing in any way. Furthermore, our COO has provided me with a letter of endorsement to conduct my research and ask for your voluntary participation in the study. You have both the support of the company leadership and assurance from me as a colleague that your responses will be confidential and only used for purposes of this study.

I also want to briefly describe the Total Leadership model so you have a better understanding of the survey you will be taking if you participate. Total Leadership was created by Dr. Stewart

Friedman who is and has been the Director of the School of Leadership at the University of Pennsylvania for over 30 years. The purpose of Total Leadership is to improve performance in all four domains of life- work, home, community, and self- by creating mutual value among them. Essentially, instead of trying to balance work and life, this model proposes seeking value alignment through being more real, more whole and more authentic. Do you have any questions about the leadership model?

If you agree to participate, I will be sending you an online Google survey that is separated into three sections. The first section is an informed consent agreement that essentially explains that the survey is voluntary and allows you to agree to participate. The second section is made up of 8 center performance questions in order to gauge the level of financial performance and several other performance metrics for 2014 which will be used to analyze the impact of the Total Leadership model on center performance for HCAs. The main metric that I need for the study is the financial performance, the other questions are simply variables to help gauge overall performance and are metrics such as survey results, validation of systems, etc. Some of these may be hard to remember, so please just do your best to answer accurately. Again, none of this information will be used to identify you as the participant or your center. The last section will ask 18 questions that will generate a point value score in regards to the Total Leadership model. The survey will ask 18 questions centered around the three concepts of authenticity, innovation and being whole or acting with integrity with your values. This will take about no more than 10 minutes of your time and be collected only by me.

Participation in this survey is completely voluntary and your results will be confidentially collected using an online survey using Google.

There is minimal risk associated with this study because the information will be collected with confidentiality through Google. While the I, the principal investigator, work within the same organization, the information submitted by those who choose to participate will be confidential. The only information collected will be Total Leadership survey responses and center performance information, none of which will be able to identify the individuals. As I mentioned, I have permission from the leadership of this organization to conduct this research and to ask for voluntary participation from HCAs in completing this survey.

Do you have any questions about me, my research, or the survey procedure?

If you have questions at a later time, you can contact me at phone, 434-420-9810 or email, shuler_p@students.lynchburg.edu.

Thank you for your time and consideration and I will be sending you a link to the survey in the next 10 days.

Appendix B

Email Script for Research Participants

Colleagues,

Recently I spoke with you on the phone regarding the research study I am conducting within our organization. Thank you again for considering participation in my research. This email is a brief guide to completing the survey through Google. As a reminder, your results will be confidentially collected using this online tool.

Below I have provided a link for the survey. The survey should take no more than 10 minutes to complete. Remember to answer questions related to your 2014 center performance in the area of budget, financial target %, employee opinion survey color, annual survey results, system validations for nursing and rehab, and patient satisfaction survey results. Once you access the online survey, a copy of the informed consent form will comprise the first screen, and you can indicate your willingness to participate on this page before being given access to the remainder of the survey. When you are ready, click on the link and complete the survey.

If you have questions about this process, you can contact me at phone, 434-420-9810 or email shuler_p@students.lynchburg.edu.

Thank you for your time and consideration. Sincerely,

Patrick Shuler

Appendix C

Letter of Support from Chief Operating Officer

May 27, 2015

To: Keith Helmer, Medical Facilities of America COO

Fr: Patrick Shuler, Administrator at Bayside HRC

Re: Research Approval for Dissertation

Dear Mr. Helmer,

I spoke with you recently about conducting my doctoral research within the Medical Facilities of America (MFA) organization. In order to proceed with my research, it is necessary to obtain a letter of approval from you regarding accessing both data and staff members within MFA. My dissertation topic is titled *The impact of the total leadership model on financial performance for health center administrators.* I will be the sole researcher for this study and will be the only person that will know that MFA is the organization contributing this data. The data that I need to access will be from 2014. The primary data that I will need to access will be the Financial Targets Spreadsheet, but I also ask for permission to access the following for each center; State Survey Deficiency Summary, Star Rating Status, EOS Rating/Color, Customer Satisfaction Scores, and the Validation of Clinical Systems Scores (Rehab and Nursing).

I will also need permission to do a 15-20 minute survey with each center administrator throughout MFA in order to gauge their competency in terms of the model of Total Leadership. This survey will be conducted online using survey monkey to maintain confidentiality. Participation in the survey will be completely voluntary. Once the Total Leadership survey is completed, I will take these scores and compare them to the financial performance of their centers as measured by percent of target and net income per center bed. The other variables will be used in order to further gauge their performance as leaders for my study. As the sole investigator for this research, I certify the following:

- I will not disclose any private information of any individual
- I will not disclose any Protected Health Information of any individual
- I will not disclose any confidential company information
- I will not identify MFA, MFNC or any affiliated facility

Our signatures below will serve as permission from MFA to access the requested data as well as request the participation of administrators within the organization for the purpose of conducting research for the completion of my dissertation through the Lynchburg College Doctorate of Education program.

Patrick Shuler, Bayside HRC Administrator — Date 5/27/15

Keith Helmer, MFA Chief Operating Officer — Date 6/2/15

Appendix D

MFA Administrator Survey

This survey is split into three sections. The first section is the informed consent agreement to agree to participate in the survey. The second section is a center performance based survey. Please answer all of the questions based off of 2014 annual results on each of the performance metrics. The third section is the Total Leadership survey which is described in more detail at the beginning of that section.

Informed Consent Agreement

Please read this consent agreement and click the "I agree" button before you decide to participate in the research study. You can either request a copy of what you read from one of the research team members or print this form after completion.

Project Title: The impact of the Total Leadership model on financial performance for health center administrators.

Introduction: My name is Patrick Shuler and I am a doctoral student in the Leadership Studies program at Lynchburg College. I am asking you to participate in this research study because you are a Health Center Administrator at Medical Facilities of America. I also want to inform you that I serve as a Health Center Administrator at Medical Facilities of America. This research is being supervised by co-PI, Dr. Roger Jones from Lynchburg College.

Purpose: In this study, I am trying to learn more about how the Total Leadership model impacts Health Center Administrators center performance, specifically financially.

Participation: This study will take place on any computer with internet access of your choice. You will do the following today: complete this form. At a convenient time of your choosing, you will take a survey that will last no more than 10 minutes using the Google survey tool. This survey will ask you questions that are related to the Total Leadership model as well as questions about your center performance from 2014.

Time Required: All of this should take no more than 10 minutes to complete.

Risks & Benefits: Questions about your center's performance may also make you feel uncomfortable depending on your center's performance for 2014. For example, your center may have not met financial budget targets, had a high number of survey deficiencies or done poorly on systems validations audits. However, please be assured that the information will be collected with confidentiality through Google survey. While the principal investigator works within the same organization, the information submitted by those who choose to participate will be confidential. The only information collected will be Total Leadership survey responses and center performance information, none of which will be able to identify the individuals. You are free to skip any questions that you do not wish to answer. The study is expected to benefit you by helping us learn more about the impact of the Total Leadership model on Health Center

Administrator's performance. This information is needed to help improve our practice as Health Center Administrators at Medical Facilities of America.

Payment: There is no payment being disbursed for participation in this study.

Voluntary Participation: It is up to you if you want to be in this research study. No one will be upset if you do not want to participate, or if you change your mind later and want to stop. You can also skip any of the questions you do not want to answer. If you do not want to participate, simply do not complete the survey.

Privacy: All your survey answers will be confidential and your name will not be linked with your answers. Your answers to the questions I ask on the survey will be put in a secure, password protected file on Google.

Questions: If you have any questions or would like additional information about this research, please contact me, Patrick Shuler at shuler_p@students.lynchburg.edu or call my cell at 434-420-9810. The Lynchburg College Institutional Review Board (IRB) for Human Subjects Research is the office that makes sure that this research project is not going to harm you. They have approved this project and gave it a special number: INSERT. You may contact the IRB Director, Dr. Tom Bowman through the Office of the Associate Dean for Academic Affairs at 434.544.8327 or irb-hs@lynchburg.edu with any questions about what we do with this research study or if something that happens in this study makes you feel uncomfortable.

Agreement: Please click the "I agree" button if you agree to participate in the survey as a part of this study.

Center Performance

Please answer each question to the best of your knowledge.

1. Our center financially

Met annual targeted budget

Did not meet annual targeted budget

Had a hard loss for the year

3. Please select the choice below that most accurately reflect your center's annual survey results.

Note that high level tags are levels 3 or 4 consisting of G, H, I, J, K or L.

Below the state average of 8 deficiencies with no tags with no high level tags

Below the state average of 8 deficiencies with one or more high level tags

Above the state average of 8 deficiencies with no high level tags

Above the state average of 8 deficiencies with one or more high level tags

4. Our center's highest CMS Star rating was

5 stars

4 stars

3 stars

2 stars

1 star

5. Our center has the following rating on the Employee Opinion Survey

Green

Orange

Red

6. Was the annual average of your center patient satisfaction surveys for short term patients above 85%?

Yes

No

7. Was the annual average of your center patient satisfaction surveys for long term patients above 85%?

Yes

No

8. Our highest score on nursing clinical validation of systems was

(drop down menu with 1-10)

9. Our highest score on rehab clinical validation of systems was

(drop down menu with 1-7)

Total Leadership Survey

This section of the survey will measure how good are you at being real, being whole, and being innovative by asking 9 questions for each category in the order they are listed.

Be Real: Act with Authenticity by Clarifying What's Important

Be Whole: Act with Integrity by Respecting the Whole Person

Be Innovative: Act with Creativity by Experimenting with How Things Get Done

For each item below, please indicate whether you agree or disagree that this skill is a strength of yours.

1. I know how important each of the different aspects of my life is to me.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

2. I am able to be myself wherever I am, wherever I go. I act in ways that are consistent with my core values.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

3. I make choices about how to spend my time and energy in ways that match what I really care about.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

4. I tell stories about the key people and events that have shaped my values in a way that binds me to others.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

5. I have a vision for where I am headed and the legacy I want to leave.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

6. I hold myself accountable for doing what is most important to me in my life.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

7. I communicate with people important to me about expectations we have of each other, and I make sure these expectations are clear.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

8. I look for opportunities to help many different people.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

9. I am able to convince people to support me in my goals.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

10. I use skills and contacts from different parts of my life to help meet any need or goal.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

11. I am able to delineate and maintain boundaries between the different parts of my life.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

12. I am able to weave together the pieces of my life so that it has coherence.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

13. I focus on the results of my efforts to accomplish goals and am flexible about the means for achieving them.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

14. I seek creative solutions to conflicts rather than sacrifice one part of life for another.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

15. I challenge traditional assumptions about how things are done, experimenting to make things better whenever possible.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

16. I am willing to question old habits and innovate in managing life's demands.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

17. I look forward to change—seeing it as an opportunity—rather than fear it.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree

18. I look for opportunities to encourage others to learn new ways of doing things.

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree