

Leadership Development Programs: Can we influence identity?

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Leadership Development Programs: Can we influence identity?

by

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TABLE OF CONTENTS

EXECUTIVE SUMMARY 4

LITERATURE REVIEW..... 5

 Leadership Competencies and Identity 5

 Diversity, Equity, and Inclusion Considerations 10

ORGANIZATIONAL CONTEXT 13

RESEARCH DESIGN 15

 Methodology 15

 Research Questions..... 15

 Survey 16

 Interview..... 17

 Participant Recruitment 17

RESULTS 18

 Survey 19

 Interview..... 22

DISCUSSION 27

LIMITATIONS 28

RECOMMENDATIONS..... 29

CONCLUSION 32

REFERENCES 34

APPENDIX..... 36

EXECUTIVE SUMMARY

Over the past year, the Institute for Leadership Development at the University of Alabama at Birmingham (UAB) has accelerated efforts to strengthen the organization's internal leadership culture. A new program, launched in 2019, develops leaders selected from UAB's clinical and administrative professionals in order to create a strong culture of leadership from within. The Institute's program seeks to make leadership identity development an internal organizational priority. By committing resources to the development of strong leaders, UAB encourages each individual selected for the program to invest in themselves and in the organization at large.

Research findings confirm the significant impact that competency-based leadership development can have on a participant's individual leadership identity formation (Day, 2007). The internalization of a leadership identity impacts the lens through which an individual views his or her role within micro and macro level organizational functions (Ibarra, 2015). By building on the success and collective impact of the Institute for Leadership Development, UAB has the capacity to carry out the vision of a culture of strong leadership that will ensure excellence across all facets of the academic medical center.

This study utilized a mixed methods approach to evaluate qualitative and quantitative outcomes of UAB's Institute for Leadership Development program by measuring its impact on each participant's formation of an individual leadership identity. Hiller's Leadership Self-Identity Survey (2005) serves as the quantitative method of analysis. Participants self-reported their leadership identity prior to and immediately following their participation in the Institute's program. Results from this measure provided statistically significant evidence that the Institute for Leadership Development positively impacted its participants' development of leadership identity and, in particular, increased the participants' certainty that they possessed identities as leaders.

Qualitative data was obtained through individual interviews that evaluated participant responses according to the framework of Ibarra's Five Career Transition Stages (2015): Disconfirmation, Simple Addition, Complication, Course Correction, and Internalization. Data analysis of coded interviews also supports the finding that the

Institute for Leadership Development program is effective, with participants receiving high internalization scores, indicating the majority of program participants identify as being in the final career transition stages with substantially formed leadership identities.

This study indicates the importance of continued program evaluation for the Institute for Leadership Development. By collecting data from future program cohorts, UAB can continue to demonstrate the effectiveness of its approach to the internal development of a strong leadership identity and culture. This leadership culture can be further leveraged to support additional organizational priorities in diversity, equity, and inclusion by implementing intentional, new strategies for selecting and mentoring a diverse leadership. Continued programmatic changes in the overall structure and delivery of program instruction will also be informed by future program evaluation methods. UAB's investment to build a vast network of successful leaders strengthens their pursuit of excellence as a leading Academic Medical Center.

Leadership Competencies and Identity

Healthcare organizations face a leadership development challenge to ensure a critical balance of clinical and administrative strengths. With treatment outcomes and strategic success hanging in the balance of "good leadership", organizational support for the development of leaders is a critical investment. In healthcare settings, leaders must be multidimensional, trained in both clinical and administrative disciplines and able to effectively understand their "cross-level influences" (Day & Harrison, 2007, p. 364). Leadership programs, focused on individual and team development, must also consider facilitating connection amongst those executing high level operations (Day & Harrison, 2007). By doing so, leadership can be strengthened and serve as a positive influence on both micro and macro levels.

The development of strong medical leadership should not be viewed as a standalone structural or competence challenge. Rather, it must be approached as an identity challenge (Andersson, 2014). The identity development of those in leadership positions and the cultivation of their ability to lead can ultimately determine a healthcare organization's ability to facilitate and sustain growth while providing excellence in patient care outcomes. The facilitation of leadership development, which focuses on the

increasing a sense of leadership identity in participants, can create strong leaders with greater impact on organizations. To be successful, leadership programs must facilitate development of individual leaders by helping them cultivate a strong sense of internal leadership identity and purpose within their organization.

Despite evidence that identity development is an essential component of strong leaders, the content of leadership development programs remains largely competency-based. Competency models provide a specific set of skills that can be acquired and serve as performance measures to yield success in complex jobs (Ulrich, 2012). Past research has supported competency-based model leadership development for developing leaders with the same integrative skill set so that these competencies can serve as a common thread between a vast array of professionals (Ulrich, 2012). These competencies focus on a set of leadership skills that provide an underlying strategic advantage for those approaching complex tasks (Ulrich, 2012). Kouzes and Posner (1996) propose that leadership is a series of behaviors that construct the foundation for all accomplishments. Their research identifies a series of actions that promote behaviors of strong leaders to lead organizations through mundane daily tasks, heightened times of stress, and high levels of achievement (Kouzes & Posner, 1996).

Leadership development programs provide a set of leadership competencies that, when adopted, result in excellent outcomes for organizations. Through the adoption of these competencies, leaders implement a successful skillset that activates a process-oriented and emotionally intelligent leadership style. By challenging the process, leaders consider innovative ideas for systemic changes to existing processes that may no longer be adequately serving the needs of an organization (Abu-Tineh, et al., 2009). When a process is effectively challenged, it is not sufficient for a leader to act on their own. They must then inspire a shared vision in which others are inspired to act in ways that effectively engage and support positive systemic changes (Abu-Tineh, et al., 2009). Once this vision and shared action is reached, the leader must then model the new behaviors that they desire others to adopt.

Competency models outline the skills individuals need to move from ordinary or transactional leadership behavior to extraordinary or transformational leadership behavior, however they do not account for the internal “why” or the personal identity

development that must occur within each leader as they begin to adopt this new set of behaviors (Abu-Tineh, et al., 2009). In the midst of developing leadership competencies, a leader must also undergo an identity shift for these new behaviors to be sustained and built upon over long periods of time. Recent research has attempted to expand upon the competency based model of leadership development by evaluating the underlying formation of leadership identity (Hiller, 2005). While identity-focused research increases the overall knowledge of common leadership characteristics, little is concretely known about the internalization of leadership identity and how these self-views are structured (Hiller, 2005). This Capstone Project seeks to expand upon the literature to evaluate the connection between competency-based training programs and their effect on participants' individual leadership identity.

Psychological research into the development of leadership identity originates in the developmental psychology theory of self-schema. This concept dates to the work of Hazel Markus (1977), which demonstrated that an individual's social behavior is organized around their perceived relation with certain roles or traits that create purpose or stability in a given environment. A self-schema is how we view ourselves and our behaviors within the context of the environment or world surrounding us (Markus, 1977). Validated self-schemas act as a point of reference for future action (Markus, 1977). The first attempts to assess leadership self-schemas or leadership identity development can be traced back to Engle and Lord (1997). Engle and Lord used an indirect measurement of leadership identity development to assess the development of common leadership traits. This evaluation of leadership traits relies on the organization to define standards of leadership. While Engle and Lord identified typical leadership traits and matched individuals within the scale of those traits, they did not develop a way to directly assess an individual's leadership identity development. The lack of a direct assessment resulted in the assumption that identifiable leadership traits indicate an increase in an individual's leadership identity development. Researchers have neglected to directly assess how an individual, in the first person, identifies him or herself on the leadership spectrum.

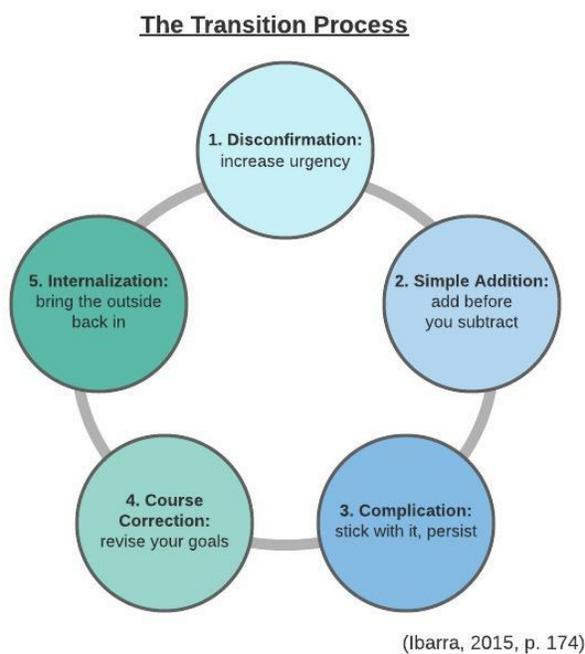
Nathan Hiller's (2005) study suggested that in order to understand an individual's leadership identity development, a direct assessment must be utilized to measure the quantitative shift in leadership identity development on an individual level. This type

of assessment asks an individual about their self-perceptions of their own leadership qualities, requiring the participant to assess how they identify as a leader (Hiller, 2005). Thus, the concept of “leadership self-identity” through direct survey builds upon the pre-existing concept of “leadership self-schema” by facilitating a direct, quantitative assessment of leadership identity (Hiller, 2005, p. 9). Quantitative assessments can provide numerical markers of progress throughout the development of leadership identity, but they do not fully account for the complex and individualized transformation that must occur.

Herminia Ibarra also emphasizes the importance of nurturing leadership development from within an organization, arguing that the development of a leadership self-schema (or leadership identity) must occur within an employee’s work environment. Individuals are consistently evolving by defining and re-defining themselves within their work environment (Ibarra, 2015). When employees develop leadership skills within the existing context of the organization, they can begin to understand their leadership identity and related behaviors as integrated with their work environment rather than as existing externally or separate from their work within the organization.

A critical component of Ibarra’s theory is the idea of “outsight”. This concept refers to the idea that by acting outside of one’s immediate work role, an individual can reshape the process of their job, their network, and their self. The idea of outsight encourages leaders to think beyond their current role or expertise and begin to consider “the meaning and purpose of (their) work beyond the immediate deliverables” (Ibarra, 2015, p. 27). During an individual’s leadership development, action precedes introspection; therefore, leaders must be encouraged to adopt a new set of behaviors that may or may not be consistent with their existing self-identity. By engaging in and practicing new leadership behaviors, the individual achieves greater leadership competency, thereby igniting a process of evaluating and re-evaluating a pre-existing internal narrative about how he or she fits an overarching definition of a leader. By embracing outsight, leaders can begin to facilitate their own identity progression and avoid competency traps which can result in the stagnant behavior of repeating tasks that they already do well instead of catalyzing their individual growth (Ibarra, 2015).

Ibarra (2015) explains that the individual moves through five stages of transition in the course of becoming a strong leader: disconfirmation, simple addition, complication, course correction, and internalization. These five stages outline the transition process during which the individual adopts new behaviors to support and confirm the development of an emerging identity. These stages provide a framework for qualitative evaluation of an individual's leadership identity development within the context of their organization's environment. Understanding a participant's progression through Ibarra's career transition stages allows for deeper analysis of the identity process formation and the underlying motives specific to personal and environmental experiences.



Disconfirmation. In the disconfirmation stage, the individual begins to acknowledge a gap between their current state and the state they aspire to. During this stage, the individual experiences a sense of urgency or underlying motivation that results in a desire to begin to act.

Simple Addition. During the simple addition stage, which typically follows the disconfirmation stage, the individual maintains the status quo of their current role but begins taking on additional tasks that may create easy wins within the existing context of their

work environment. Throughout the simple addition stage, increased oversight or the ability to consider factors beyond one's existing role begins to take place.

Complication. Complication, the third stage, typically involves the leader experiencing regression of some kind. This regression can occur due to the overwhelming nature of taking on new tasks and behaviors in the simple addition stage or because others encourage the individual to return to their former behaviors or previous identity. Throughout the complication stage, the individual may feel stagnant or a perceived

failure from taking on new leadership behaviors. During this stage, the leader may return to their former identity, or they may push through to the next stage of course correction.

Course Correction. In the course correction stage, individuals contemplate their personal identity and how it fits into the bigger picture of their environment. This stage involves reflection and examination of personal successes and challenges as the individual evolves towards a new identity. In this stage, a leader may revise old goals, or create new ones.

Internalization. The final transition stage of Ibarra's framework is internalization, in which the change process begins to take hold and feel more permanent. Leaders develop confidence in their new behaviors and experience personal motivation stemming from their new leadership identity. While external factors may aid in the internalization of their identity, motivation primarily comes from within, because the individual perceives success and a general sense of belonging within their new identity.

Ibarra's five stages provide a framework for assessing an individual's progress towards the internalization of a leadership identity (Ibarra 2015). The importance of personal reflection about one's career role, environmental expectations, and individual motives allows for insight about how to expand a one's skillset, reinforcing the formation of a positive identity. Leadership competencies serve multiple purposes for strategic initiatives while opening opportunities for individuals to self-reflect on their contribution and personal progress within the context of large organizational goals. When an individual's leadership identity becomes cohesive with the organizational culture, transformative processes can be executed with greater ease across a diverse workforce (Calhoun et al., 2008).

Diversity, Equity, and Inclusion Considerations

Diversity in healthcare leadership is paramount to the success of healthcare organizations. By improving the capacity of the healthcare workforce and prioritizing diversity, equity, and inclusion in healthcare leadership, healthcare organizations can begin to close health equity gaps nationwide (Zambrano, 2019). Currently, only 14% of

C-suite positions in hospitals are held by members of ethnic minorities, while the minority patient populations that hospitals serve are steadily increasing (Zambrano, 2019). If more than half of the U.S. population consists of racial and ethnic minorities by 2043, the current homogenous leadership in C-suite positions will be ill-equipped to meet the needs of our nation's patient population (Zambrano, 2019; Henkel, 2016). Efforts to improve leadership skills for health care professionals must include training in diversity, equity, and inclusion. Diversity in the healthcare leadership workforce has the potential to positively impact patient care and reduce inequality of access.

As a leadership competency, emotional intelligence is crucial for improving diversity management in organizations (Oyequnmi, 2018). Developing an emotionally intelligence workforce with strong intra- and inter-personal leadership skills can positively affect performance outcomes. These soft skills are often overlooked when organizations prioritize competence in research and business skills, but they are imperative for developing a healthy and diverse organizational culture. Many studies support the "significant relationship between emotional intelligence and diversity management competence" (Oyequnmi, 2018 p. 90). Emotional intelligence has been identified as a skill in leaders who are more receptive, accepting, and outwardly value individual differences.

New research, focusing on the relationship between emotional intelligence and diversity management competence, can guide future healthcare EDI initiatives. To bridge the gap between the current, homogenous constitution of healthcare leaders and a more diverse C-suite, current healthcare leadership must improve emotional intelligence skills to increase their ability to manage and grow a diverse workforce. Healthcare organizations must provide opportunities for leaders to improve their skills in emotional intelligence while also facilitating the unlearning of negative stereotypes relating to diversity (Oyequnmi, 2018). By expanding the definition of leadership functions and developing competencies for the management of a diverse workforce, healthcare organizations can receive both internal and external benefits. Internally, the organization can improve "performance outcomes, creativity, motivation, and employee retention" (Oyequnmi, 2018 p. 88). Externally, the healthcare organization can meet its social responsibility to serve an increasingly diverse patient population. Through this approach, leadership can begin to engage in "the re-engineering of

organizational culture to promote equal opportunities, inclusion, and diversity leveraging” (Oyequnmi, 2018 p. 91).

In addition to increasing competencies on an individual level, healthcare organizations must evaluate the significant and complicated relationship between race, satisfaction, and retention in healthcare administration (Holmes & Menachemi, 2017). These evaluations must involve both the quantitative and qualitative elements of diversity, equity, and inclusion. By evaluating how and why a “leaky pipeline” prevents diverse professionals from achieving the highest levels in healthcare leadership, healthcare organizations can also begin to address underlying causes of attrition. In a study of three national surveys of health administration faculty, Holmes and Menachemi (2017) identified several factors related to attrition of black faculty in higher education and healthcare administration positions. Black healthcare professionals reported lower pay in jobs with higher teaching responsibilities than their white counterparts. In addition, black healthcare professionals were less likely to receive promotions or positions that were held in high prestige in their organizations. These factors result in higher levels of attrition of black faculty than of their white counterparts, impacting the supply of highly qualified black individuals for high level healthcare administration jobs.

These findings suggest underlying organizational challenges in the retention and promotion of ethnically diverse healthcare leaders. In addition to identifying the causes of a “leaky pipeline,” healthcare organizations can evaluate gaps in leadership development and promotion opportunities. Patterns of retention and job satisfaction can indicate underlying organizational challenges concerning the culture, climate, and support of black professionals in academic healthcare and administration settings. Organizations must focus on retention and development of a diverse leadership staff, rather than on simply the recruitment of diverse employees. By retaining and developing the talents of a diverse staff, the climate and culture of the organization can shift from within. Minority faculty and healthcare administrators can serve as facilitators by reaching down the pipeline to recruit, mentor, and retain faculty, but their white colleagues must play a central role in these efforts.

The National Center for Healthcare Leadership’s Diversity Leadership Demonstration Project calls for organizations to integrate cultural competency goals to increase

diversity, equity, and inclusion in healthcare administration (Weech-Maldono, Dreachslin, Epane, Gail, Bupta, & Wainio, 2018). By leveraging cultural competency as a business imperative, “organizations can proactively facilitate the necessary change through leadership, management practices, structures, and policies” (Weech-Maldono, et al., 2018, p. 30). Their model proposes systemic diversity intervention in combination with organizational level competencies to drive change and increase diversity in the C-suite of healthcare organizations. Establishing diversity as a business imperative and strategic priority, healthcare organizations can create learning opportunities, instill the competencies necessary to support a diverse workforce, and create systemic frameworks for continuing to recruit and retain a more diverse workforce.

ORGANIZATIONAL CONTEXT

University of Alabama at Birmingham’s School of Medicine and Healthcare System faces leadership development challenges typical of large healthcare and research institutions. These challenges exist across all aspects of the organization and affect performance on both micro and macro levels. As a response to this challenge, UAB’s executive leadership created the Leadership Development Office in 2016. This investment formalized a vision to develop a culture of leadership training and mentorship within the organization. As part of this vision, UAB aims to develop a strong pipeline of resilient and dedicated leaders to ensure long-term success as a leading Academic Medical Center capable of attracting and retaining the best and brightest in patient care, research, and education.

Charged with engaging mid-level leaders across both the School of Medicine and Health Care System, UAB’s Leadership Development Office launched a pilot program, the Institute for Leadership in 2019. This program is branded as an intensive, competency-based leadership development program for high potential, mid-level leaders comprised of Vice Chairs, Division Directors, Associate Vice Presidents and Senior Vice Presidents. The Institute for Leadership seeks to enhance existing personal, leadership, and management competencies and bolster and expedite participants’ leadership journey. The objectives of this development program are to:

- formulate personal development plans that improve all categories of competence

- design a talent management strategy to promote high performance
- organize work flow, processes, and job roles / human resources to gain efficiencies
- recommend ways to foster innovation that optimize system performance
- outline ways to synergistically develop and partner with others to reach goals.

By engaging a diverse group of mid-level leaders from both the UAB School of Medicine and Healthcare System, UAB intends to purposefully integrate impactful leadership development across all departments within the organization.

The Institute for Leadership Development is a leadership development program grounded in David Ulrich's competencies. This 8-session program is designed to strengthen participant's leadership competencies focused on: Personal Proficiency, Talent Management, Execution, and Human Capital Development (Ulrich, 2012). The program utilizes the DISC Assessment and Kouzes and Posner's 360-Degree Feedback model to increase participant opportunity for self-reflection in relation to their work roles. Participants are encouraged to develop their own personal proficiencies while putting new leadership behaviors into action. The Institute for Leadership Development inspires participants to strengthen competencies while building a personalized leadership development plan as a result of their own reflection. At the end of the program, participants create a Personal Development Plan demonstrating their awareness of personal values, characteristics and strengths, acquired knowledge, and future action plans as a leader within the organization.

This study provides a comprehensive program evaluation of UAB's Institute for Leadership Development, specifically measuring the extent to which individuals in the program developed a new type of leadership identity as they participated in the program. Leadership identity is a response to a series of work transitions in which individuals continually re-align their self-concept to include an aspect of personal identity (Ibarra, 2010). To facilitate these work transitions, organizations like UAB often invest in competency-based leadership programs that provide rising employees a skillset to lead effectively. By attending such leadership trainings, participants receive organizational support as they progress to higher ranks within the organization. Increased knowledge of leadership competencies may not be the only outcome of competency-based training program. This study evaluates the development of

participants' leadership self-identity while identifying ways that the program can increase accessibility for diverse populations. By evaluating the impact of this development program on individual participant's identity formation, we can begin to assess whether this type of competency based development program is sufficient to positively influence leadership identity in a healthcare organization.

RESEARCH DESIGN

This Capstone Project evaluates the success of leadership identity formation in UAB's leadership program while also identifying the unique career transition challenges faced by a multifaceted group of diverse professionals working within the same healthcare setting. By evaluating the participants' experiences, we can better determine ways in which a diverse network of employees can receive the maximum benefit from leadership development and training opportunities.

Research Questions

1. What influence does participation in the Institute for Leadership Development program have on participants' development of a leadership self-identity?
2. How does the Institute for Leadership Development facilitate participants' movement through Ibarra's career transition process?
3. What considerations enhance a diverse workforce's ability to engage with leadership development programs?

Methodology

This Capstone project is a mixed methods study utilizing both quantitative and qualitative data. This project relied on Hiller's quantitative Leadership Self-Identity Measure and Ibarra's qualitative assessment of the five career transition stages to structure data collection. To answer the first research question, "What influence does participation in this leadership development training have on participant's development of a leadership self-identity?", I administered a pre- and post-survey for participants based on Hiller's Leadership Self-Identity Measure. This survey was

administered at the first and following the last session of the Institute for Leadership Development training program.

To address the second research question, “How do leadership self-identity measurement scores relate to participants’ movement through Ibarra’s career transition process?”, I conducted individual interviews with participants, gathering qualitative data to evaluate their progression through Ibarra’s (2015) five stages of career transition. Interviews were conducted, recorded, and transcribed via ZOOM. Interview data was then coded with NVivo software to assess the frequency with which participants’ feedback matched the career transition stages defined by Ibarra. In addition, coded qualitative data was analyzed to identify themes of self-reflection across all participant interviews.

To answer the third research question, “What considerations enhance a diverse workforce’s ability to engage with leadership development programs?”, I identified specific components of the program structure related to its accessibility for a diverse workforce. This enabled me to identify common themes affecting program accessibility. These themes offer insights that can inform training considerations or development of supports necessary to ensure a diverse workforce has access to programs dedicated to leadership self-identity and/or movement through the career transition process.

Survey Process

This Capstone Project used Hiller’s (2005) Leadership Self-Identity Measure as the model for pre- and post-program surveys for participants. Hiller’s model assesses leadership self-identity according to three related sub-dimensions: self-descriptiveness, certainty, and personal importance of that self-identity. The survey was administered at the first session and following the last session of the Institute for Leadership Development program. For the pre-session survey, participants completed the survey with pen and paper. Due to Covid-19 constraints and the digital format of subsequent training, the post-survey was administered electronically with the use of Qualtrics software. Qualtrics was used to analyze both pre- and post-survey data sets. In addition, Excel was used to construct a paired sample t-test data analysis.

Interview Process

Interview participants were provided with a digital copy of interview questions at the time that they scheduled their interview, and all 30-minute interviews were conducted, recorded, and transcribed using the ZOOM video conferencing platform. All 12 interviews occurred at the half-way point, following the third of six Institute for Leadership Development sessions. Interview questions were adapted from Levinson's "The Seasons of a Man's Life" (Ibarra, 2015, p. 192). As recommended by Ibarra's research, interview questions were designed to identify representation of career transition stages as participants progressed through during the leadership development training program: Disconfirmation, Addition, Complication, Course Correction, or Internalization. Because the Coronavirus pandemic impacted delivery of the Leadership training course, COVID-19 specific questions were added to the interview to address its impact on the participants and the organizational environment at the time that interviews were conducted.

Participant Recruitment

Participants for the Institute for Leadership Development at the UAB must be internally nominated by a department chair or a senior executive before they are invited to apply for the program. Supervisors are encouraged to nominate individuals who they believe have the potential to create a leadership culture and ensure sustainable success of the organization. Since its 2019 inception, 44 individuals have been referred to the program. These individuals were designated as mid-level leaders serving in the role of Vice Chair, Division Director, Associate Vice President, or Senior Vice President in their departments. Cohort 1 of the Institute for Leadership Development produced 16 program graduates, 12 of whom were clinical professionals and 4 who were administrative.

This study focused on Cohort 2 participants of the Institute for Leadership Development. Participants for this study were recruited from the enrolled Cohort 2 group in the Institute for Leadership Development at the UAB School of Medicine. In Cohort 2, 25 applicants were internally referred to the program, resulting in 17 overall attendees. Of the 17 attendees, 6 were designated as clinical professionals and 9 were administrative. The principal investigator did not influence or engage in the

recruitment of Institute participants. During the orientation for the Institute for Leadership Development, the principal investigator provided a verbal presentation about this study, its context, and participation requirements. 15 out of 17 institute program attendees volunteered to participate in this study. Of the 15 study participants, 7 were designated as clinical professionals and 8 were administrative.

RESULTS

Participant Demographics

Ten of the initial 15 participants completed all portions of this study. Two participants dropped out of the training program as a whole, and attrition was largely the result of increased professional demands due to the Covid-19 pandemic. Participants ranged in age from 33-62 years old, with the average age being 47 years old. Years of service as an employee at UAB ranged from 0.5-27 years, with the average length of service at 9.7 years. As can be seen in Table 1, the 10 participants self-reported gender and race. 70% of the research participants were female and 20% represented an ethnic minority.

Females	7	70%
Males	3	30%
Caucasian	8	80%
Pacific Islander	1	10%
African American	1	10%

Table 1

Results Summary

Inquiry	Finding	Conclusion
Self-Identity Measure	The Institute for Leadership Development had a significant impact in the development of participants' leadership identity.	Including a direct self-assessment of participant's reported leadership identity as a pre and post program measure can contribute to the evaluation of the Institute's effectiveness, while also identifying participants that would benefit from additional post-program support.
Career Transition Stage	70% of participants identified as being in the Internalization Stage.	The Institute for Leadership facilitated participant's internalization of their individual leadership qualities.

<p>Program Accessibility</p>	<p>70% of participants represented females, 20% of participants represented ethnic minorities. Accessibility in terms of clinical vs. non-clinical employees and work-life balance issues were also themes supported by interview data.</p>	<p>A hybrid program structure can increase accessibility for a diverse workforce. This structure must incorporate diversity, equity, and inclusion goals into the program’s recruitment initiatives.</p>
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Survey Data

Hiller’s (2005) Self-Identity Measure was distributed as a pre- and post-training survey. This measure has three components: Descriptive, Importance, and Certainty. These components are intended to be analyzed as portions of one final score, but they may operate differently depending on the individual engaging in self-evaluation (Hiller, 2005). The Descriptiveness component relies on individuals identifying with the word “leader” as an internal and external description of the self. Those with high ratings typically see leadership as descriptive of themselves internally. In addition, those with high Descriptiveness scores indicate the value of describing themselves to others as a leader, or as fulfilling a role of high status. The Importance component evaluates the importance of an individual seeing themselves as a leader as well as the importance of others seeing them as a leader. Some individuals rate lower on this component depending upon their personal preference in how important the external acknowledgement as a leader is to this individual (Hiller, 2005). The Certainty component evaluates the level of certainty a participant has in both their internal and external identity as a leader. This component can relate to individuals being impressionable or willing to alter their own self-concept or behaviors to meet the identity that a leader has within their environment (Hiller, 2005).

Each component has 4 questions with answers distributed on a 7-point Likert Scale (1= not at all, 7= extremely) in which individuals are asked to rate their own leadership identity. Group averages were calculated from participant scores for each index. Total survey average scores were also calculated. Pre- and post-program score averages were then compared utilizing a Paired Sample t-Test.

As can be seen in Figure 1, this evaluation indicated a significant increase in the total average of pre and post survey scores. This increase in the post survey average score indicates that the Institute for Leadership Development training program has a significant effect on participant's self-reported leadership identity development as a whole. This significance indicates that participants' self-monitoring scores increased in each component, resulting in a higher self-rated leadership identity following participation in the Institute for Leadership Development program. Post-program scores showed improvement across all three survey components. The Descriptiveness and Importance component averages, although indicating an increase of score between pre and post evaluations, were not statistically significant (see Figures 3 and 4).

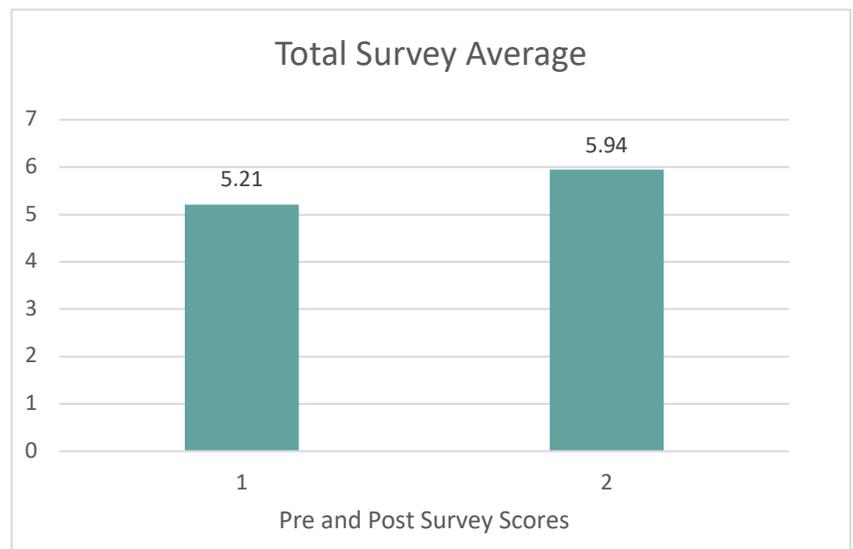


Figure 1: Total Survey Average $t(9) = 3.59, p = 0.003$

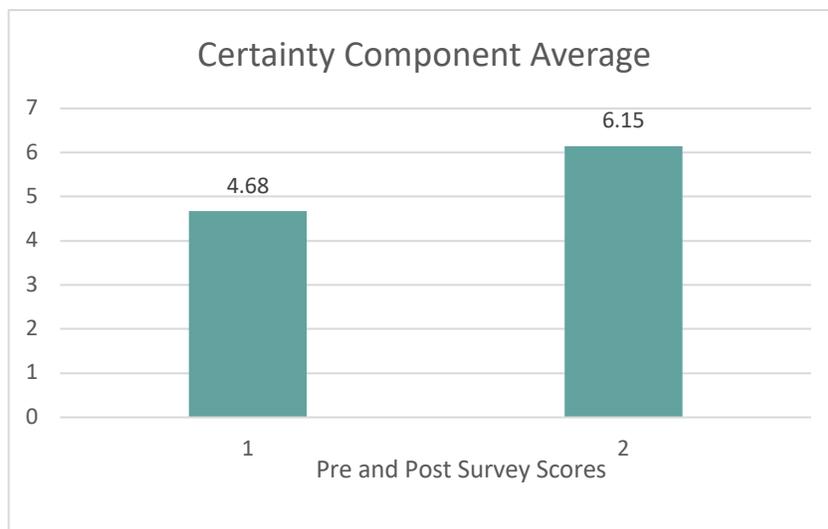


Figure 2: Certainty Component, $t(9) = 4.82, p = 0.0005$

As seen in Figure 2, the Certainty component resulted in statistically significant post-program scores. The Certainty component average yielded the most significant results across all pre and post score measures. This component score impacted the total

average scores to determine the training program's significance as a whole. While all

component scores did not yield significant results, all indicated an increase in pre- and post-program scores. And, because one component increased significantly enough to impact total scores averages, the results of this study support the following research finding: the Institute for Leadership Development had a significant impact in the development of participants' leadership identity.

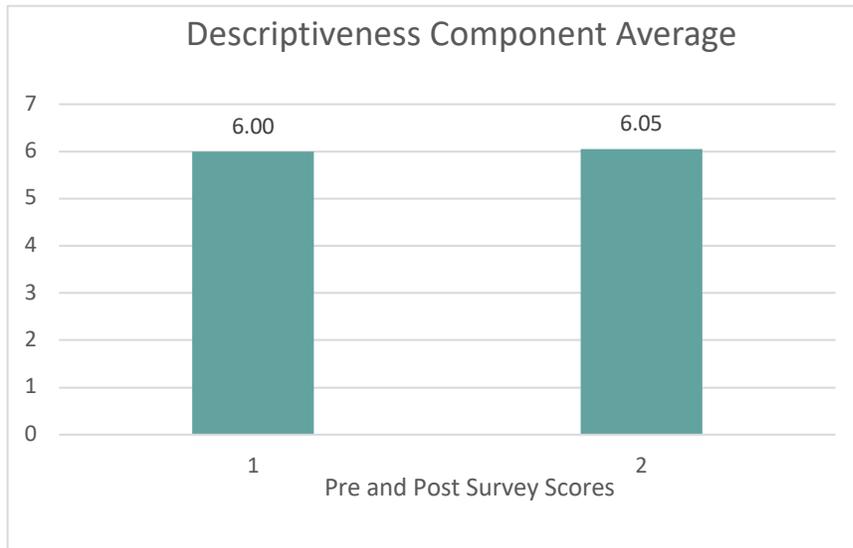


Figure 3: Descriptiveness Component, $t(9)= 0.35$, $p= 0.34$

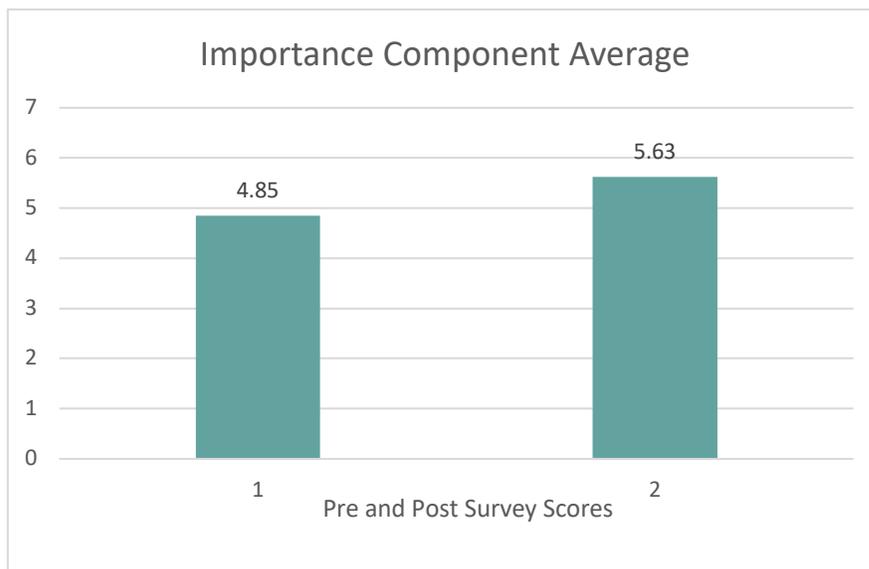


Figure 4: Importance Component, $t(9)= 1.59$, $p= 0.07$

The Certainty Component scores demonstrate that, by the end of the program, individuals showed an increase in their private self-identification as a leader. Because individuals showed only a slight increase in the rates of Importance and Descriptive, we can conclude that they felt less confident identifying themselves as a leader to others than they did of understanding themselves internally as having clear leadership potential.

Interview Data

Interviews were completed at the half-way point of the Institute for Leadership Development training. Interview questions were written to assess levels of internal reflection on the participant’s career development in relation to Ibarra’s career transition framework. Interview transcripts were transcribed and coded to evaluate each instance in which a career transition stage was identified as a theme in self-reflection statements. Each time a participant’s interview comments corresponded with a coded theme, it was counted as a reference. This process facilitated quantification of the occurrences of career transition stages as qualitative themes. Figure 5 depicts the number of references counted per Career Transition Stage.

Transition Stage	Reference Total
Disconfirmation	17
Simple Addition	24
Complication	29
Course Correction	26
Internalization	66

Figure 5

As a group, participant interviews had the highest coded statements (references) indicating internalization of their leadership role in the context of their career transition stage. Figure 6 shows the range of responses that individual participants provided in their response to questions based upon Ibarra’s stages of career transition. In this analysis, 70% of participants scored highest in the category of internalization. Internalization is the final career transition stage in which the change process begins to take hold and feel more permanent (Ibarra, 2015). In the Internalization stage, leaders develop confidence in their new behaviors and experience personal motivation within the role of their identity. While external factors may aid in the internalization of their identity, the motivation primarily comes from within, because the individual perceives

success and a general sense of belonging within their new identity (Ibarra, 2015). Of the 30% who did not score highest in this area, one participant had a split high score between the Internalization and Complication phase, one scored highest in the Complication phase, and one scored highest in the Simple Addition phase.

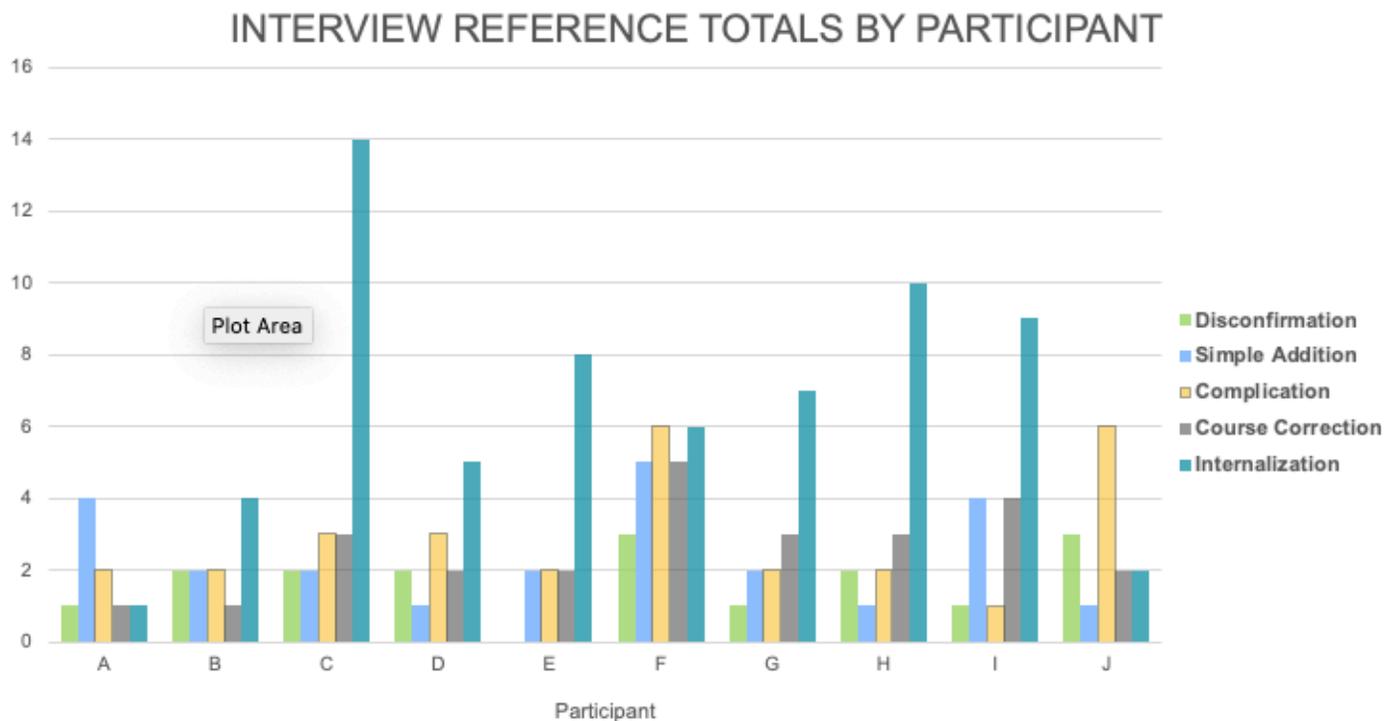


Figure 6

Based on the interview data depicted above, the majority of participants scored highest in the Internalization phase, indicating they are internalizing their role as a leader within the context of their organization. These results do not determine the causation of scores. These results do show qualitative evidence that the Institute for Leadership participants scored high on the internalization of their individual leadership qualities.

Disconfirmation. In the Disconfirmation stage, individuals begin to sense a gap between their current state and the state they aspire to. During this stage, the individual experiences a sense of urgency or underlying motivation that results in their desire to begin acting (Ibarra, 2015). 17 references coded as relating to the Disconfirmation Phase, and participants

I try to look at my progression in my career as a pyramid and every move, I make, through ambition, is to improve upon the pyramid and not begin to build a new one".

indicated discontent between their current role and their desire to climb higher up the organization's leadership continuum. Furthermore, participants identified gaps between the current functions of their department and where they desire their level of performance to be. All participants demonstrated motivation for personal achievement, focusing on their continued individual development and how that development can push the organization forward in achieving excellence as a whole.

"I just really try to focus on what we can do now with what we have and hopefully as we keep moving the ball forward and pushing that ball forward, we will have made a big difference".

Simple Addition. In the Simple Addition phase, individuals maintain the status quo of their current role but begin taking on additional tasks that may create easy wins within the existing context of their work environment (Ibarra, 2015). During the simple addition stage, increased oversight, or ability to consider factors beyond one's existing role, begins to take place. In 24 references coded as relating to the Simple Addition phase, participants identified ways in which they have added tasks to their current role to progressively expand their responsibilities and their network connections with the goal of meeting increased external expectations.

Complication. Throughout the Complication Phase, participants feel stagnant or a perceived failure as a result of taking on new leadership behaviors. The Covid-19 pandemic likely increased the number of comments representing the complication phase than would have likely occurred in a different context. Participants made a total of 29 references to the

"And it shows you that even with the position I'm in with my career, that things change and it can happen quickly. You've got to be able to evolve as quickly as possible or you'll be behind."

Complication Phase, frequently indicating the desire to ensure their role remains valuable to the organization as it manages the pandemic response. Participants acknowledged the immediate strain on their ability to perform their role and increased personal anxiety about their ability to continue their individual progress while also operating in the context of Covid-19. Outside of the Covid-19 context, participants acknowledged difficulty balancing the demands of external messages identifying them as a team player in their current role as they sought to take on new tasks in the pursuit of continued promotion to higher levels of leadership.

Course Correction. In Course Correction, participants contemplate their personal identity and how it may fit into the bigger picture of their environment. During this phase, the individual reflects upon and examines personal successes and trials in their progress toward developing a new work identity. In this stage, a leader may revise old goals or create new ones (Ibarra, 2015). Throughout the 26 Course Correction references, participants indicated a

“I’m kind of in that wishy washy state right now. I’m not quite sure where to go. I’m afraid to ask. I’m in control right now of what I can contribute well and still meet my organization’s needs and my home needs. So, I don’t know. I’m interested in where my next step is here.”

desire to change course within the organization but expressed uncertainty about how those desires would fit in their own personal progression and within organizational patterns of promotion. Participants in traditionally clinical roles often discussed internal conflict about how advancement up the leadership ladder necessitates that they move away from patient care. Many participants also discussed the necessity of maintaining focus on the important facets of their current role and the duties within their control by avoiding organizational politics and external distractions. Participants also commented on the necessity of engaging in personal trial-and-error while figuring out what makes them successful as a leader of others.

“A quote that I told my team during this whole process is ‘out of chaos comes opportunity,’ and I think that’s exactly what happened to my area and to me personally with all of the things that are going on in healthcare. This actually gave me an opportunity to see what we do a little bit differently. I think a lot of times I take for granted the things that we do. I mean, you come in and you do it every day, you get into a routine. . . . But being at the forefront of everything that’s going on with this pandemic, really, for me, made me appreciate not only UAB as a whole or healthcare as a whole, but every piece of it. From the smallest things that that folks do within the organization, to our leaders. It just gave me a greater appreciation for how all of this works. One of the things that really kind of caught my attention early on is that you would have people that couldn’t agree on anything or their way was always the better way. But then all of a sudden, this pandemic happens, and it causes us to really, really align our goals and the things that we were going to do.”

importance of their role, the organizations’ leadership, and broader community impact in the context of the Covid-19 pandemic. They identified leadership development and formal skills training as essential for maintaining a strong and resilient health care organization, able to withstand unexpected demands, such as a pandemic.

Additional Findings

This study was structured to measure participants’ movement through Ibarra’s five career transition stages. During interviews, participants expressed shared ideas related to organizational resilience. Participants expressed common themes in their interviews, including a desire for work-life balance and the need for self-care. In addition, they collectively expressed new levels of self-motivation and the desire to fulfill the

Internalization. Internalization is the final transition stage in which the change process begins to take hold and feels more permanent. In this stage, leaders develop confidence in their new behaviors and experience personal motivation within the role of their identity. While external factors may aid in the internalization of their identity, the motivation comes from within because the individual perceives success and a general sense of belonging within their new identity (Ibarra, 2015). Internalization references were the highest across the group of participants. Across these 66 references, participants reported feeling fulfillment in their roles, experiencing satisfaction with continued motivation, and drive for future success. Many participants cited new realization of the

management style learned through the Institute for Leadership Development that could assist their organization as it managed the Covid-19 pandemic and related challenges, like the swift transition to a digital workspace. This data, which is beyond the scope of this study's initial research questions, will be reported back to the UAB Leadership Development Office upon request to aid in the success of future program development. Recommendations from these findings are included as Program Structure.

Discussion

Leadership development trainings often focus on growing the skills, actions, and traits of desirable leaders. Healthcare leaders must be equipped to serve a multifaceted organization in which a diverse group of professionals from clinical and administrative backgrounds collaborate across disciplines. Excellence in academia, research, and patient care outcomes rely on strong administrative operations. The operational strength to simultaneously support growth in each area relies on the development of strong leaders.

Understanding the internal "why" of leadership identity development is essential to the development of strong leadership development training and support. This evaluation spotlights the process of leadership identity formation that occurs when individuals participate in competency-based development programs. Data collected through surveys and interviews of participants in the Institute for Leadership Development at UAB indicates that an individual's identity can be expanded to include leadership through exposure to competency-based training programs. What this data does not evaluate is whether or not individuals had pre-existing internalized leadership identities prior to attending the Institute's program. Survey scores from this study indicate an increase of self-reported leadership identity and interview data confirms the internalization of this. However, it is possible that this group of high level employees entered the training program with some of these qualities already intact. As a result, UAB may wish to expand recruitment to ensure a diverse network of leaders, including early career individuals who may be able to more fully benefit from the Institute's program.

By facilitating the development of leadership skills in house, UAB enables its employees to associate their leadership identity and related behaviors as integral with their work environment, rather than as an identity that exists externally or separate from their work within the organization. This program has the potential to enable UAB to strategically increase leadership training accessibility to a diverse network of employees. Participants in this study demonstrated movement through established leadership transition stages culminating in the internalization of their role as a leader within the overarching context of organizational values. This study shows UAB's competency-based leadership development program resulted in modest increases in participant's self-identification as leaders, a finding that suggests this program can be one factor in UAB's sustainability as a strong, complex healthcare.

Limitations

The primary limitation of this study pertains to its small sample size. While research findings indicate general success of the Institute for Leadership Development program in impacting the development of leadership identity, findings cannot be generalized to other leadership programs within the organization. Continued research across multiple trainings is necessary to confirm the validity of these findings across a larger sample size.

In addition to the small sample size of this study, the Covid-19 pandemic largely impacted the instruction methods of the program being evaluated. While the program continued with the same content, all instruction was moved to a digital format, limiting in-person observation and many in-person activities that participants would typically engage in. Continued research to compare results from the digital format to future in-person or hybrid trainings is necessary to add to the validity of these findings in different training delivery formats.

The Covid-19 pandemic also served as a limitation, because it resulted in higher levels of attrition of participants than anticipated. This study initially engaged 15 participants but concluded with 10 total participants. One third of participants dropped out of either this study or the Institute's program as a whole due to heightened work demands during the large scale organizational response to the Covid-19 pandemic. The majority of participants who dropped out of the study occupy frontline clinically-oriented roles

within the organization. This means that the majority of participants who completed the program occupy administrative roles.

With few participants representing diverse ethnic backgrounds, the third research question was difficult to address in the context of data gathered. Although inferences can be made that the organization must consider various avenues of instruction or support to adequately engage a diverse range staff in leadership development, concrete findings were not provided through the data collected.

RECOMMENDATIONS

Program Evaluation

The Institute for Leadership Development will benefit from continued program evaluation. The Institute currently implements a series of screenings and diagnostic evaluations of each participant as a component of their program content. These assessments focus on aiding in an individual's understanding of their personal skillset and leadership traits with the opportunity for continued self-reflection throughout program. While these assessments facilitate the individual's understanding of self, they do not evaluate collective participant outcomes. Direct self-assessment of participant's reported leadership identity as a pre- and post-program measure can contribute to the evaluation of the Institute's effectiveness, while also identifying participants that could benefit from additional support post-program.

Implementing Hiller's (2005) Self-Identity Measure across future cohorts will also enable the Institute to increase evaluation sample size through continued evaluation of program outcomes, as content and structural efficiencies are adjusted over time. Survey outcomes can indicate general program effectiveness. It is also important to ask participants directly how and why they identify as leaders within the organization in order to develop a more complex qualitative picture of program success.

The richness of qualitative data obtained through individual participant interviews cannot be replaced by a simple quantitative measure. Participant interviews are valuable for providing detailed personal accounts of leadership development

programming. Integrating Ibarra's framework of career transition stages into the evaluation process can provide the Institute with continued qualitative evidence related to internalization of leadership at UAB. Through individual interviews, the Institute has an opportunity to better understand the leadership development process as experienced by their associates first-hand.

Capacity to continue qualitative analysis through individual interviews can be challenging. An additional way to gather qualitative information from future program cohorts would be to engage in small focus groups as a component of the Institute's program. Through these small groups, greater networking and connection opportunities would occur among participants, while also allowing for a more personalized opportunity to provide self-reflection and feedback. Qualitative data collection in this setting could serve three purposes: increased opportunity for self-reflection, increased opportunity for group connection in a smaller setting, and increased data collection to support program evaluation objectives.

Program structure

The Covid-19 pandemic accelerated organization-wide adoption of alternative methods of program delivery. Data from the study supports a largely positive experience with transition to virtual instruction but indicates it cannot fully replace the invaluable opportunity of forming in-person connections. In-person networking was upheld as an essential benefit of being a program participant, which provided individuals with the opportunity to bridge gaps and strengthen relationships across departments. Adopting a hybrid model of program instruction is a positive solution to blending the benefits of online and in-person engagement.

A hybrid model can also alleviate internal and external program stressors. The use of digital lectures could increase the capacity of program instructors by providing the opportunity to leverage pre-recorded lectures or activities. The potential to vary live and recorded digital instruction can also increase accessibility for program participants with conflicting schedules or organizational commitments. Scheduling conflicts frequently distracted from participants' ability to fully engage in all Institute sessions. Scheduling conflicts often inhibited participation by those serving the organization in direct clinical capacities. A hybrid model of instruction would increase the Institute's

flexibility in reaching all participants equally while leveraging the benefit of varied instructional methods for intentional multidisciplinary participant engagement (Kauppi, Muukkonen, Surosa, & Takala, 2020).

If program content was largely delivered in a digital format, in-person sessions could be held on a rotating schedule of small and large group meetings. Small group meetings could further increase accessibility by providing more than one schedule option for in-person engagement. In addition, small groups could provide increased opportunity for personal reflection, group discussion, and program feedback by reducing class size. Large group sessions will continue to be essential for hosting guest speakers, facilitating networking, and holding celebratory orientation and graduation activities. These shared experiences should focus on cultural messaging while intentionally bridging gaps between organizational silos. By reducing the number of in-person schedule commitments, Institute participants will benefit from increase accessibility while maintaining the critical in-person engagement with a diverse network of colleagues (Kauppi et al., 2020).

Program Accessibility

The Institute for Leadership Development's program already teaches competencies that facilitate the development of an emotionally intelligent workforce. Intentionally closing the gap between leadership competencies and their relation to developing a healthy and diverse organizational culture will strengthen UAB's ability to support and promote historically underrepresented minorities in leadership positions. The implementation of specific recruitment strategies can encourage UAB's current leaders to identify, support, and promote promising employees who are members of historically underrepresented minority groups.

The Institute must incorporate diversity, equity, and inclusion goals into the structural recruitment of leadership development program participants and throughout the delivery of course content. By prioritizing diversity, equity, and inclusion in the development of UAB's leaders, the organization has the opportunity to uphold its vision of inspiring equity and inclusive excellence through the development of a diverse leadership culture from within. Integrating diversity, equity, and inclusion goals will assist the organization in correcting "leaky pipeline" issues that could be occurring in

the promotion of diverse individuals from mid to senior level leadership positions. While program participants are currently recruited through a stratified selection committee, minorities were underrepresented in this training cohort. Close attention should be paid to who is receiving leadership development opportunities and who is not (Oyequnmi, 2018).

Engaging Institute alumni can assist in maintaining program momentum throughout the organization. Program alum are well-suited to engage current participants by reaching back down the latter as supportive well-developed leaders (Oyequnmi, 2018). By leveraging its growing alumni network, the Institute for Leadership Development has a strong ability to match mentorship across cohorts. Mentorship across cohorts can help a diverse group of leaders cultivate an internal support network for each other and those that follow behind them.

Continued research is necessary to evaluate macro- and micro-level interventions to increase equity, diversity, and inclusion in the healthcare setting. While journals frequently publish “calls to action,” research regarding diversity in health care administration is complex and rarely comprehensive. White healthcare administrators must begin to leverage their social capital to prioritize diversity, equity, and inclusion within their own organizations. Further research in this area can help healthcare organizations identify concrete ways they can be more representative of their communities and enable them to engage in practices to eliminate healthcare disparities from the top down. Diversity in healthcare leadership development is the first of many crucial steps in providing equitable healthcare nationwide.

Conclusion

This study demonstrates that the Institute for Leadership Development program at UAB supports leadership self-identity and that the participants, for the most part, have internalized their identity as leaders within the organization. UAB has the opportunity to build on the success and collective impact of Institute for Leadership Development as a method of carrying out their vision of building a culture of strong leadership to ensure excellence across all facets of the healthcare organization. Continued program evaluation will provide additional data to measure this program’s impact on the leadership identity development of future program participants. Additional

considerations of program accessibility will allow the Institute to embed this program into the organization's diversity, equity, and inclusion goals. Accessibility considerations can also inform program structure to ensure the full engagement of all participants through blending virtual and in-person learning opportunities. The Institute for Leadership Development is uniquely situated to prepare a diverse leadership culture that will continue to steer UAB towards excellence as a prominent Academic Medical Center.

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Appendix A

Leadership Self-Identity Pre and Post Survey

First & Last Name: _____

Self-Identity- Descriptive Dimension

Please rate the extent to which the following statements describe you.

	Not at all descriptive (1)	(2)	(3)	(4)	(5)	(6)	Extremely descriptive (7)
I am a leader. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see myself as a leader. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had to describe myself to others, I would include the word "leader". (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer being seen by others as a leader. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-Identity- Importance Dimension

How important to you is this view of yourself?

	Not at all important (1)	(2)	(3)	(4)	(5)	(6)	Extremely important (7)
I am a leader. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see myself as a leader. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had to describe myself to others, I would include the word "leader". (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer being seen by others as a leader. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-Identity- Certainty Dimension

How certain are you about each of these statements?

	Not at all certain (1)	(2)	(3)	(4)	(5)	(6)	Extremely certain (7)
I am a leader. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see myself as a leader. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had to describe myself to others, I would include the word "leader". (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer being seen by others as a leader. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Appendix B

Leadership Development Programs: Can we influence identity?

Interview Question Guide

1. What am I really getting from and giving to my work, colleagues, professional community, and myself?
2. Do I know what I truly want for myself and others? How can I start finding out?
3. What are my central values, and how are they reflected in my work?
4. What are my greatest talents, and how am I using (or wasting) them?
5. What have I done with my early ambitions, and what do I want of them now?
6. Can I live my work life in a way that leaves enough room for other important facets of my life?
7. How satisfactory is my present state and trajectory, and what changes can I make to provide a better basis for the future?
8. How has Covid-19 changed how I view my career and the importance of healthcare leadership?
9. Since Covid-19 how has my experience been with transitioning to virtual learning and the digital workspace?
10. Is there anything else that you would like to comment on today?

Interview Questions Adapted from:

Daniel J. Levinson, "The Seasons of a Man's Life" (1978)

Herminia Ibarra, "Act Like a Leader, Think Like a Leader" (2015)