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Pepperdine University
Graduate School of Education and Psychology

VOLUNTEER LEADER BEHAVIOR OF DOCTORS WITHIN A LARGE HEALTH CARE
PROVIDER ASSOCIATION

A dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Education in Organizational Leadership

by

Charles M. Fischer

April, 2018

Ronald Stephens, Ed.D. – Dissertation Chairperson

This dissertation, written by

Charles M. Fischer

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

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ABSTRACT

The health care expenditures in the United States are nearly 18% of the GNP and the industry employs over 12 million workers nationwide. Health care doctor associations play an important role in determining policy, research, cost, access, quality, and methods of delivery within the industry. An association's success is dependent upon competent leadership, from both salaried executive staff and volunteer member leaders. Assessing and analyzing preferred leader behavior in a prominent health care association is, therefore, the subject of this study. Evaluating leadership styles and behaviors can reveal where gaps in leadership skills and training might exist.

Using the DISC psychological assessment, a sample of 88 volunteer leader –doctors serving in a large health care association were studied to determine their preferred leadership behaviors. The results were compared with leadership behaviors found in other settings, such as business and politics. The doctor–leaders scored higher in the compliance and influence parameters while leaders in other fields scored higher in the dominance and influence parameters. Association leaders, therefore, appear to be less authoritarian, leading from a position of rules and standards, not unlike other technical professions. It was thought that this difference could be attributed to conditioning during their professional education and to the nature of their profession. Understanding the nature of the doctor-preferred behaviors is considered important for intra-organizational communication, leadership development, training, and programming.

The association volunteer leaders consisted of mixed-gender and generation members and it was assumed that there would be significant variation in styles in their preferred leadership

behaviors. Profiles of each were analyzed and it was determined that there was no statistically significant difference in their assessment scores. This, too, was thought to be the result of conditioning in as much as research has established that there are significant gender and generational differences in leadership behavior and communication styles in other arenas.

Chapter 1: Leadership in the Health Care Industry

Nineteenth-century British statesman Benjamin Disraeli profoundly noted, “The health of the people is really the foundation upon which all their happiness and all their powers as a state depend” (as cited in Watts & Smith-Mello, 2006, p. 1). Despite the advances of science and the evolution of society, his observation still remains relevant. Preoccupation with health, beauty, and survival, inextricably coupled with the health care industry’s pervasive influence on our daily lives, impacts our pocketbooks, lives, and future.

U.S. health care expenditures were approximately \$3.2 trillion in 2015, an increase of 5.8% largely as a result of the Affordable Care Act and from more growth in spending for private health insurance, physician and clinical services, hospital care, and the continued significant growth in Medicaid and retail prescription-drug spending. These expenditures account for a staggering 17.8% of our gross national product. It is estimated that this number will continue to swell for the next decade (U.S. Centers for Medicare & Medicaid Services, 2016). As of 2015, 12.5 million people in the United States were employed within the health care industry, with California having the largest number (1,137,820) of health care workers (Total Health Care Employment, 2015). The cost of health care continues to grow at rates far exceeding the rate of inflation.

Though there have been continuing efforts throughout the years by the federal and state governments to address health care access and to regulate the health insurance industry, it was not until 2010 that President Obama was successful in enacting the controversial Patient Protection and Affordable Care Act, which initiated comprehensive changes in the industry. The Trump administration and current Congress have been attempting to repeal and replace the act and to establish a system that is less centralized and generates fewer costs for the government.

In the turbulent, changing, and challenging health care marketplace, the many players maneuver and vie for advantageous position, each entity passionately believing it represents the most rational approach to providing high-quality, affordable health care for the largest number of people. While the direction of the health care industry is largely dictated by government and third-party payers (insurance companies), health care associations and special interest groups play an important and equally significant role in determining policy, research, cost, access, quality, and methods of delivery. It follows that leaders of these groups establish the vision and objectives of each organization that, in turn, determine their effectiveness in shaping policy and direction, managing resources, and creating a successful, high-functioning corporate culture. Harvard Business School Professor John Kotter (2001) explained:

The direction-setting aspect of leadership does not produce plans; it creates vision and strategies. These describe a business, technology, or corporate culture in terms of what it should become over the long term and articulate a feasible way of achieving this goal. (p. 5)

The leverage and influence that an association enjoys within the health care marketplace can determine the favorable changes the organization and its members will be able to enact. In addition to organizational size and financial resources, the effectiveness of its leadership is paramount.

Background of Problem

As discussed in the previous section, effective management of and affordable access to health care services occupy center stage as some of the most important challenges facing our country today. We spend almost 18% of our total economy on health care; no other nation spends more than 12% to deliver comparable services, and, in many cases, the care delivered in

other nations generates much better outcomes (Kane, 2012). In a *Los Angeles Times* article, Etehad and Kim (2017) reported on “how poor health outcomes for people in the United States are when compared with other countries.” (p. 27). The impact of the health care crises devastates many families. A 2009 study revealed that medical debt contributed to more than 60% of all personal bankruptcies in 2007 and that the majority of those who filed for bankruptcy were middle-class, well-educated home owners (Tamkins, 2009). Since then, of course, health care costs have continued to increase disproportionately compared to other consumer prices, and Americans spend 10.1% of their income per year on health expenses (Craver, 2016). As government attempts, often clumsily, to rectify the inequities and flaws in the health care system, the various health care organizations react to every move and mobilize their members and political action committees (PACs) to support, or block, various programs and policies that they personally champion. Nationwide, the number of players is enormous. There are literally hundreds of healthcare societies, academies, professional organizations and associations (Medical & Professional Associations, 2018).

Labor union PACs contributed \$132 million during the 2016 election cycle and the insurance industry alone spent approximately \$47.1 million to protect its industry’s economic interests (Bronson, 2016). The primary players within the health care industry include the American Medical Association and the American Dental Association. Both have numerous objectives, including the increase of health professionals’ compensation under Medicare, expanding access to health services for people in underserved areas, regulating third-party payers, reforming the medical liability system, as well as opposing government-run health care. Overall, about 16% of total lobbying spending, more than \$509 million, was paid for by health care organizations in 2015, according to the Center for Responsive Politics, with the American

Medical Association and the American Hospital Association spending about \$19 million each (as cited in Rappleye, 2017). The professional healthcare associations generally champion the objectives of the health care providers vis-à-vis the interests of the government and the public. Though often altruistic, promoting broader care, efficaciousness, and quality, these organizations and associations are also concerned with the economics, technology, research, working conditions, autonomy, and the influence of their respective professions.

In addition to influencing the future of health care policy and delivery through their PACs, professional trade organizations provide many important services to their members in exchange for sometimes hefty yearly membership fees. The focus of this dissertation's research study will be on a large and influential California health care association, which will hereafter be referred to as the Association. The Association provides its members with a multitude of membership benefits, such as leadership training, office marketing, product research and endorsement systems, comprehensive insurance services and products, scholarships, continuing education programs, large trade shows and conferences, scientific journals and newsletters, a peer review system and quality control guidelines, product development, multiple community service projects and venues, profession promotion, public relations and marketing, a charitable foundation, custom business products for member's offices, job placement listings, and extensive research databases (Member Benefits & Resources, 2016). In response to excellent communications and the provision of valuable benefits, members are exceptionally loyal to the organization and generally share a coherent focus and alignment regarding the group's vision and objectives.

To a large degree, a trade association's success is dependent upon its overall leadership, from both salaried executive staff and volunteer member leaders. Busy practices preclude most

physicians, dentists, optometrists, and other professionals involved with direct patient care from being involved in full-time leadership positions in their respective associations. However, many of these members donate an extraordinary amount of time and skills on a part-time volunteer basis and are the individuals who ultimately direct the association's activities and establish the organization's culture, vision, and objectives (Kreitner & Kinicki, 2007). Their leadership skills, style, and behaviors, as a result, can influence an organization's objectives, success, and outcomes.

Assessing and analyzing preferred leader behavior in a health care association is, therefore, the subject of this study. The leader sample chosen to study emanates from a prominent state healthcare association with a membership of 27,213 as of the end of 2016 (Association Membership Profile, 2016). Its operating revenues were approximately \$23.6 million in 2015. PAC direct contributions and independent expenditures were considerable, and its influence in both national and state politics has always been noteworthy.

Statement of Problem

Health care associations are under perpetual political pressure in regard to the impact of legislation, government subsidies, entitlement programs, third-party payers (health insurance companies), quality of care, community service, and more. For this reason, associations have a strong political action arm and expend a great deal of money and energy on lobbying activities. Their leaders must be skilled in these endeavors to achieve the appropriate cost-benefit results.

Competent leadership is crucial for the long-term success of an organization. Adept leaders skillfully guide organizations through marketplace vicissitudes and economic cycles so that the organizations can sustain themselves and, ideally, flourish. Inspirational leaders infuse enthusiasm, drive, vision, and purpose into the organization. Transformational leaders grow each

member of the entity into more valuable and fulfilled individuals. Values, ethics, and even the very soul of the organization are linked to who occupies the helm, as the organizational culture is inextricably tied to its leaders (Northouse, 2004). The organizational culture of an institution inculcates ethics and values in its members. The order, organization, support, and communication emphasis found in the learning organization set an example that members and staff emulate and perpetuate (Senge, 1990). Organizations, therefore, have a critical responsibility not only to manage operations effectively but also to influence the behavior of their professional staff. The resultant performance leverage created by organizations can be substantial. Effective leadership, therefore, can positively shape organizational culture and processes and political successes.

Doctor-volunteers in health care associations usually experience limited screening and training before they are assigned positions of leadership. In the Association being studied, the approval process consists of an application, essay, and letters of recommendations. The applications are reviewed and evaluated by a placement committee of volunteer leaders to select individuals with the general experience and skill sets that coincide with the various committees, delegations, and councils that need new volunteers to replace those who have left or aged out. Some leadership positions are elected by local component societies to represent members from that geographical area. Others are elected or chosen to be volunteer leaders in the national association. The relationship between the local societies, state associations, and the national association is known as the *tripartite system*.

The majority of volunteer leaders have had no formal prior leadership education or experience, other than perhaps in some community or civic service activities or leadership positions in their local health care societies. Most work in a solo-practice setting; however, about

33% are now considered to be from group practices where more than one doctor treats patients in a single office setting or location (Guay, Warren, Starkel, & Vujicic, 2014). Patient treatment schedules do not offer healthcare professionals many opportunities to exercise their leadership muscle. At most, a doctor will have a tangential role in management of staff. However, “As Peter Drucker once proclaimed, management is doing things right—improving operational performance, maximizing revenues, and reducing expenses. Leadership is doing the right things—setting organizational priorities and allocating human and fiscal resources to fulfill the organization’s vision” (Grady, 2006, p. 58).

The limited-experience volunteer approach to member leaders is consistent with the mission of the Association, which is to identify emergent leaders, activate them, and place them into part-time volunteer positions where they can augment their skills and gain valuable experience—a training ground, if you will. The strategy has successfully generated a number of good leaders for the Association throughout its more than 150 years of existence, but the efficiency of the system is seldom challenged and its points of reference are often too insular. As a result, the organization tends to be rigid and threatened by change and new ideas. Furthermore, the Association is now evolving from a mostly older, male-leader demographic to an organization that serves a rapidly growing female membership and skews toward a younger constituency and volunteer base. Leadership styles, as a consequence, are becoming more diverse and heterogeneous. If leadership vision, execution, and alignment are important for the Association’s effectiveness in the marketplace, then it is important to assess its current leadership styles and behaviors to understand where increased synchrony and cross-gender and cross-generation communication can be optimized.

The Association's doctor-leader volunteers tend to be, by the nature of their profession, entrepreneurial. As such, they are often outspoken individualists who have strong opinions and are not accustomed to working in collaborative teams. As Bygrave and Zacharakis (2004) pointed out, "they have a higher desire to be in control of their own fate" (p. 5). On the other hand, by being more humanistic as a healer, this type of leader may not always generate productive outcomes or initiate needed change. Blake and Mouton illustrated these problems in their leadership grid describing the country club management style (as cited in Northouse, 2004).

A doctor's generation, gender, education, experience, working environment, and behavioral preferences can foster leadership qualities and abilities that may not best serve the objectives of an association in a fiercely competitive health care marketplace. Additionally, those leadership qualities and abilities may not successfully contribute to an association's continued success.

Statement of Purpose

"How easy is it for a mechanic to fix a car without popping the hood? Virtually impossible. You can't expect to change something you have no awareness of whatsoever" (McDuffee, 2010, p.1)

As was illuminated in earlier sections in this chapter, good leadership is critical for an association's efficacy in the competitive health care political arena. Progressive and diversified leadership is also crucial for the successful evolution and survival of a large association in today's dynamic nonprofit environment. In the association being discussed, the volunteer-based leader selection and assimilation process provides many members an excellent opportunity, with limited education and on-the-job training, to gain experience and develop leadership skills, sometimes despite their questionable leadership proclivities. Some personality types are better

suited for leadership roles, but, fortunately, most leadership skills can be learned (Kouzes & Posner, 2002). This process provides members with a valuable opportunity for personal growth, but the process sometimes plays out at the expense of the Association's effectiveness.

In addition, it was noted that the membership composition and demographic of the Association was changing. Leadership ideally should mirror membership, and with the shift in gender to more females and the shift of generation to Millennials from Baby Boomers, associated leadership styles can be considerably different.

By analyzing behavioral assessments and demographic data of a large sample of established doctor-leaders from within the Association, this study endeavors to answer: What are the preferred behaviors of doctor-leaders in a key health care association?; How do these leader behaviors contrast with classic leader behaviors?; How do these assessed leadership behaviors vary by gender and generation?; What are the gaps in leadership skills that must be considered for teaching and coaching programs?; and, How can optimum leadership models be created as a basis for developing future leadership training?

Research Questions

This study seeks to answer the following questions:

1. What are the behavioral values, as a group and as measured by the DISC assessment instrument, exhibited by doctors serving in volunteer leadership roles in a major health care association?
2. What are the different behavioral values, as measured by the DISC assessment instrument, exhibited by male versus female doctors serving in volunteer leadership roles in a major health care association, and which of these differences are statistically significant?

3. What are the different behavioral values, as measured by the DISC assessment instrument, exhibited by doctors of different generations serving in volunteer leadership roles in a major health care association, and which of these differences are statistically significant?

Theoretical Foundation

For this study, a sample of 100 doctor--leader volunteers from the Association were assessed using the DISC personality profile instrument. The DISC assessment is simple to administer and score and is successfully used throughout the world in many business and academic settings. Although DISC has been used since its inception to measure many aspects of behavior, including leadership traits, Sugerman, Scullard, and Wilhelm (2011) further interpreted the measurement of leadership using DISC in their book, *The 8 Dimensions of Leadership*. Taking the four basic parameters of DISC, the authors developed subcategories of descriptors, Pioneering, Energizing, Affirming, Inclusive, Humble, Deliberate, Resolute, and Commanding, which may more precisely delineate leadership traits and preferred behaviors (Sugerman et al., 2011).

In 1928, Dr. William Moulton Marston, a Harvard-trained psychologist teaching at Columbia University, wrote a book titled *The Emotions of Normal People* in which he formulated a theory to explain people's emotional responses. Concepts of archetypes were originally developed by Dr. Carl Jung, the renowned Swiss psychiatrist, and were the basis for the Myers Briggs Type Indicators (MBTI), as well as the DISC, which was published around the same time as Marston's book (as cited in Muccigrosso, 2009).

Marston developed a personality assessment to measure four key personality factors: Dominance, Influence, Steadiness, and Compliance, from which the DISC instrument derives its

name. These parameters were created to measure the behaviors of normal people versus the contemporary psychometrics of that time, which measured characteristics of individuals with social-psychological pathologies. This made Marston's work groundbreaking (Watson, 2002).

Dominance. This personality trait can be described as the factor of control. People with this characteristic prominent in their DISC profiles are concerned with the need to achieve and maintain a degree of authority and power over other people and, more generally, the environment in which they live or work. Ambition and competitiveness are also correlated with the Dominance factor, and individuals with this element in their personality will work against great odds to achieve their objectives. They seem to enjoy challenge and seldom retreat from a difficult or risky circumstance. Higher scores in this parameter are usually found in effective leaders (Watson, 2002).

Influence. This factor is associated with a happy, friendly, and extroverted personality, who is affable, sociable, and gregarious. Personalities with a high Influence score often possess well-developed social skills and are predilected to meet and talk with other people. Higher scores are usually found in effective leaders (Watson, 2002).

Steadiness. This trait is associated with people who are sympathetic and patient listeners, who have a genuine interest in the feelings and problems of others, and who are predisposed to fulfilling support roles in organizations. Lower scores in this parameter are usually found in effective leaders (Watson, 2002).

Compliance. People with high scores in this area are naturally passive and are reluctant to speak up unless called on by others. They are kindred to the highly dominant individuals in their desire for control over their environment. However, because of their passive personality, they will try to exercise this control through the use of structure and procedure, championing

rules and defined codes of conduct to achieve their objectives. Many types of leaders, particularly those who micromanage and are preoccupied with detail, have higher compliance score levels (Watson, 2002).

The DISC assessment system used for this study is composed of 24 questions. The instrument's capacity to produce an informative personality profile from a simple question set is undoubtedly a major reason for its success and widespread use (Watson, 2002). Its validity and reliability are excellent ("Everything DISC," 2009). DISC has been the most popular personality assessment in industry for the past 40 years, with 44 million profiles completed since 1970. It is used by 70% of *Fortune* 500 companies (Who Uses DISC Profiles? n.d.).

Scope, Assumptions, and Limitations of Study

The scope of this study is to profile 100 doctor--leader volunteers, using the DISC assessment instrument, who are members of a major health care association with a membership of more than 27,000. Using existing assessment results from research that was done in 2009--2010, the data were statistically analyzed for overall comparisons and correlations as well as segmented into gender and generational categories and analyzed for specific traits associated with these subcategories. The objective is to (a) identify leadership characteristics and styles that are unique to this population, (b) determine how this group of leaders compares to leaders outside of health care, (c) examine how gender differences change leadership style, (d) examine how generational differences change leadership style, and (e) postulate how training to improve leadership abilities might compensate for unfavorable behavioral characteristics in all three groups.

Because of time, expense, and logistics, a random sample was not used. Rather, many current and former Association leaders, whose leadership experience ranged from minimal to

extensive, were contacted and asked to participate in the study. While the author appreciates that a nonrandom sample poses some limitations to the collection of unbiased representative data, the sample did represent a majority of active leaders within the Association and the sample size was large enough to minimize the margin of error.

The sample of participants demonstrated a wide range of leadership experience. The literature does create a clear correlation between experience and leadership skills, so where possible, these variables will be factored in during the statistical analysis and will be discussed in the results section of this dissertation. However, the study is limited in the characterization of exactly what experience signifies and by not being able to determine if basic behavioral preferences, as measured by the DISC, change with experience.

Definition of Key Terms

Affirming. This DISC subcategory identifies leadership priorities of the measured behavioral style. Affirming leaders are positive, approachable, and friendly. They acknowledge others' contributions, and, as a result, generate loyalty among those with whom they interact. Motivated to sustain harmonious relationships, they work diligently to create a positive environment where all can work peacefully sans fear and conflict. These leaders tend to be more easygoing, so they may fail to communicate constructive feedback because they don't want to make others feel uncomfortable (Sugerman et al., 2011).

Association: This is the term assigned to the large healthcare association the leaders of which are being studied in this research. Pursuant to its request for privacy and some confidentiality, the organization's name will not be used in the text of this dissertation.

Baby Boomers: This is the generation born between 1946 and 1964. They were raised in an abundant, healthy, postwar economy. The egocentricity of the generation perceives the world

as revolving around them. Most families of this period were nuclear. At their core, work has been a defining part of their self-worth as well as how they evaluate others. Much of their lifestyle is related to the fact that they live to work. Baby Boomers expect others to have their same work ethic and to work the same hours and this has created tension between them and younger generations (“Traditionalists, Baby Boomers, Generation,” n.d.).

Commanding: This DISC subcategory identifies leadership priorities of the measured behavioral style. This person sets ambitious goals that will yield the largest payoff for efforts extended. They may be demanding, impatient, driven, and like to take charge and control (Sugerman et al., 2011).

Compliance: People with high scores in this area are naturally passive and are reluctant to speak up unless called on by others. They are kindred to the highly dominant individuals in their desire for control over their environment. However, because of their passive personality, they will try to exercise this control through the use of structure and procedure, championing rules and defined codes of conduct to achieve their objectives. Many types of leaders, particularly those who micromanage and are preoccupied with detail, have moderately higher compliance score levels (Watson, 2002).

Deliberate: This DISC subcategory identifies leadership priorities of the measured behavioral style. Deliberate leaders tend to be analytical, systematic, and cautious. Accuracy is very important to them and they prefer to work at a moderate pace. They desire to be seen as experts, so they are frequently drawn to projects and roles where they can manage processes to conform to their high standards. Tending to be detached and unemotional, they often prefer to work independently. Because of their need to be seen as competent, they may become defensive if people challenge their methods or ideas (Sugerman et al., 2011).

Dominance: This personality trait can be described as the factor of control. People with this characteristic prominent in their DISC profiles are concerned with the need to achieve and maintain a degree of authority and power over other people and, more generally, the environment in which they live or work. Ambition and competitiveness are also correlated with the Dominance factor, and individuals with this element in their personality will work against great odds to achieve their objectives. They seem to enjoy challenge and seldom retreat from a difficult or risky circumstance. Higher scores in this parameter are usually found in effective leaders (Watson, 2002).

Energizing: The DISC subcategory identifies leadership priorities of the measured behavioral style. This person is enthusiastic and likes to move forward quickly. They tend to be passionate, self-assured, persuasive, and can motivate others to achieve group goals. As an outgoing individual with a positive attitude, they are excellent at networking and obtaining resources (Sugerman et al., 2011).

Generation X: This generation was born between 1965 and 1980 and was raised in a higher percentage of blended families. It was the first generation raised on to-do-lists. They observed their parents sacrifice a great deal for their companies. As a consequence, they developed behaviors (not values) of adaptability, independence, and resilience. In contrast to the hard-driving Baby Boomers who live-to-work, they work-to-live and view the world with some cynicism and distrust (“Traditionalists, Baby Boomers, Generation,” n.d.).

Generation Y: The generation born between 1981 and 2000 has been characterized as the next *big* generation. They are also known as Millennials. They were raised during the empowerment years where all participants won and everyone got a trophy. They were brought up by parents who nurtured and structured their lives and, as a result, they are drawn to their

families for safety and security. They were encouraged to make their own choices and to question authority. This group was raised in a consumer society, and they expect to be able to influence the terms and conditions of their job and expect employers to accommodate their needs and ideas, as well. They are not afraid to express their opinions. Technology is a significant part of their lives, as they are the first generation to grow up with computers and the Internet. Experience in a networked world affects their approach to problem solving in most situations. They enter the workforce with networking, multiprocessing, and global mindedness. Further, this generation has developed new skills and styles of collaborating and they are always on or always connected (“Traditionalists, Baby Boomers, Generation,” n.d.).

Group practice: An association of medical, dental, or veterinary health care professionals that share premises, staff, and other resources to improve productivity and utilize economies of scale (Group Practice, n.d.).

Humble: This DISC subcategory identifies leadership priorities of the measured behavioral style. Humble leaders are usually soft-spoken, modest, and precise. They tend to be methodical and embrace follow-through and diligence in dealings with others. As fair and practical leaders, they can usually determine what particular systems and structures would best meet other people’s needs. Their cautious nature often suppresses spontaneity and creativity. Humble leaders, because they are motivated to maintain a stable environment, are circumspect of change and generally prefer standard operating procedures to new and innovative ways of doing things (Sugerman et al., 2011).

Influence: This factor is associated with a happy, friendly, and extroverted personality, who is affable, sociable, and gregarious. Personalities with a high Influence score often possess

well-developed social skills and are predilected to meet and talk with other people. Higher scores are usually found in effective leaders (Watson, 2002).

Inclusive: This DISC subcategory identifies leadership priorities of the measured behavioral style. Inclusive leaders tend to be accepting, patient, and diplomatic. They prefer a stable environment where they can work steadily toward their goals. As a result, they are often resistant to ideas that would require change. These leaders need to be seen as dependable so they choose to work methodically to ensure that they have time to address specifics. They are mindful to include others in meaningful dialogue before making major decisions, but this may interfere with making timely decisions because they go out of their way to accommodate everyone (Sugerman et al., 2011).

Pioneering: A DISC subcategory that identifies leadership priorities of the measured behavioral style. This person is attracted to bold ideas that will push the envelope past what is possible. These leaders are more adventurous and daring and like to take advantage of opportunities without spending much time researching the options. There is an impatience with red tape and overly cautious people (Sugerman et al., 2011).

Resolute: This DISC subcategory identifies leadership priorities of the measured behavioral style. Resolute leaders tend to be determined, rational, and challenging. They have high standards for themselves and others and, as a consequence, may have little patience for inefficient people. They are often blunt and speak up when they see issues concerning plans or methods. They want efficient and high-quality results. They personally have a need to be seen as highly competent. This may cause them to lose their patience with people or situations that they feel are obstructing their objectives (Sugerman et al., 2011).

Steadiness: This trait is associated with people who are sympathetic and patient listeners, who have a genuine interest in the feelings and problems of others, and who are predisposed to fulfilling support roles in organizations. Lower scores in this parameter are usually found in effective leaders (Watson, 2002).

Solo practice: A practice setting where only one health care professional practices.

Traditionalists: The generation born between 1925 and 1945 experienced economic and political uncertainty that shaped them to be cautious, hardworking, and financially conservative. Organizational loyalty is important to this generation. Traditionalist do not like change, are risk adverse, obey rules, and have a respect for authority and hard work. They tend to lead using a command-and-control style of leadership (“Traditionalists, Baby Boomers, Generation,” n.d.).

Tripartite system: This common organizational system of health care associations consists of a local society, a statewide association, and a national association.

Summary

This chapter has served as an introduction to the dissertation study and the potential value of its research. Aspects of the national health care crises were reviewed and the important influence of special interest groups and health care associations in legislation, policy, and future direction was examined. A health care association’s strength and efficacy are, to a large degree, determined by the competency of its leadership; hence, it is important to understand leadership styles and behaviors and recognize how to optimize them. Administering a leadership behavioral assessment to an association’s core leaders garnered important insights that can be used in leadership development, some of which can be gender-specific as well as generation-specific.

Chapter 2: Review of Relevant Literature

The literature is replete with a multitude of contemporary and classic explorations of the concepts of leadership. Amazon.com lists more than 58,000 books on the subject of leadership. Many of these examples of leadership are understood in reverse; that is, a good leader is identified and then leadership gurus dissect his or her qualities and presume that these factors are crucial for a leader to be competent. Another approach to understanding leaders has its roots in our popular culture. Here leadership is embraced as a quality that is attractive and in some way is imbued with an almost mystical power. Developing internal power to offset the myriad of external forces we may have difficulty controlling is seen by psychologists as a way of individualizing oneself and perhaps fostering an illusion that we can really make a difference. Pop-culture leadership experts profess that certain unique skills, communicative powers and, ultimately, internal motivation creates a leader. Via seminars and workshops, books and tapes, popular leadership instructors such as John Maxwell and Tony Robbins force-feed principles and techniques and systems into their followers in exchange for hefty tuition fees. In the short term, these experiences can be gratifying and, in many cases, do improve an individual's leadership effectiveness, but oftentimes these new leadership personas only master the art of leading in a dimension or two, and the resulting leadership glow arising from these experiences is short-lived.

Likewise, academic scholars have put forth numerous models of leadership in an attempt to understand the process and determine how to inculcate those vague qualities of effective leadership into executives, politicians, military officers, and the like. Fleishman et al. (1991) suggested that there may be "as many as 65 different leadership classification systems developed to define the dimensions of leadership" (p. 248).

When leaders are asked for a definition of leadership, they often describe it in the context of their own experience. Naturally, that means that the number of definitions can be enormous. In order to structure logically this paper's discussion of leadership, it will utilize the definition of leadership provided by Northouse (2016): "Leadership is a process whereby an individual influences a group of individuals to achieve a common goal" (p. 6). Northouse implies that because leadership is a process, "It is not just a trait or characteristic that resides in the leader, but a transactional event that occurs between the leader and his or her followers" (p. 6). However, as will be pointed out in this dissertation, there are particular preferred behaviors and traits of leaders that can make them more successful in this transactional process.

Because of the aforementioned definition of leadership and the research thrust associated with the assessment outcomes investigated in this dissertation, the literature review concentrates on the history, popularity, and significance of the measurement of behaviors and traits in leaders as well as other associated theories of leadership.

Broad meaning can be assigned to the concept of *influence*. Some influence is related to power, be it personal or positional, which can be subtle or overt (Northouse, 2016). French and Raven (1959) suggested that power could be divided into five categories: reward, coercive, legitimate, referent, and expert. Other types of influence can be related to one's special skills as they apply to a specific circumstance. Yet another type of influence can relate to one's ability to inspire, such is often seen with religious leaders and motivational speakers. The ability to influence adroitly may be associated with a leader's skills, personality, and communication style—all of which may be intrinsic and/or learned.

Volunteer Leader Influence and Organizational Outcomes

An abundance of studies document how effective leadership impacts the success of an organization. Empirically, most of us are aware that such leadership can measurably, and even profoundly, dictate organizational outcomes and successes.

Situational leadership theory, to be discussed later in this chapter, informs us that the type of leader must be appropriately matched with the organization and the nature of the organizational circumstance. Often, these circumstances change over time, which necessitates a shift in leaders or a shift in leadership approach. Different types of goals require different types of leadership, as Blanchard, Zigarmi, and Zigarmi (2013) described in discussions about situational leadership. Goals are unique to the group being led and to the situation at hand.

The organization. This dissertation examines how the Association, a nonprofit professional health care association, is influenced by its leadership. Every group and every situation necessitate different leadership requirements, so it is imperative to understand these variations when observing the leadership process and influence.

Nonprofit organizations and volunteer-based organizations, as well as trade associations, particularly those in the health care arena, face unique leadership challenges. The Association, for example, is a hybrid. On one hand, it is a typical trade organization, charged with providing its members with the many benefits related to being a member (as outlined in Chapter 1), while on the other hand, it must act as a strong lobbying entity that works to improve economic and regulatory playing grounds. Layered under this structure is a network of volunteer leaders, either voted into a position by the membership or appointed to a position by a local component. Volunteer leader positions are obtained either by popularity, membership indifference, or by default (i.e. no one wants the job). In each case, genuine leadership ability, though perhaps

present in some, is not a requirement and is never assessed. These individuals, for the most part, are not adroit or experienced leaders. Frequently, their sole leadership exposure is gleaned from acting as a solo practitioner/office manager in a small to moderate-sized office setting with a few employees. In health care associations, there tends to be leadership recycling, with the same people, embracing the same biases and attitudes, continually being asked to advise or lead association activities. It has been observed that from the “local to the national level, by relying on the same types of leaders year after year, the association reinforces internal biases resistant to understanding the needs of new audiences” (“The Future,” 2016, p. 2).

The core of the Association can be considered mechanistic rather than organic. Organizing tasks and employees creates the company structure. A mechanistic organization is one that has a distinct and formal structure. These entities have fine divisions of labor that result in highly specialized jobs. They depend on management for control, thus creating a bureaucracy with many rules and a strict chain of command. The Association, therefore, has many synchronized parts and is able to produce a standard, predictable output (Kreitner & Kinicki, 2007). In the Association, the majority of the decisions carried out from day to day are normally executed by the executive vice president, his administrative team, or by direction from a board of directors. Operations don’t change significantly over time, and there is a defined organizational hierarchy. Volunteer leaders in the Association collectively can make recommendations to permanent, paid staff; before these suggestions are enacted, they are usually modified into a form that best fits into the mechanistic structure of the Association. Differing points of view of paid staff and volunteers about the organization’s identity can create inter-organizational conflict (Kreutzer & Jager, 2011). However, some of the volunteer leaders are savvy politicians and can control the activities and direction of the volunteer leader base. Ultimately, the volunteer leader

system is one that activates and involves the membership and thereby gives them the sense of control via participation. They are kept out of trouble by being kept busy with mostly minutia and busy work. There is an illusion of representation and control.

The Association displays some of the cardinal signs of organizational decline, such as excess personnel, cumbersome administrative procedures, disproportionate staff power, replacement of substance with form, fear of embarrassment and conflict, resistance to change, outdated organizational structure, vocal special interest groups, and decreased innovation output (Kreitner & Kinicki, 2007). A white paper from the Association laboratory states, “Current healthcare leaders in associations are struggling to evolve from hierarchical ‘paternalistic’ cultures and legacy governance systems to flexible organizations more adaptable to the needs of members and stakeholders” (“The Future,” 2016, p.1). Despite this, the Association continues to be buoyed up by the substantial sums of money infused via large membership dues, several large conventions, and the sale of products and services, which generate well over \$20 million a year (“Association Membership,” 2016).

The volunteer leader. The large volunteer leader base keeps the organization functioning and fresh. However, “Volunteer leaders, and often staff, have a cognitive bias in favor of legacy governance and business models that restrict the association’s ability to introduce new strategy and adapt quickly enough to the changing environment” (“The Future,” 2016, p.1). The Association must continually market to its members via sophisticated printed matter, annual meetings, and various promotional activities. The system, even if flawed, seems to be working as the Association continues to grow and is presently at an all-time membership high of more than 27,000 (“Association Membership,” 2016). It should be pointed out that this growth may reflect members’ desire to seek the security of belonging to the Association during the current upheaval

in health care in the United States. However, it is important to note that a recent review of various health care associations indicated, “We have been able to identify how the business assumptions that have historically underpinned healthcare association membership strategy no longer exist” (“The Future,” 2016, p. 1).

Volunteer leaders can have an important influence on the success and direction of the Association if they possess leader skill sets and behaviors and are allowed genuine input into the planning and operations of the organization.

Related Organizational Leadership Theories

In the following sections, various constructs of leadership that relate to a leader’s functioning within an organization are discussed. Though characteristics within each model overlap onto other models, for purpose of clarity, the many facets of leadership have been informally separated into three basic categories: the leader as an individual, the organizational setting that dictates the type of leadership, and the nature of the leader-follower relationship.

Studies that focus on the leader as an individual include personality and psychological identifiers found, for example, in the trait theories of leadership. This paper specifically investigates this area of research in regard to volunteer leaders. Consequently, traits are discussed in more depth at the end of this review of leadership theories. Additionally, this grouping examines the behavioral approach (styles, etc.), the Psychodynamic Approach, Authentic Leadership, and Transformational Leadership. Another model that can be ascribed to the leader as an individual is the Skills Approach. Though this may not be directly connected to a leader’s personality, it does describe how defined and learned skills are applied to the task of leadership.

Organizational and circumstantial leadership challenges are explored in studies of Contingency Theory and the Situational Approach to leadership. Each attempts to address how leadership has to mold itself to what transpires within a group or organization.

The last category deals with leadership matters that arise from a leader's relationship with followers. It includes process-oriented theories and models; hence, dimensions of management and operations activities are intertwined within its practices: Path-Goal Theory, Leader-Member Exchange Theory, Transactional Leadership, Servant Leadership, and Adaptive Leadership.

The leader as an individual.

Behavioral approach to leadership. The styles approach to leadership observes a leader's behavior and how certain actions enhance his or her ability to lead. This approach differs from the trait approach in that it is not so much concerned with personality (traits), but rather is predicated upon how the leader actually behaves. Leadership behavior can be divided into *task behaviors* and *relationship behaviors*. Task behaviors help the organization to achieve objectives, and relationship behaviors are concerned with successfully relating to one's group in a way that facilitates achievement of goals, productivity, intergroup harmony, and cooperation. This precept arose from further analysis of the trait approach by Stogdill and was first postulated in 1948. In the early 1960s, Blake and Mouton created the 10/10 management grid, which is commonly taught in corporate leadership seminars and uses a grid illustration (See Figure 1) to help illustrate the relationships of leadership behaviors (Blake & McCauley, 1991).

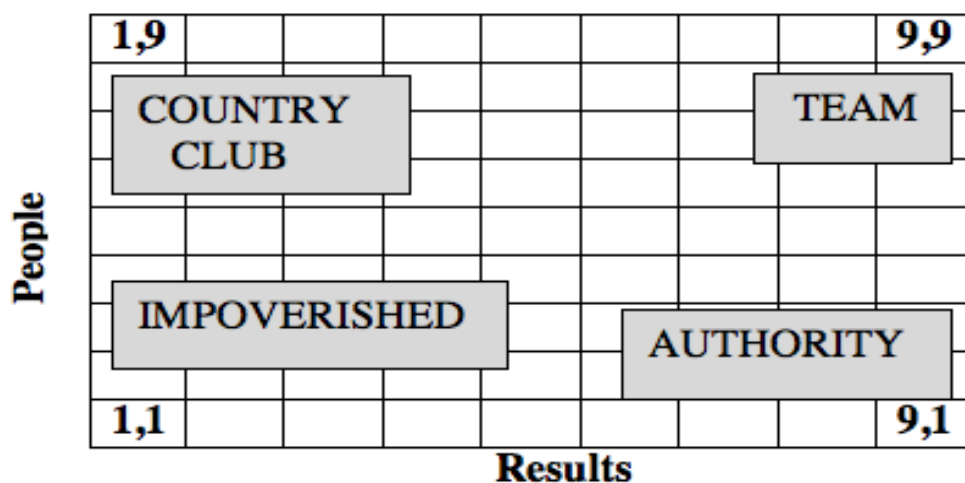


Figure 1. Grid helps illustrate relationships of leadership behaviors.

Stogdill (1974) cited two general categories of leadership behavior: *initiating structure* and *consideration*. Structure consists of processes that create organization, division of responsibilities, and scheduling. Consideration concerns itself with building rapport, loyalty, and respect between workers and the leader. Of course, both practices are critical to effective leadership and management, and depending on circumstances, one focus may need more emphasis than the other in the organization.

One of the practical aspects of considering task orientation versus people orientation is that leader performance can be quickly understood and adjusted to be more productive. Assessment of success is easy to determine by performance outcomes and worker satisfaction. However, Yukl's (1994) research on the efficacy of this type of leadership style was "mostly contradictory and inconclusive" (p. 75).

Although the Blake and Mouton leadership precept does examine behaviors of leaders, it is probably more closely related to day-to-day *management* style rather than leader style. Well

known management gurus often quip management is about *how* things are done while leadership is more about *why* things are done.

Psychodynamic approach to leadership. While many leadership theories focus on actions and behaviors of leaders and followers, the psychodynamic approach looks more deeply into the organizational psyche, trying to understand what emotional reasons prompt leaders to act as they do and to discover why and how followers respond to a leader's actions. What are the driving inner psychological motivations? Adherents to this approach to leadership believe that social and emotional processes between followers and leaders are of great significance and must be understood. Good leaders appreciate that people differ in their emotional patterns and that those patterns are complex and often paradoxical (Robbins, 2005).

Our behaviors are established from our early experiences in life, and these behaviors continue to shape themselves as life experiences that inform us about which behaviors are generally productive. However, it is important to note that most of us encapsulate nonproductive behaviors as well. Leader's personalities are shaped in the same way, and this dynamic influences their actions, which can have a variety of effects on their followers. In the end, organizational outcome is a result of the psychological dance between leader and follower (Northouse, 2004).

The psychodynamic approach examines the leader: Why has he or she chosen to be a leader and what factors shape her or his approach to leading? The leader's followers, likewise, have a complex assortment of psychological factors that determine their behavior. To understand the dance, we must understand those factors (Kets de Vries & Miller, 1984).

Based on the *clinical paradigm* (Kets de Vries & Miller, 1984), leaders and followers function psychologically based upon the reality that people act in a certain manner as a result of

unconscious needs and desires. Further, many fears, motivations, and feelings are unconscious, so we are not aware of their influence upon our actions and perceptions. Leaders' effectiveness is closely tied to how they regulate and express emotion. Finally, we are all products of what we have experienced in the past, and this interplay creates the foundation for our beliefs and responses.

According to the psychodynamic approach to leadership, a key factor is how the role of our *inner theater*, those early life experiences that shape our future interactions with people, plays out during the leadership process. DISC uses core conflictual relationship themes that leaders act from in the workplace. The perception of how people react, after that interaction, is then responded to, in kind, by the leader's perceived *sense* of the interaction (Luborsky and Crits-Christoph, 1998). These assumed realities and interpretations can strangle a person's ability to lead and communicate effectively.

Narcissism is a trait that is not often discussed in reference to normal leadership, but it should not be omitted when considering behavioral characteristics often found in leaders, including effective ones.

Lopez de Victoria (2014) defined narcissism as the "egotistical preoccupation with self, personal preferences, aspirations, needs, success, and how he/she is perceived by others" (p. 1). He specifically describes the organizational narcissist as one who is diplomatic, proper, and ostensibly seems to care about others. However, a success-oriented narcissist remains close to followers only as long as those followers remain useful.

Researchers at Ohio State University found that when a group is without a leader, narcissists will often take charge, believing themselves to be competent leaders and having a desire for power. These emergent, narcissistic leaders were overconfident in their own abilities

and exaggerated their talents. It was additionally noted, interestingly, “Other group members also saw them as the people who really run the group” (Brunell et al., 2008, p. 1673). However, once in a position of power, narcissists don’t perform markedly better than any other individual in that same leadership role. “They like power, they are egotistical, and they are usually charming and extraverted. But the problem is, they don’t necessarily make better leaders” (p. 1664). Brunell et al. continued, “There have been a lot of studies that have found narcissistic leaders tend to have volatile and risky decision-making performance and can be ineffective and potentially destructive leaders” (p. 1674).

In a study conducted at the Universities of Michigan and Virginia, it was acknowledged that “three of narcissism’s personality components may be considered useful or healthy: leadership/authority, superiority/arrogance, and self-absorption/self-admiration” (Salamon, 2012, p.1). It was noted that narcissists tend to be creative people with low levels of depression, but their sensitive self-views can cause them to react defensively and resort to aggression when their sense of superiority is challenged (Salamon, 2012).

Riggio (2011) observed that many leaders are narcissists and that they have a proclivity for obtaining positions of power and authority. Riggio goes on to state, “Moreover, some of these narcissists are effective leaders—some are terribly effective” (p. 1). Furthermore, “Narcissistic leaders are relentless in their pursuit of goals, but they can also be ruthless, not caring much about the collateral damage that occurs” (p.1).

Psychologists Kaiser and Hogan (2010) advised that the optimal way to manage narcissistic, and possibly destructive, leaders is through screening to prevent them from getting into positions of power and authority. Assessments, as were used in this dissertation study, do

give indications of a predilection toward narcissism, and this further supports the use of these instruments to identify potentially good leaders.

Organizational psychology plays an important role in the understanding of the leader--follower dynamics. Psychological factors drive actions of both leaders and followers, and the combination can result in outcomes that can profoundly impact the group. Bion (1961) recognized this and described three basic group assumptions: dependency, fight-flight, and pairing. Dependency is understood as the need of the follower to feel less helpless, inadequate, and protected from the outside world. The degree of these feelings by followers determines the amount of autonomy they require. This assists in creating more cohesiveness in the group as well as coherent goal pursuit. However, it can also rob followers of critical judgment and the motivation to take initiative. This relationship often mirrors that of a parent and child.

With the flight or fight response, a group tends to see the world either as a friend or enemy. Members of a group manifest this response by resistance to authority (internal or external), avoidance (absenteeism), and resignation (acquiescence). Some leaders take advantage of these perceptions to motivate members to win competitions within the group or with other competing organizations. As a result, followers become more dependent upon their leader, and that strengthens his or her position and power (Bion, 1961).

Bion (1961) believed that people in a group have a need to pair to reduce feelings of anxiety, loneliness, and alienation. Organizationally, this tends to divide followers and even can result in acting out against authority figures, including the leader.

A good leader must adeptly address the organization's social defense mechanisms that can result in regressive social behavior. Classic examples of these reactions include splitting, projection, displacement, and denial. Though always present in organizations, these disruptive

influences can be ameliorated by keeping followers involved, maintaining a good organizational substrate, cultivating meaningful and informative communication, and setting clear goals to help them feel safe and in control to minimize the digression into nonproductive behaviors (Krantz & Gilmore, 1990).

There is normally a tendency for leaders and followers to mirror and idealize one another. Mirroring involves taking behavioral cues from those with whom we associate and, through idealization, internalizing behaviors we appreciate (Kets de Vries & Miller, 1984). Since this is a process that tends to make leaders and followers less critical of behavior within the organization, it can obscure real issues, thus deflecting attention to corrective actions.

A fascinating psychological conversion occurs in groups when a strong, aggressive leader generates an identification with her or his followers. With aggressive leadership, this process, identification with the aggressor, begins to transpire, causing those being threatened to be transformed into those making the threats. The leader often perceives his group as either being for or against him. This can suspend cooperation and collaboration, initiate reprisals, and ultimately paralyze a group's functioning (Kets de Vries, 2001). Kets de Vries described a final aspect of the psychodynamic consideration, which describes behavior between followers and leaders as shared madness. Misguided or delusional leaders can generate similar behaviors and beliefs in their followers. For followers to feel in harmony with their leader while keeping their options for advancement and rewards viable, they may patronize that leader by avoiding truths and disagreement.

Authentic leadership. The concept of authentic leadership is a relatively new approach to defining effective leadership, probably spawned from disillusionment with contemporary organizational and political leaders. Though the theory, or observation, describes a so-called

ideal leader and his or her characteristics, the authentic leadership approach is mostly descriptive, not prescriptive (Northouse, 2016).

An apparent offshoot of transformational leadership theory, authentic leadership was first described by Burns in 1978 and was expanded upon by Bass, Howell, and Avolio in later publications. It is essentially a study of the reciprocal relationship between leaders and followers that produces positive results for both. In an effort to codify the nature of authentic leadership, Luthans and Avolio (2003) created a model that identifies the authentic leader as one who fundamentally possesses positive psychological capacities and moral reasoning tempered by critical life events. According to Luthans and Avolio's model, an individual can achieve authentic leadership by being self-aware; incorporating a virtuous, internalized, moral perspective into leadership behavior; employing a balanced processing of information; and being transparent in relationships.

A prerequisite for being an authentic leader seems to be self-awareness of strengths, limitations, and values. This important personal quality serves as a precursor to developing other dimensions of authentic leadership. An internalized moral perspective is at the ethical core of authentic leadership, and knowing the right thing to do and having a concern for ethics and fairness are key qualities that an authentic leader must embrace. When dealing with organizational and follower issues, the authentic leader must also exhibit balanced processing and be fair-minded. The effective authentic leader considers all options and viewpoints before choosing a course of action. Decisions are carefully considered and openly discussed. Being genuine and exhibiting relational transparency involves being honest and straightforward in dealing with followers. By communicating in this fashion, followers know clearly where they stand (Northouse, 2016).

Many aspects of authentic leadership are associated with personality traits that an individual may already possess. Certainly researchers, such as Goleman (1997), link these qualities to emotional intelligence that confirms supportive and empathetic interaction between followers and leaders and creates an optimal organizational environment.

Being an authentic leader requires a great deal of self-reflection and relationship savvy that may not be practical or easy to achieve in all instances. The health care association volunteer leaders, who are the focus of this study, are not chosen because of their authenticity, and the unique combinations of behaviors that characterize an authentic leader only occasionally exhibit themselves in this particular organizational setting.

Transformational leadership. Transformational and charismatic leadership are very closely related and, for the purposes of this review, will be discussed as one unified style. Contemporary academic studies exhibit an increased interest and emphasis on transformational leadership. This current popularity probably occurs during times of uncertainty and celebrity and social media preoccupation (Bass & Riggio, 2006).

The charismatic leader embodies an attractive image and manner that motivates group members to follow. For instance, House and Mitchell (1974) suggested that these types of leaders have a charismatic effect on others, are dominant, have a strong desire to influence others, are self-confident, and have a strong sense of moral values. Northouse (2016) listed the personality characteristics, behaviors, and the effects on followers. He pointed out that the charismatic leader's personality includes being dominant, having the desire to influence, and being self-confident. Behaviors associated with a charismatic leader include setting a strong role model, articulating goals, and having high expectations. This persona, in turn, helps followers

trust the leader's ideology, increases their acceptance of the leader's goals, and fosters an emotional involvement with the leader (Northouse, 2016).

A transformational leader first identifies a needed change, constructs a clear vision that allows followers to successfully navigate the process of change, and executes that change with the commitment of the group's followers (Transformational Leadership, n.d.). Bernard Bass expanded upon James MacGregor Burns's original ideas to develop what is now referred to as Bass Transformational Leadership Theory (Bass, 1985; Bass & Riggio, 2006):

1. Intellectual stimulation—transformational leaders encourage creativity and challenge the status quo.
2. Individualized consideration—transformational leaders offer support and encouragement to individual followers and maintain open lines of communication. They also offer personal recognition of the unique contributions of each follower.
3. Inspirational motivation—transformational leaders have a clear vision that they are able to describe to followers. They are also able to inspire followers to experience the same passion and motivation to fulfill these goals.
4. Idealized influence—the transformational leader serves as a role model for followers.

Leadership practices in volunteer health care association settings are usually not geared to being transformational. The organizational mores and foundational behaviors remain clearly defined and established. Much is transactional. Seldom is volunteer leadership linked to emotion, personal needs, change, or more lofty aspirations. As was pointed out earlier, the status quo and traditional established department and leadership hierarchy within large associations is well established and not subject to very much change.

Skills approach to leadership. The leader-centered approach examines the nature of the individual who serves as a leader within an organization. What skills does one possess that leads to a leadership position, and how effective does the leader appear to be? In a skills approach, first postulated by Katz (1955) in the *Harvard Business Review*, one measures developable skills that enable a leader to solve problems and successfully lead followers. Katz's initial concept identified three key leadership skills that were later expanded upon by Mumford, Zaccaro, Connelly, and Marks (2000), who created a skills model of leadership as shown in Figure 2.

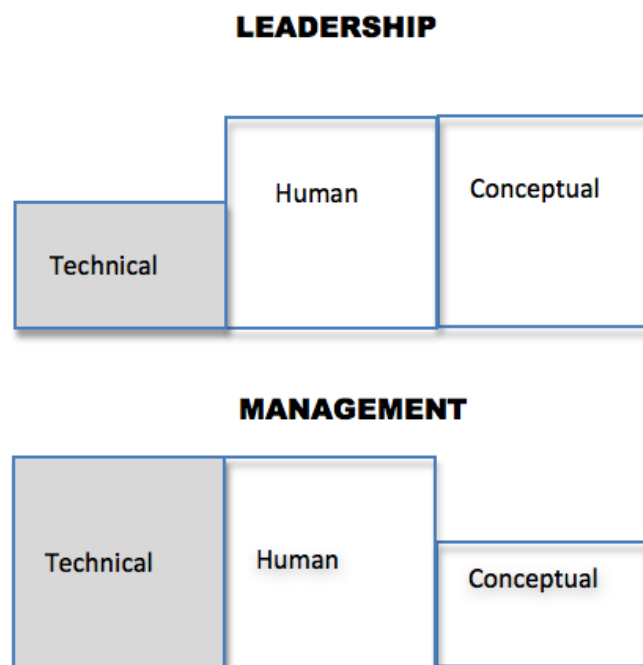


Figure 2. This graphic displays a simplified model of skills required for different levels of leadership and management.

The complete model also included knowledge, problem-solving skills, and social judgment skills. Interestingly, the ability to use these skills adroitly was influenced by the leader's behavior and traits as well as by career experiences and environment; hence, the skills approach is dependent upon other personal leader attributes, such as behavior and traits.

Mumford et al (2000) weaves the components of the expanded skills model of leadership into a

blend of competencies, which include a seasoning of behavior and traits, to reach the desired leadership outcomes.

As of 2016, the skills model of leadership has not been completely studied in arenas other than the military and, therefore, may not reflect an authentic standalone leadership competency. The optimal aspect of this theory is that it posits that anyone can be trained to be an effective leader (Northouse, 2016). This assertion is the subject of many business leadership books from authors such as Maxwell, Kouzes, Posner, Blanchard, etc. One would assume that this principal of trainability could apply to the inexperienced volunteer leaders of the Association as described in Chapter 1 of this study. Perfunctory leadership training is provided to some volunteers, but only to a few. From my extensive personal observation and interaction with volunteer leaders, good training could help more of them evolve into more competent leaders.

The organizational setting as a determinant of leadership type. This approach posits that different types of organizational situations require different types of leadership techniques to maximize effectiveness. Contingency and situational theories examine the optimum fit between leaders and the circumstances they confront and provide tools for a structural analysis of the relationship so that behavior and outcome can be synergized. Leaders' decision-making, orientation and motivational approaches are matched with various factors in their situations, including types of work, the nature of the employees, the structure of the organization, individual preferences, and upper-level management's influences (Carrell et al., 2006).

Situational approach to leadership. The Hersey-Blanchard Model of Situational Leadership (Hersey & Blanchard, 1969) is predicated upon the amount of direction (task behavior) and amount of socio-emotional support (relationship behavior) a leader must use depending on the nature of the followers and the situation or circumstance.

Task behavior is the degree of direction a leader utilizes in one-way communication when instructing followers on their duties and responsibilities. This behavior includes telling people what to do, how to do it, when to do it, and where to do it. Relationship behavior involves two-way communication, including listening to, facilitating, and supporting followers. Individuals tend to have varying degrees of ability to take responsibility for directing their own behavior, depending on the specific tasks, functions, or objectives that they try to accomplish (Hersey & Blanchard, 1969).

The appropriate situational leadership style to use in a given circumstance is based in part on the maturity levels of their followers in relationship to the specific task (as is illustrated in Figure 3). When followers possess increased maturity levels, a leader needs to reduce task behavior and increase relationship behavior. When follower behavior levels are identified, a leader can tailor the appropriate leadership style to the situation: telling, selling, participating, or delegating (Blanchard, Zigarmi and Zigarmi, 2013).

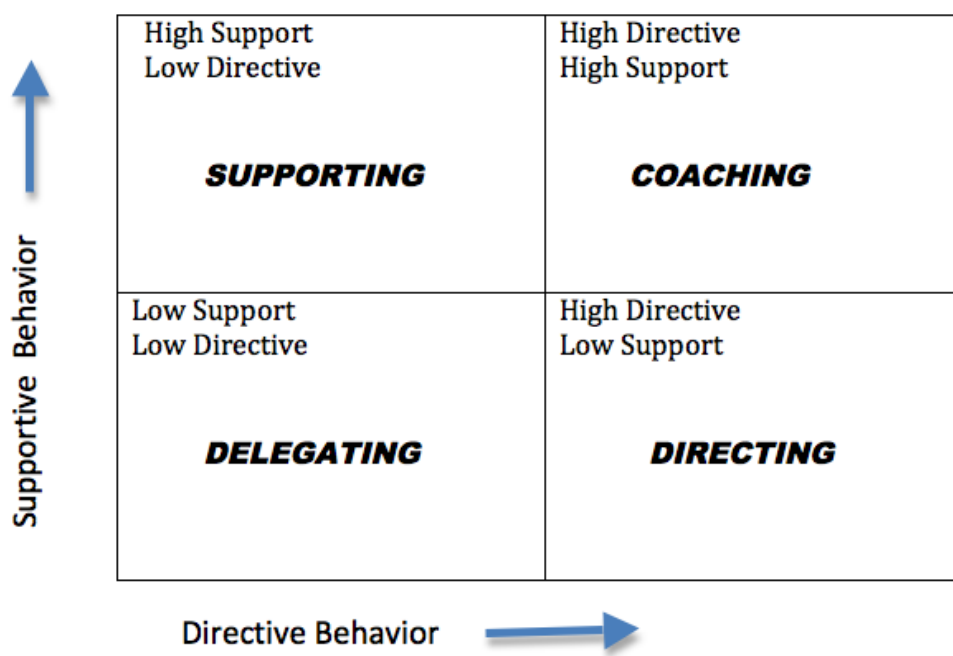


Figure 3. Management and leadership styles should match employee development levels.

When a leader must tell a follower what to do, this reflects a high task–low relationship behavior. With a low follower readiness level, the communication must contain clear instructions and specific directions. When a leader must sell a follower, this indicates a high task–high relationship behavior, with the leader promoting two-way communication that helps to build confidence and motivation while retaining responsibility and decision making. The participating style models high relationship–low task behavior where both leader and followers share decision- making and, as a consequence, directive leader behavior is essentially abrogated. A low relationship–low task behavior is reflected in the delegating style, which can be utilized by leaders whose followers are prepared to accomplish a particular task and are competent and motivated to take full responsibility for the outcome (Blanchard, Zigarmi and Zigarmi, 2013).

Contingency theory. Fiedler’s (1964) contingency theory postulates that there is no best way for leaders to lead because different situations require different specific leadership style adaptations. He suggested three elements that dictate a leader’s situational control: leader-member relations, task structure, and position power (see Figure 4).

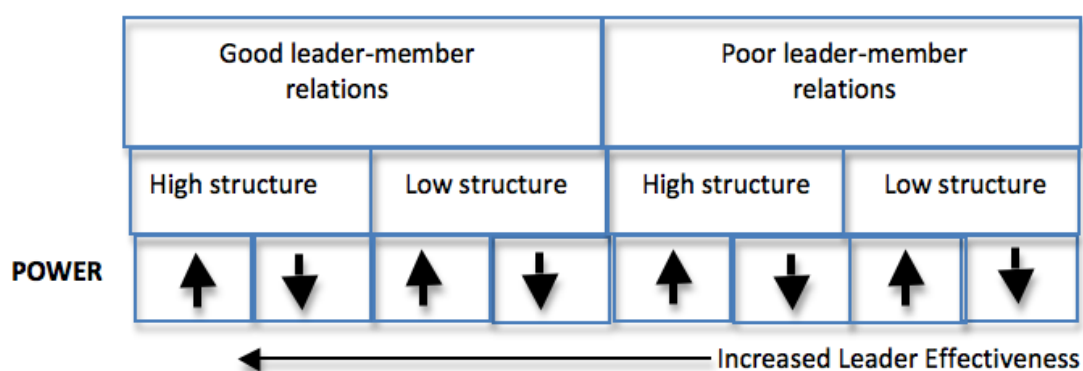


Figure 4. Three elements dictate a leader’s situational control.

Leader–member relations are associated with the amount of loyalty, dependability, and support that a leader receives from followers. Task structure examines whether the task at hand requires high or low structure or something in between. Detail and description of what is required of subordinates determines task structure. Position power refers to the amount of power or authority leaders believe they have for directing, rewarding, and reprobating subordinates. The amount of position power, as one might expect, is proportional to the degree of authority that the leader has been granted (Fiedler, 1964).

Fiedler found that task-oriented leaders did better in situations with good leader–member relationships, structured tasks, and either weak or strong position power. Additionally, he also found that they did well when the tasks were unstructured but position power was strong or when the leader–member relations were moderate to poor and the tasks were unstructured.

Relationship-oriented managers, it was found, do better in most other situations. While the task-motivated leader enjoys pride and satisfaction in task accomplishment, the relationship-motivated leader wants to build interpersonal relations and provide support for team development, thus is more often self-fulfilled and gratified, according to Fiedler's (1964) model.

Leadership and the leader—follower relationship.

Path-goal theory. Path-goal theory looks at how leaders motivate followers to achieve specific goals. The concept was initially explored by Evans (1970) and House (1971). It underlines the relationships among (a) leadership style, (b) the nature of the followers, and (c) the organization or work environment. The objective is to increase follower empowerment, motivation, and satisfaction so they evolve into productive members of the organization. Path-goal theory is based on expectancy theory (Vroom, 1964), whereby an individual will act in a specific manner based on an expectation that the act will result in a selected outcome and on the

value of that outcome to the follower. According to the path-goal theory, leaders select specific behaviors that are best suited to both followers' needs and the work environment, guiding followers down a path to obtain a goal.

Before beginning the journey down the path to a goal, a leader should assess the follower's characteristics and needs, such as the degree of structure they require, their affiliation, perceived level of ability, and desire for control. Next, a leader should evaluate obstacles, including the design of the task, the formal authority system within the organization, and the nature of the work group. For instance, if a task that should lead toward the goal is too ambiguous, then the leader may be required to give it more structure. How much authority the leader exhibits during a project might be determined by how much independence or control is required by the followers. Finally, if the group working on the task is not sufficiently supportive, the leader must help create more dedication, enthusiasm, and comradery (House, 1971).

Leadership style is an important component of the path-goal theory, as leaders must adjust their styles to both the follower and the task characteristics in order to amplify the follower's motivation to reach the goal. The four leadership styles incorporated into the path-goal theory—directive, supportive, participative, and achievement-oriented (expectation)—were described by House and Mitchell (1974), and the foundation of styles was originated by Stogdill (1974).

With the directive style, the leader informs followers what is expected of them, tells them what to do and how to perform a task, and gives them direction regarding scheduling and coordinating the work. This style is most effective when there might be confusion about a task or when there is uncertainty within the work environment (House and Mitchell, 1974).

The leader makes work pleasant for the workers in the supportive style by showing concern for their well-being and being friendly and approachable. When tasks and relationships are psychologically challenging, this style is most effective (House and Mitchell, 1974).

The participative style encourages leaders to consult with their followers before making a decision on how to proceed. This approach is most effective when subordinates are highly trained and involved in their task (House and Mitchell, 1974).

The achievement-oriented style sets challenging goals for followers, expects them to perform at their highest level, and demonstrates confidence in their ability to meet expectations. This approach is most effective in achievement environments such as sales and in professional work environments, such as technical and scientific workplaces (House and Mitchell, 1974).

Leader-member exchange theory. This approach to understanding leadership was originally known as Vertical Dyad Linkage, a concept first developed by Dansereau, Graen, and Haga (1975). Dansereau et al. observed how leaders maintain leadership and control by working closely with individual followers to convert them to supporters or members of an inner circle or in-group and this inclusion helps leaders maintain their positions. Followers are treated better or worse according to the degree of support they give to the leader, with the most supportive followers positioned as part of the leader's inner circle. To reward support, leaders provide benefits in the form of jobs, money, recognition, and access to opportunities.

In this atmosphere, roles may eventually become formalized and the supporter may be given a role with more power, but the leader—subordinate relationship remains. The more those members of the inner circle strive to support the leader, the more consideration, position, and responsibility they acquire. Members of the group who perform only according to their officially

defined roles are referred to as the out-group and are not the beneficiaries of any special treatment or opportunities (Dansereau, Graen, and Haga, 1975).

Development of the dyad relationship usually begins in the organizational stage, when an individual separates from the group by accepting a task that needs to be performed, thus becoming an emergent leader. Next, in the role development stage, the leader identifies subordinates who can assist in completing an objective or seem ready to assume continuing positional responsibility. A balance has to be achieved between a leader's direct involvement in decision -making and delegating work to others. Finally, a leader--led relationship stage is established. Aspects such as organizational culture, social mores, leader charisma, and size of tasks can solidify leader--led relationships and sustain them over time (Dansereau, Graen, and Haga, 1975).

Transactional leadership. The transactional leader generally is concerned only with completing transactions in the course of pursuing organizational goals. There is a fine line between transactional leadership and managerial leadership, as both focus on supervision, organization, and performance, and both encourage followers to comply by using a blend of rewards and punishments. Though transactional leaders may be productive in certain settings, such as the military or large companies, they typically do not excel in situations where creativity and innovative ideas are foundational and valued. The transactional leader is responsible for maintaining routines by facilitating group performance and managing individual performance. The status quo of an organization is maintained through transactional leadership (Northouse, 2016)

In 1947, Max Weber, a German sociologist, researched leadership styles, separating them into three categories: traditional, charismatic, and rational-legal or bureaucratic. He described

rational—legal leadership, which later came to be known as transactional leadership, as “the exercise of control on the basis of knowledge” (as cited in Spahr, 2016, p. 1). In the 1980s and 1990s, researchers further described the various characteristics of transactional leadership (as cited in Northouse, 2016):

- contingent reward—establishing expectations and rewarding followers for meeting them;
- passive management by exception—not interfering with workflow unless there is an issue; and
- active management by exception, whereby leaders or managers anticipate problems, watch progress, and correct issues.

In the health care association model that this dissertation examines, volunteer leaders seldom involve themselves with daily transactional issues, though they do tend to focus on short-term goals because their tenures often last only a year. Other transactional leadership characteristics, as described in Spahr’s (2016) article on St. Thomas University’s Web site, *What is Transactional Leadership? How Structure Leads to Results*, parallel the Association’s approach to leadership and management: It favors structured policies and procedures, thrives on following rules and doing things correctly, has a tendency to be inflexible, and is generally opposed to change.

Transactional leadership can work effectively in large multinational business where there are many workers who speak different languages and have cultural nuances. It facilitates the successful completion of tasks because processes, for the most part, are easy to understand and apply across much of an organization. It stabilizes the status quo. In addition, transactional leadership works well when there is an organizational crisis or a project that requires linear and

specific processes. Transactional leadership is also prevalent in the military, sports coaching, in policing agencies, and first-responder organizations (Spahr, 2016).

Servant leadership. Greenleaf (1970) defined a type of leadership he called servant leadership. It places the leader's focus on serving others rather than exercising power and control. This concept may seem initially counterintuitive to our traditional understanding of what constitutes leadership behavior. To further refine Greenleaf's somewhat nebulous leadership concept, Spears (2002) identified 10 characteristics that he felt characterized servant leadership. To begin with, he believed that a servant leader must have the ability to listen and acknowledge different, perhaps even disparate, viewpoints, which demonstrates that the leader recognizes and validates followers' value. Then, through consistent and clear communication, the leader effectively persuades the follower(s) through pleasant nonjudgmental discussion.

Through behaviors similar to those found in the trait approach to leadership and consistent with Goleman's (1997) important research on emotional intelligence, leadership effectiveness is further enhanced by the ability to empathize and understand the follower's thinking and feelings. Followers sense the leader's appreciation of their emotional personas and opinions and this, too, further validates the follower. The leader also cares about the personal well-being of followers and attempts to help them overcome their problems. Greenleaf (1970) contended that the process of helping others heal also helps the leader become whole.

The servant leader must have certain sensibilities that facilitate his or her abilities to guide a group. Spears (2002) and Greenleaf (1970) believed that awareness, "accurate attuned and receptive to their physical, social, and political environment" (as cited in Northouse, 2016, p. 228) gives them crucial objectivity. In addition to awareness, servant leaders must have the ability to conceptualize goals and direction so that despite the day-to-day distractions of leading,

they can guide the group to successful objectives. Self-awareness is a key element of servant leadership to avoid the overconfidence and hubris that can be inherent in positions of power. Servant leaders also must have foresight in order to properly navigate organizational goals, and they should be able to think beyond a current situation to envision what might be possible.

Finally, a servant leader must be a steward and take the responsibility to carefully manage the people and the organization of which they are in charge. There must be a commitment to build a community, thereby allowing followers to identify with something of value, connection, and greater than themselves. This entails a deep commitment to the growth of all in the organization and to treating all followers as individuals (Greenleaf, 1970).

Servant leadership does not prevent the leader from making unpopular decisions or from sharing critical feedback, but there is a prerequisite that he or she has a well-defined moral foundation. Servant leadership supports organizational goals while simultaneously supporting the growth and development of each individual (Greenleaf, 1970).

Adaptive leadership. Adaptive leadership approaches examine the point of view of followers in the context of their environment and seeks to help them to adapt to the challenges, problems, and changes they encounter. Adaptive leadership is primarily concerned with the activities of the leader in this regard (Northouse, 2016).

Adaptive leadership was first formally described by Heifetz (1994) with anecdotal observations and prescriptive suggestions as to incorporating techniques (Northouse, 2016). Most of the research into this type of leadership has taken place in the health care arena, which makes it germane to the central subject of this dissertation. However, adaptive leadership is best applied to the delivery of health care vis-à-vis the leadership behavior found in health care trade associations. Heifetz (1994) later refined his concepts in multiple publications through 2009.

Essentially, adaptive leaders mobilize, motivate, organize, orient, and focus the attention of others. If there is “a gap between aspirations and operational capacity that cannot be closed by the expertise and procedures currently in place” (Creelman, 2012, p. 1), the adaptive leadership approach can be ideal.

Organizations encounter a multitude of challenges as they attempt to solve everyday issues that are in constant flux while also navigating toward their own goals and objectives. The work environment is dynamic and fraught with perpetual change. Adaptive leadership divides situational challenges into those of a technical nature, an adaptive nature, or a blend of both and then links them with leader behavior that can ameliorate problems. Technical problems are clearly defined and have preexisting solutions. Adaptive issues are more nebulous and cannot be solved by existing protocol and thus require the leader to enlist others to help devise and implement creative and efficacious solutions. Adaptive issues are more difficult to solve and often necessitate changing assumptions, attitudes, perceptions, beliefs, and behaviors (Creelman, 2012).

The adaptive leader’s skill set requires the ability to step far enough away from the challenge to see the big picture and to reflect on the observations. The effective leader should be able to move back and forth between each environment, constantly making leadership adjustments and quickly adapting to the circumstances at hand. Next, the leader must identify the adaptive changes necessary to improve the process and outcome. The correct diagnosis of challenges is a key process that requires training and ability and is often where this leadership approach breaks down. Heifetz, Grashow, and Linsky (2009) broke down adaptive challenges into four archetypes: (a) gap between espoused values and behavior, (b) competing commitments,

(c) failure to address unpopular issues or conflicting perspectives, and (d) work avoidance and desire to remain in one's comfort zone.

The ability to regulate distress is an important skill for effective adaptive leaders because adaptive change takes workers out of their comfort zones, inevitably generating stress. The adaptive leader must monitor employees and regulate the degree of stress so that all remain productive. The Heifetz (1994) model exercises a three-pronged approach: (a) create a holding environment where one feels safe; (b) provide direction, protection, orientation, conflict management, and productive norms; and (c) on an individual basis, regulate personal stress.

Helping people maintain disciplined attention is another core responsibility of the leader. Change can lead to avoidance behavior, so the leader needs to encourage followers to focus on the difficult work they may need to tackle. People appreciate a modicum of directive leadership but only thrive when it is mediated with a degree of independence. Self-direction gives rise to creativity and more motivation. A proficient adaptive leader gives the work back to the people (Heifetz et al., 2009).

Finally, the adaptive leader must listen to all disparate members of the group, even outliers. Not only does valuable insight emerge from this open channel, but low-status members of the group feel more empowered, involved, and responsible for their actions. Ultimately all members of a group have a place and, one way or another, impact its ability to succeed (Creelman, 2012).

Trait leadership theories. Since the basis of this dissertation's research is the measurement of traits and behaviors using the DISC instrument, the Trait Approach to leadership section has been separated from the review of leadership theories in the leader as an individual section so that we may delve into further detail. By understanding the preceding theories of

leadership, we are able to appreciate that behavior and traits definitely have a significant impact on every approach to understanding leadership.

Although some physical traits have been associated, and research has established some linkage, with strong leaders, such as attractive appearance, height, voice quality, presence, and fluency, this section will focus on the personality and behavioral aspects of those who are perceived as leaders and act accordingly.

Leadership studies, which have spanned over the past hundred years, initially began by attempting to solve the enigma: What behaviors and qualities make a leader? In the 19th century, leaders were thought to be endowed with unique traits and this idea spawned Thomas Carlyle's great man theory which observed that "the history of the world was the biography of great men" (as cited in Torricelli, 2001, p. 156). Though leadership research has evolved into a much more nuanced process of investigation, it is accepted that individual personality qualities do have a major influence upon notions of leadership and that knowing these characteristics can assist organizations to predict who will be an effective leader.

The concept of traits shaping personality, in general, has long been the focus of researchers such as Allport, Jung, Marston, Cattell, Eysenck, and others. However, most theorists believe that all personality trait studies probably have fundamental roots in the Five Factor Personality Model. In the field of personality psychology, researchers have struggled to understand and explain what shapes an individual's personality and what common or overall characteristics form the core of a person's behavior. Social scientists have come to a semi-consensus that there are five main determinants of personality named the Big Five Personality Dimensions (Muchinsky, 2009):

1. Extraversion—Extraverts are energized from interacting with others, while introverts are energized from within. Characteristics such as sociability, talkativeness, assertiveness, high amounts of emotional expressiveness, excitability, and positive energy are associated traits.
2. Agreeableness—Individuals who are friendly, cooperative, and compassionate often demonstrate attributes such as trust, altruism, kindness, affection and tend to be accepting of others, conforming, trusting, and nurturing while also exhibiting other positive social behaviors.
3. Conscientiousness—Traits of this dimension include being thoughtful, decisive, having good impulse control, being goal-directed, being organized, being thorough, and paying attention to details.
4. Neuroticism—This category relates to an individual's emotional stability and extent of negative emotions. Individuals high in this trait tend to experience moodiness, depression, insecurity, irritability, anxiety, and sadness. They can harbor feelings of vulnerability and may be hostile.
5. Openness—This trait is related to intellect and includes individuals who like to learn new things and enjoy new experiences. It features characteristics such as imagination and insight, a broad range of interests. People high in this trait tend to be informed, creative, insightful, and curious.

Each of these factors has a wide range of expression, and most people fall within the two polar ends of each behavior. McCrae and Costa (1987) noted that these traits were also quite ubiquitous and could be used to describe almost any personality from as many as 50 different cultures. Links between these factors and leadership were established in meta-research done by

Judge, Bono, Remus, and Gerhardt in 2002. They found that effective leaders' extraversion was the most important factor associated with leadership. Three of the five factors listed above are related to the DISC I-score and one to the C-score. The DISC assessment is the instrument used to collect data for this dissertation.

Studies have shown that successful leaders usually display different behavioral characteristics than other individuals and they possess particular core personality traits that appreciably contribute to their success. Understanding personality traits that predict leader effectiveness can assist organizations with leader identification, selection, training, and development practices (Derue, Nahrgang, Wellman, & Humphrey, 2011). However, it is recognized that any trait's ultimate effect on leadership behavior will always depend upon the situation at hand (Hughes, Ginnett, & Curphy, 1996). In 1948, Stogdill observed that people who are leaders in one situation may not necessarily be leaders in other situations. Despite situational variation, Derue et al. (2011) pointed out, "Meta-analytic evidence also suggests that leader behaviors are important predictors of leadership effectiveness" (p. 26).

Zaccaro, Kemp, and Bader (2004) defined trait leadership as "integrated patterns of personal characteristics that reflect a range of individual differences and foster consistent leader effectiveness across a variety of group and organizational situations. It consists of a group of heritable attributes that differentiate leaders from non-leaders" (p. 104). Leader effectiveness is the degree of influence a leader has on individual or group performance, followers' satisfaction, and overall effectiveness (Derue et al., 2011).

There have been numerous approaches to codifying traits more likely to be personified in a leader. Derue et al. (2011) proposed that the majority of leader traits can be divided into three categories: demographic, task competence, and interpersonal attributes. In the demographics

category, the majority of researchers have determined that male and female leaders are equally effective. Task competence describes how individuals execute and perform tasks (Bass & Bass, 2008). Hoffman, Woehr, Maldagen-Youngjohn, and Lyons (2011) grouped intelligence, conscientiousness, openness to experience, and emotional stability into this category.

Interpersonal attributes are associated with the manner in which a leader approaches social interactions, and according to Hoffman et al., extraversion and agreeableness should be grouped into this category.

Hoffman et al. (2011) studied the effects of distal (trait-like) versus proximal (state-like) traits on leader effectiveness and concluded that both types of traits similarly affect effective leadership. Distal—dispositional/trait-like—characteristics of leaders include achievement motivation, energy, dominance, honesty-integrity, self-confidence, creativity, and charisma and were strongly correlated with leader effectiveness. Proximal—malleable/state-like—individual differences are often found in the form of knowledge and skills, suggesting that the characteristics that distinguish effective leaders from ineffective leaders are not necessarily stable through the lifespan and that they can be developed. Hoffman et al. found that the proximal individual differences of interpersonal skills, oral communication, written communication, management skills, problem-solving skills, and decision -making were also strongly correlated with leader effectiveness.

Zaccaro et al. (2004) presented support for the assumption that leaders generally have higher intelligence than non-leaders. Leaders have strong verbal, reasoning, and perceptual abilities. His research points out that if the differential between leader and follower intelligence is too great, communication issues may ensue. Self-confidence is assurance in one's competencies and skills. Northouse (2004) pointed out:

It includes a sense of self-esteem and self-assurance and the belief that one can make a difference. Leadership involves influencing others, and self-confidence allows the leader to feel assured that his or her attempts to influence others are appropriate and right. (p. 19)

Determination is characterized by firmness of purpose and resoluteness and often involves characteristics such as dominance, initiative, persistence, and drive. Northouse (2004) related this to leadership by describing this characteristic as the willingness to be assertive, proactive and having “the capacity to persevere in the face of obstacles. Being determined includes showing dominance at times and in situations where followers need to be directed” (p. 20). Integrity includes the consistently maintained qualities of honesty, high moral values, and trustworthiness. Leaders who have strong principles and take responsibility for their actions are exhibiting integrity and inspiring confidence in their followers. Being loyal, dependable, and not deceptive makes a leader believable and worthy of trust. Northouse described leader sociability as a person who is “friendly, outgoing, courteous, tactful, and diplomatic (p. 20) Northouse continued, “They are sensitive to others’ needs and show concern for their wellbeing. Social leaders have good interpersonal skills and create cooperative relationships with their followers” (p. 20).

Zaccaro et al. (2004) created a trait-leadership model to examine better how a leader’s traits influence effectiveness and performance. The model presents two basic propositions about leader traits.

1. Leadership is expressed from a combined influence of multiple traits rather than emerging from the independent assessment of traits. Effective leadership evolves

- from an integrated set of cognitive abilities, social capabilities, and dispositional tendencies, with each set of traits augmenting the influence of the other.
2. Leader traits differ in their proximal influence on leadership. Distal attributes (i.e., dispositional attributes, cognitive abilities, and motives/values) are foundation for the development of the proximal personal characteristics (i.e., social skills, problem solving skills and expertise knowledge; Mumford et al., 2000).

The Leader Trait Emergence Effectiveness Model, conceived by Judge, Piccolo, and Kosalka (2009), combines the behavioral genetics and evolutionary psychology theories of how personality traits are developed into a structure that explains leader emergence and effectiveness. The model assumes that genetics and evolution establish the initial substrate for the development of traits such as extraversion, openness, charisma, narcissism, dominance, etc. This model applies different criteria to measure objective and subjective leader effectiveness. The authors created this model to be broader and more flexible than previous tools that tried to measure the relationships between traits and leadership (Judge et al., 2009).

Another model that has surfaced in the trait leadership literature is the Integrated Model of Leader Traits, Behaviors, and Effectiveness (Derue et al., 2011). This model combined traits and behaviors in predicting leader effectiveness and tested the mediation effect of leader behaviors on the relationship between leader traits and effectiveness. The authors found that some types of leader behaviors mediated the effect between traits and leader effectiveness (Derue et al., 2011). The results of Derue's et al. study supported an integrated trait-behavioral model that can be used in future research. In scoring the DISC instrument, the proportional *blend* of preferred behaviors creates a personality profile reflecting leadership proclivities and is consistent with Derue's et al. integrated trait-behavioral model. Furthermore, Derue et al. found

that leader behaviors are more predictive than are traits in measuring leader effectiveness. The DISC assessment measures preferred behaviors and how these behaviors are expressed as traits.

Research in the 1990s spawned a new behavioral concept coined emotional intelligence or EQ. It refined the fundamental understanding of social intelligence introduced by Marlowe (1986). Intelligence (IQ) relates to our ability to learn and apply information to tasks, while EQ relates to our ability to understand emotions and apply this understanding to tasks and relationships (Goleman, 1998; Marlowe, 1986). Goleman (1998) defined one's ability to be sensitive to and understand emotion in themselves and others then use this insight to facilitate tasks, and in this context, leadership. Goleman describes particular personal and social competencies that are part of the schema, which include self-awareness, confidence, empathy, and conflict management and are consistent with the DISC I-score measurements.

EQ was further defined as "the ability to perceive and express emotions, to use emotions to facilitate thinking, to understand and reason with emotions, and to effectively manage emotions within oneself and in relationships with others" (Mayer, Salovey, & Caruso, 2000, p. 396). Researchers continued to look specifically at an individual's proclivities associated with interpersonal skills and concluded that EQ is made up of acquired skills and competencies that predispose one to positive outcomes in the organizational environment. It was again confirmed that individuals who possessed these qualities were more productive, fostered better relationships in an organization, and were better leaders (Goleman, 1998). Writing about leadership, Goleman proclaimed, "[Intelligence] and technical skills are important, but emotional intelligence is the sine qua non of leadership" (p. 7).

Gender and Generational Influence on Leadership Style

A multitude of factors can contribute to leadership predisposition. As previously discussed, the nature of the organization and the circumstances that frame the leadership challenge also shape who and how one will lead. A germane and compelling influence yet to be considered when evaluating a leader, regardless of his or her style of leading, is his or her demographic. Though many aspects of demographics have the potential to influence one's approach to leading, two particularly important ones, gender and generation, are important to take always into consideration. In the Association, there has been a significant shift in the profile of the volunteer leader from an older male to younger males and females. For this reason, this study has chosen to analyze gender and age of the Association's volunteer leaders to determine the differences, if any, in the way they lead and influence the Association. The research questions reflect this. While other data clusters such as ethnicity, culture, or race may be important in determining leadership styles, they are beyond the scope of this study.

Female leaders. In recent years, a great deal of research has been done on women and leadership. Issues of gender discrimination and equal pay and the glass ceiling have focused the public's attention on these considerations. At the same time, there has been a burgeoning presence of women in the workforce and in universities. More women than men now receive bachelor's and master's degrees, and women represent almost half of the workforce. In 2013, women comprised 75% of all workers in health care and education ("Women in the Labor Force," 2014).

Meta studies seem to indicate only limited differences in the way women lead unless one looks at specific work circumstances where slight variations do exist (Northouse, 2004). Female volunteer leaders in the nonprofit Association do seem to exhibit more dissimilarity in leadership

style. These differences probably result from Association members, hence volunteer leaders, hold health care doctorates. Professional schools align and acculturate students with little attention to gender. Further, the health care profession is, by nature, nurturing, and the rigors associated with becoming a doctor does alter a woman's attitudes and conditioning. In general, research has shown that women leaders are more democratic and use more participatory styles of leadership than men and "are more likely to use transformational leadership behaviors and contingent rewards." In addition, "Women are more likely to focus on the welfare of others and ethical behavior" (Northouse, 2016, p. 404). Mandell and Pherwani (2003) found significant emotional intelligence differences in males and females, which also supports findings in other studies.

Eagly's (2007) studies at Northwestern University have shown that women are more likely than men to utilize collaborative and participative leadership styles that are associated with effective performance as leaders. They seem to excel in transformational leadership. She believed, "Female-male differences in leadership behavior are most likely to occur in these discretionary aspects of leadership that are not closely regulated by leader roles" (p. 7).

Another factor affecting female leadership within the Association is that there seems to be, judging from the demographic questionnaire sent to participants before the study, a greater degree of ethnic diversity than one would normally find in a non-health care trade association. According to Muchinsky (2009), in his book *Psychology Applied to Work*, one of the differences in female leadership can be attributed to ethnicity and culture. He contended that because of a woman's role in the family and socially defined identity, women are perceived as caretakers and are more sensitive, nurturing, and caring. If they carry those traits to the organizational arena, it may mean that female leaders are warmer, more considerate, and more democratic.

Generation. For any individual working in an organizational or corporate environment—or attempting to communicate with teenagers—it is readily observable that there are significant generational differences in communication styles. These generational differences are also found in leadership styles.

A significant generational shift has recently occurred in the volunteer leader cohorts within the Association. As Traditionalists (generally people born 1945 and before) and Baby Boomers (generally born from 1946 to 1964) age out and retire from practice and Association involvement, they are being replaced by members from Generation X (generally born from 1965 to 1980) and Generation Y, also known as Millennials and generally defined as those born from 1981 to 2000. As a consequence, there is a heterogeneous mix of volunteer leaders who do not necessarily share the same organizational goals, organizational attachment, or preferred leadership behaviors. After a review of recent literature, it appears that the Association will need to develop organizational paradigms that embrace a multigenerational collaborative culture to optimize their future success (Balda & Mora, 2011).

Attitudes are shaped by many factors, including learning and experiences during our childhood and adolescent years as well as the prevailing social contexts during the time we are growing up. These factors contribute to the interesting generational differences that impact organizational behavior. Traditionalists, for example, tend to be more conservative, believe in law and order, and have strong ethics and principles. The organizational behavior that arises from these beliefs include being loyal to the organization, a respect for authority, and conformity. Baby Boomers, as a result of the tumultuous social issues happening during their maturation (Vietnam War, civil rights movement, Cold War, etc.), embrace liberalism, social engineering, diversity, personal self-fulfillment, and a diminished importance of family. These core feelings

produce an organizational posture of nonconformity and challenge to authority, more loyalty to self than to the organization, and a preference for rewards based on performance versus seniority. Generation X experienced the *me generation* and measures success by material wealth. It deviates from its predecessor generation by being more concerned with individual rights and embracing less pluralism. Translated to their organizational behavior, it is noted that Generation X displays more ambition and pragmatism and an increased loyalty to their careers versus the organization. Finally, growing up during the tech revolution, Millennials embrace all aspects of technology and, because of globalization and the shifting mores of society, champion diversity. In the organizational setting, they are more self-reliant, not intimidated by authority, and driven by activities that provide immediate gratification (Carrell, Jennings, & Heavrin, 2006).

Baby Boomers believe there is a chain of command that they must ascend by working hard in order to obtain a leadership position, and they work well in teams. “They don’t simply want to work; they need to feel that they are doing something important” (Mercado, 2016, p. 1). They need to get a sense of purpose out of what they are doing right now.

According to Bennington (2012), in his essay *The Leadership Styles of Different Generations*, Traditionalists embrace unique core values that may not be optimal for leadership. They are less action-oriented and visionary. Baby Boomers’ leadership styles, on the other hand, are optimistic, bold, visionary, ethical, and compassionate, Bennington wrote. Boomers became the first generation whose leadership was dual-gender and multiethnic. Bennington wrote that the Gen X leaders have values that will enable them to be idea leaders, however they struggle with people leadership and are challenged when managing the younger Millennials. Millennials are optimistic, ethical, compassionate, visionary, bold, and make leadership decisions by consensus.

Despite what seems to be the popular consensus that Millennials are ill-equipped for leadership positions because they feel entitled and are problematic in the workplace, Chou (2012), in his well-cited paper, “Millennials in the Workplace: A Conceptual Analysis of Millennials’ Leadership and Followership Styles,” defended, and even extolled, their leadership qualities. He pointed out that “Millennials tend to demonstrate high levels of self-esteem and assertiveness and to be extraordinarily confident of their abilities” (p. 75) and Chou wrote:

A delegating leadership style may be used so that Millennial followers are able to experience high levels of responsibility, work meaningfulness, and personal fulfillment on the jobs, which in turn may lead to high levels of leadership effectiveness and organizational performance. (p. 75)

Millennials apparently demonstrate a strong affinity for participative leadership styles because they focus on the social aspects of work. Their peer bond and team orientation is stronger than that of Generation X. Millennial leaders like inclusive management and appreciate immediate feedback, while being assertive as well. They seek “frequent, positive, and open communication in the workplace” and “gather and share information readily” (Chou, 2012, p. 75). As a result, Chou wrote that Millennials are effective users of two-way communication, value reciprocal leader—leader and leader—follower relationships, include followers in decision-making, and openly discuss organizational issues with followers.

The Use of Psychological Type Assessments to Measure Leadership Proclivities

Leaders are expected to be strategic thinkers, visionaries, and the ethical touchstones of their organizations. Psychometric tests let organizations test individuals’ leadership traits, behaviors, and skills that are important to their organizations, such as charisma, vision, political savvy, relationship ability with people, communication skills, attitude toward risk, and ability to

direct. These assessments lend more objectivity to an otherwise very subjective process.

Different instruments measure different traits and tendencies. Aptitude tests measure the ways in which people perform different tasks. Interest inventories measure motivation, values, and opinions. Personality testing can reveal a person's core style or way of doing things, and the way he or she interacts with other people (Kaplan & Saccuzzo, 2001).

Using these psychological assessments when making promotion decisions can help organizations objectively evaluate talent who might be ready to advance to leadership roles. The assessments, to a great degree, take the guesswork out of selecting and retaining high-caliber leaders and help the organization select and develop leaders who will perpetuate its vision. These tools are usually combined with development plans to strategically prepare future leaders for future challenges and enhanced effectiveness. In the realm of leadership development, these tools give leaders objective, psychologically based feedback, and coaching opportunities to identify, develop, and perfect the skills needed for organizational success. Maximizing the talents of leaders increases the value of the organization's workforce without disruptive and expensive leadership changes. Assessment results paired with one-on-one feedback boost the leader's ability to deal with increased responsibilities or fix unproductive behaviors (Sugerman et al., 2011)

Hurst and Jung (2013), in their article "Using Personality Assessment for Management and Leadership Development," pointed out the value of leadership development that arises from psychometric testing:

As a leader, a realistic understanding of yourself may lead to greater authenticity and humility. You may be more likely to solicit input from others if you are aware of your shortcomings. For example, leaders who are highly extraverted are biased toward risky

decision-making and impulsive action. Knowing this about yourself, you may ask other people to help you evaluate the downside of an option that you are favoring. Should you choose the riskier option, you may invest more time in contingency planning and partner with people who are likely to proceed in a more measured manner than you would on your own. (p. 3)

The well-known management consulting company Korn Ferry suggests (*Leadership Assessment*, n.d.):

The biggest challenge [to organizational success] is the talent and leadership needed to achieve and sustain them. For any business to succeed, it needs people performing crucial roles. But it's not just people. It is the right people in the right place at the right time. (p. 1)

Determining which person in a group possesses the optimal traits that could predict his or her success as a leader has long been an objective of business, education, and organizations in general. Hit-and-miss decision-making about who might possess the needed proclivities and predispositions to lead can be damaging to a corporation or organization and potentially be disastrous to the bottom line. A leadership miscalculation in any organization can be fatal. For this reason, psychometric assessments have enjoyed a tremendous popularity, and organizations invest millions of dollars a year in their use. The military has established elaborate assessment protocols to sift out the best candidates for promotion. Many lives and the success of operations depend upon this. A study on leadership assessments by the U.S. Army recognizes, "If the aptitude for leadership behavior can be measured, such a measurement should be used as a predictive tool in the selection of future leaders" (Steimle & Millett, 1992, p. 3). Using assessments to measure leadership proclivities can be an instrumental step in identifying

emergent leaders and determining leadership gaps that may exist in an organization. Having an idealized profile of the best-suited leaders for a particular group allows an organization to compare and match scores to ferret out the best future leader candidates (Watson, 2002).

Psychometric type assessments began to emerge as an evaluation system during the 1920s, when Carl Jung, a Swiss psychologist, first posited that there are personality types that could predict behaviors and performance. Jung's type theory postulated a sequence of four cognitive functions (thinking, feeling, sensing, and intuition), each having one of two orientations (such as extraverted or introverted), for a total of eight personality possibilities. He believed that during normal activities, we alternate between taking in and processing information or making decisions to act in our internal and external worlds. He also thought that people have natural preferences and differences in the way they perform these tasks (as cited in McLeod, 2014). After publication of his book *Psychological Types* in 1921, Jung's typology generated a great deal of interest in the psychology community, with researchers in Europe and the United States investigating not only the accuracy of Jung's observations and conclusions, but also practical ways to use his theory with various assessments.

About the time of Jung's development of psychological types, Dr. William Marsden, a Harvard psychologist, developed the DISC assessment that used Jungian principles to examine traits. He presented his findings in his book *Emotions of Normal People* in 1928. It was much easier to administer and score the DISC assessment than the MBTI, which was to be developed later. The DISC proved to be highly useful in identifying leader characteristics and preferred behaviors, measuring subjects against the four behavior types from which it takes its name—dominance, influence, steadiness, and compliance (as cited in Watson, 2002). The various merits, reliability, and validity of the DISC assessment are discussed in Chapter 3.

In 1941, researchers Katharine Cook Briggs and her daughter, Isabel Briggs Myers, began creating an assessment based on Jung's types, believing that an understanding of personality preferences would assist women who were entering the industrial workforce during the war. They created the Briggs-Myers Type Indicator in 1942 as an instrument that provided a structured and systematic way of recognizing basic individual differences. The name of the instrument was later changed to Myers-Briggs Type Indicator, and the MBTI is still used extensively throughout the world. Millions in business, education, and psychology have had their psychological type determined using this instrument (Schnell, 2009).

The understanding of personality temperaments, or types, has proved to be quite valuable in the workplace, optimizing communication, team building, employee relations, and effective leadership styles. In discussing the MBTI, Schnell (2009) noted leaders play many types of roles within a group. "Instruments tap into key aspects of personality and behavior in areas such as communication, problem solving, decision-making, and interpersonal relations" (p. 2). Further, Schnell points out, "The roles you play depend on your interpersonal needs and the needs of subordinates, colleagues, and the particular members of a team." (p. 6)

The MBTI and DISC can also be valuable tools for leaders to help them to become more self-aware of their traits and leadership style. "Self-awareness alone is a compelling predictor of success at work and accounts for one-third of job performance" (MBTI Basics, n.d., p.1; Watson, 2002). Worldwide studies have shown some profile types to be more predominant in leaders, particularly the thinking and judging MBTI categories. "The structure and values of most organizations favor logical and decisive behaviors. It may be that *Thinking* and *Judging* behaviors have become the accepted definition of what it means to lead" (Lebovitz, 2008, p. 13).

With the DISC assessment, higher dominance and influence scores are found in leaders (Sugerman et al., 2011).

Hundreds of leadership assessments are available in the marketplace, measuring a myriad of leadership dimensions. Northouse (2016), in his book on leadership, features more than 15 sample leadership assessments. The DISC assessment was used as the research instrument in this dissertation, as it proved to be the most practical to administer and a very revealing measurement of leadership preferred behaviors.

Chapter 3: Methodology

The leadership development committee of the Association that is the focus of this dissertation requested that I perform a leadership assessment survey so that it could better understand member leadership styles, identify gaps in leadership skills that could be addressed by teaching and coaching programs, and create optimum leadership models as a basis for developing future leadership training. I was not compensated for my research, and I donated my time and expenses. It was understood that the data generated from the study would be mine and could be used for research purposes.

Participants of the study were members of the Association and represented those who volunteered part-time in leadership positions for the organization. Though only part-time, many individuals ultimately donate a great deal of their time and skills. These individuals, such as the executive vice president and chief operations officer, work with Association staff leaders to direct ultimately the Association's activities and help establish the organization's culture, vision, and objectives (Kreitner & Kinicki, 2007). The volunteer leaders' skill-sets, style, and behaviors can be strong determinants of the organization's outcomes and successes.

For purposes of this study, it was assumed that the study sample was representative of Association leaders. Although those assessed were chosen from an opt-in assessment exercise and not from a random sample, the sample size was large, and all participants had some degree of leadership experience. As a result, the research conclusions are expected to reflect accurately the Association leadership profiles.

During the past 30 years, there has been a shift in the demographics of the Association's membership, and consequently, current volunteer leadership consists of more females and Millennials than were present during previous decades when the organization's membership was

predominantly male Baby Boomers. About 34% of the leaders assessed were female as were 26% of the general membership in 2010 and 36% in 2016 (“Association Membership,” 2016). The percentage of Association members who are female has been increasing from year to year, with new application rates split nearly evenly between males and females. Current leadership research indicates that females tend to lead differently than males (Eagly, 2007).

Baby Boomers still comprise the majority of the Association’s current volunteer leadership, and this number is disproportionately large when compared to the number of Baby Boomers in the general membership. As compared to the general membership, Generation X is underrepresented, and this leadership factor is noteworthy since this demographic is expected to comprise the majority of leaders in the Association in the near future. It is postulated that there are currently fewer younger generations represented in the Association’s volunteer leadership because those members face higher time demands in the early years of professional practice. They also have younger families, differing values of involvement and volunteerism, and more time management challenges; all impact volunteer leadership. Effective communication among Baby Boomers, Generation X, and Generation Y can be exigent, as communication styles and values vary widely between these groups. Because of these demographic variations, it was suggested that targeted programming of leadership skills training ideally should be tailored to address the generational differences. The Association needs to understand how to motivate effectively Generation X and Generation Y Association members in order to attract more of them to seek leadership positions within the Association.

The data on volunteer leaders was collected in 2009 and 2010. The use of the information is, therefore, considered to be secondary use of existing data. The Institutional Review Board

reviewed the data, the data collection procedures, and data source and confirmed that the research met the requirements for exemption under federal regulations (APPENDIX A).

My personal observation as a life member and volunteer leader of the Association and as director of the original study assures me that the data continues to be germane. Furthermore, a cross comparison with Association membership data throughout the past seven years confirms that conditions found in this study still exist (“Association Membership,” 2016). There have been no subsequent leadership studies by the Association, and this research remains the only source of volunteer leader profiling.

General Research Design

This study seeks to understand better preferred leader behaviors within the Association while recognizing that competent leadership is crucial for the long-term success of an organization. Because research suggests that some personality types are better suited for leadership roles (Richmond, 2008), this assessment project attempts to inform the Association that better screening and training volunteer leaders before they are assigned to leadership positions could lead to better organizational outcomes. To do so, it assesses both the overall preferred behaviors of doctor-leaders in this key health care association as measured by the DISC assessment and how the Association’s volunteer leader behavior contrasts with classic leader behaviors as measured by the DISC assessment. Finally, it examines how the recent demographic shift within the Association changes previous leadership preferred behaviors.

Restatement of research questions. This dissertation attempts to answer the following questions:

1. What are the behavioral values, as a group and as measured by the DISC assessment instrument, exhibited by doctors serving in volunteer leadership roles in a major health care association?
2. What are the different behavioral values, as measured by the DISC assessment instrument, exhibited by male versus female doctors serving in volunteer leadership roles in a major health care association, and which of these differences are statistically significant?
3. What are the different behavioral values, as measured by the DISC assessment instrument, exhibited by doctors of different generations serving in volunteer leadership roles in a major health care association, and which of these differences are statistically significant?

Research Methodology

Selection of data source and analysis units. The leader sample chosen for this research emanates from a prominent state health care association, founded in 1870, with a membership of 27,000 as of June 30, 2017. The scope of this study is to profile approximately 100 doctor-leader volunteers utilizing the DISC assessment instrument. Using existing assessment results (secondary use of existing data) from research that was completed in 2010, the data were statistically analyzed for overall comparisons and correlations as well as segmented into gender and generation. With existing assessment results, these subcategories were analyzed for specific traits. The objective was to (a) identify leadership characteristics and styles that are unique to this population; (b) determine how this group of leaders, as a whole, compares to leaders outside of health care; (c) examine how gender differences change leadership style; and (d) examine how generational differences change leadership style (Cozby, 2004).

Solicitation of participants. After a discussion with the Association's leadership development committee about the benefits and operation of such a study and the valuable information it could reveal, approval was granted and a logistic system was formulated to implement the study. The researcher was, at that time, a management consultant and was in charge of the study. His consulting time was donated to the Association.

Because of time, expense, and logistics, a random sample was not used. Rather, many current and former Association leaders, whose leadership experience ranged from minimal to extensive, were contacted and asked to participate in the study. This was not a random sample but an opt-in assessment exercise. The researcher appreciates that a nonrandom sample posed some limitations to the collection of unbiased representative data. However, the sample represented the majority of active leaders within the Association and was large enough to minimize the margin of error. As a result, the research conclusions are expected to reflect accurately Association volunteer leadership profiles.

Initially, letters (see APPENDIX B) were sent out to Association members who were either currently serving or had recently served in volunteer leadership positions. The letter first described the study and its value:

Leadership Development Committee (LDC) will be conducting a project to focus on and identify skill sets and behaviors that create good leaders, which, in turn, can determine the direction and success of the organization. By using simple assessments, we can better understand which important leadership characteristics could be learned or enhanced to increase effectiveness. Leadership assessments also help one to become more aware of how they are perceived by their team members and how to optimally interact with their team.

Next, the letter provided more detail about the structure of the study:

[We] will be offering you the opportunity to take part in the assessment of your leadership behaviors by using several popular testing instruments. There will be no cost to you for participating. The individual results will be confidential and only be made available to you. We will be conducting a statistical analysis of the cumulative group scores and your identity will remain anonymous during this study. This analysis will help the Association identify what skills and traits are already present in our leadership pool, and identify growth and enhancement opportunities to pursue.

The letter concluded with a request to sign an attached informed consent form (APPENDIX C):

“We are required, for the purpose of this research, to have you sign the attached informed consent form. Please read this over, sign and date it, and give it to a representative.”

The response (via e-mail, U.S. Mail, personal delivery, and FAX) from the leader-volunteers who were contacted was excellent. More than 100 agreed to participate and signed the informed consent form.

Role of researcher. The researcher is a member of the Association and had served for several years as a member of its leadership development committee and, consequently, was very familiar with the leadership challenges faced by the Association. The researcher proposed that the committee conduct a study on behavioral characteristics of members who are leaders. The committee was already responsible for the recruitment of volunteer leaders plus annual leadership training programs, yet it had little information regarding what common attributes effective Association volunteer leaders might possess.

As the director of the research project, the researcher was responsible for presenting a detailed written plan of the proposed project to the executive committee of the Association that

not only described the benefits of such a study, but also outlined the science behind the method, collection procedures, and the analysis of the data. The study was approved with the objective of creating leadership models, producing a gap analysis to help with designing training programs, and helping to identify emergent leaders for volunteer recruitment and placement. The researcher was charged with creating an operational plan of action that addressed resources, provided detail on the assessment instrument, and estimated the staff and hours required during the data collection phase (Cozby, 2004).

The researcher, who was familiar with a number of psychological assessments that measured various dimensions of leadership, chose three assessment instruments that had well-established track records, measured appropriate characteristics, and were relatively simple to administer. The results of the DISC assessment portion of the study were chosen for this dissertation because DISC looked at a broad spectrum of traits and has been used extensively in industry and counseling to identify consistent and commonly occurring leadership behaviors. The researcher is also certified by Profiles Pacific as a DISC administrator and interpreter.

Throughout the study, the researcher worked closely with Association staff in communicating with participants and collecting assessment questionnaires and with the company that supplied the DISC assessment and provided the scoring of each individual's instrument. He, as well, created the initial descriptive statistical analysis at the conclusion of the study.

Data-gathering instrument.

Instrument selection. There are a multitude of leadership assessments currently available in the psychological testing arena. For this study, the researcher elected to use the DISC, an assessment tool that is frequently adopted for industrial psychology applications. Its validity and reliability are well established, and it was quick and simple to administer and score, as it consists

of only 24 questions and measures only four personality characteristics. The instrument also could be used to measure the parameters of behavior and leadership that had been determined as most significant for the study (see discussion in Chapter 2).

The Profiles Pacific assessment instrument consists of 24 questions with four descriptive words per question. The participant is asked to examine a list of adjectives and with little hesitation choose which ones best describe him or her and which words least describe him or her. The assessment is designed to take about 10 minutes to finish, and completed assessment answers are sent via the Internet to the Profiles Pacific offices in Canada to be scored.

The DISC assessment is used successfully throughout the world in many business and academic settings. DISC has been used since its inception to measure many aspects of behavior, including leadership traits, and Sugerman et al. (2011) further interpreted the measurement of leadership using DISC in their book, *The 8 Dimensions of Leadership*. Taking the four basic parameters of DISC, the authors developed subcategories of descriptors—pioneering, energizing, affirming, inclusive, humble, deliberate, resolute, and commanding—which may more precisely delineate leadership traits and preferred behaviors.

Behavioral parameters measured. The DISC assessment derives its name from the four characteristics it measures: Dominance, Influence, Steadiness, and Compliance. These parameters were created by Dr. William Marston to measure the behaviors of normal people versus the contemporary psychometrics of that time, which measured characteristics only of individuals with social-psychological pathologies. Marston's *Emotions of Normal People* was published in 1928 and formally presented his findings. He published a second book, *Integrative Psychology*, in 1931, which expanded upon his theories and concepts. The measurement of normal peoples' behaviors made Marston's work pioneering. Throughout the past ninety years, a

multitude of studies have been done on the DISC assessment's reliability and have generally determined its accuracy to be as high as 85% to 90% (Watson, 2002).

The parameters measured by the DISC instrument can be quite extensive, and evaluating a subject's responses requires taking into account the full breadth of every measured characteristic plus the extent of interplay between all of the scores. Each modifies the others. Generally, however, the four preferred behavior groups can be understood as described below (Watson, 2002):

Dominance. This personality trait can be described as the factor of control. People with this characteristic prominent in their DISC profiles are concerned with the need to achieve and maintain a degree of authority and power over other people and, more generally, the environment in which they live or work. Ambition and competitiveness are also correlated with the Dominance factor, and individuals with this element in their personality will work against great odds to achieve their objectives. They seem to enjoy challenge and seldom retreat from a difficult or risky circumstance. Higher scores in this parameter are usually found in effective leaders (Watson, 2002).

Influence. This factor is associated with a happy, friendly, and extroverted personality, who is affable, sociable, and gregarious. Personalities with a high Influence score often possess well-developed social skills and are predilected to meet and talk with other people. Higher scores are usually found in effective leaders (Watson, 2002). Nondominant, servant, and transformational leaders show high I values.

Steadiness. This trait is associated with people who are sympathetic and patient listeners, who have a genuine interest in the feelings and problems of others, and who are predisposed to fulfilling support roles in organizations. They are resistant to change and prefer a predictable and

consistent environment. Lower scores in this parameter are usually found in effective leaders (Watson, 2002).

Compliance. People with high scores in this area are naturally passive and are reluctant to speak up unless called on by others. They are kindred to the highly dominant individuals in their desire for control over their environment. However, because of their passive personalities, they will try to exercise this control through the use of structure and procedure, championing rules and defined codes of conduct to achieve their objectives. Many types of leaders, particularly those who micromanage and are preoccupied with detail, have moderately higher compliance score levels (Watson, 2002). Doctors frequently have higher scores in this characteristic. Often the development of higher compliance scores is a result of the rigorous indoctrination and training found in the professional educational.

Validity and reliability of instrument. Because Marston-styled assessments have been administered to an estimated 30 million people worldwide (Watson, 2002), the reliability, or consistency, of the tool has been proved to be excellent. The test-retest reliability is high, and the scores that each participant receives on the first administration has high positive correlation with a second administration (Heffner, 2017).

The face validity of the assessment instrument used in this study is very high. More than 81% of participants' colleagues see its results presenting a very accurate picture of observed habitual behavior patterns in the work setting. The construct validity of the tool permits ease of interpretation and its relationship to real-life situations. In addition, this profile tool relates meaningfully, with internal consistency, to other theories about behavioral styles (Kaplan & Saccuzzo, 2001; Watson, 2002).

Predictive validity defines the degree to which a measuring instrument can predict everyday aspects of life—the participant’s response to external factors. A psychometric instrument must be a valid screening device for some future behavior. The DISC instrument enjoys an excellent correlational coefficient (Kaplan & Saccuzzo, 2001).

The perceived accuracy by participants is very high, and they acknowledge that assessment results are decidedly accurate in most situations. Watson (2002) wrote:

Among those who are primarily “D” in their style, accuracy is rated at 91%; for “I” types, it is 94%. Primarily “S” type individuals perceive an 85% accuracy, while for “C” types, it is 82%. This gives us an 88.49% perceived accuracy, with a standard deviation of 6.43%. (Section 5, p.4)

This DISC assessment uses the Ipsative or forced choice approach to force the participant to choose from a limited number of responses that represent the relative strengths of the person being tested. Choice, therefore, is not influenced by social desirability. By asking a candidate to select one of the two options, the item forces out the true inclinations and traits of the candidate. Since candidates cannot make themselves look good on both the statements, the faking tendency is reduced (Jackson, Wroblewski, & Ashton, 2000). A forced-choice test is much more reliable than other systems and demonstrates a high correlation with job success. This has been confirmed in multiple studies, including a comparative study of Normative and Ipsative personality tests by Christiansen, Burns, and Montgomery (2005).

Data-gathering procedures.

Informed consent. Individuals who agreed to participate in the study signed informed consent agreements. After those signed agreements were received by the researcher, each

participant was sent a letter (APPENDIX D) to confirm their participation as the study had budgeted for only a limited number of assessment instruments.

You may recall signing a consent form at either the Leadership Education Conference or at the Board of Trustees meeting that qualified you to participate in a groundbreaking (Association) research project to understand leadership characteristics and training opportunities throughout our membership.

Demographic data. Furthermore, the letter explained that an attachment would serve as a confirmation and a demographic questionnaire (APPENDIX E) so that the researchers could segment participant data.

We only will have a limited number of assessments available, so you must confirm your commitment to participate by mailing back the attached reservation form with the requested demographic information completed. This will allow us to better understand assessment results for research purposes. Although this information is very important, you may omit answering any one of these (demographic) questions if you feel uncomfortable about giving us this information. Rest assured, your demographic and assessment results will be handled with the utmost confidentiality.

Participant instructions. The participants were then given operational instructions on the assessment process.

After we receive your (attached) commitment form, we will be sending you confidential passwords and the simple instructions for completing the 3 assessments: *Rapid Emotional Quotient (REQ)*, *DISC*, and *Leadership Practices Inventory (LPI)*. Each will only take 8–15 minutes apiece to complete and they can be taken at separate times, depending on your

schedule. All of the assessments will be administered over the Internet with access 24/7/365. Your participation should be very convenient to your schedule.

Data management. The participants in the study communicated directly and separately with three testing companies to take the assessments, and those companies were in charge of securing and tabulating results for each subject. The DISC assessment was done through Profiles Pacific, Inc., in Vancouver, Canada. At the Association, an executive assistant was given the responsibility of matching assessment results with demographic information. After this matching procedure was completed, the researcher believes that the Association delinked these names and scores and destroyed and/or secured any documents that would allow scores to be directly associated with subjects. The researcher ultimately was provided with individual scores (APPENDIX F) without identifiers on an Excel worksheet. Participants were sent final instructions.

The testing companies will be providing you with an individual, personalized report for each assessment. For one of the assessments, you will be able to receive your report from the assessment company immediately after completing the instrument. The other two reports will be e-mailed to you within a week after you have finished taking the assessment. You will find the results to be fascinating and informative. The insights you will acquire will be valuable for your . . . practice as well as your personal life.

Once all of the demographic data were collected on participants, 12 subjects were eliminated from the study because they provided incomplete information, had little or no leadership experience, or did not complete their assessments by deadline. No participant chose to opt out.

Data organization. On the demographic profile of participants, some data collected were not used in the final analysis but rather were only included to add contextual understanding of the subject or to validate other demographic questions, such as leadership experience. Questions that fall into this category include (3) My ethnicity or ethnic-cultural background; (4) Living in the USA, I consider myself (which generation); (5) My “stage of practice”; and (7) Do you currently or have you within the last 5 years served in a leadership position within organizedor your general community?

Age range of the participants was determined using the demographic questionnaire, and subjects were clustered into generational groups for the purposes of the study. Since few people complete a health care doctorate before the age of 24, this age was chosen as the beginning age for the Millennials designation. Likewise, doctors seldom practice beyond the age of 79; therefore, this age was chosen as the endpoint for the Traditionalists designation. Though generational category denotations vary considerably in the literature, for the purposes of this study, we used the following groupings as generally discussed in Carrell et al. (2006).

- Millennials: Born 1981 to 2000.
- Generation X: Born 1965 to 1980.
- Baby Boomers: Born 1946 to 1964.
- Traditionalists: Born 1945 and before.

The Association study was completed by the researcher in 2010, and the results were initially analyzed using simple descriptive statistics. However, the data were never cross-correlated using inferential statistics because of budgetary constraints, so the outcome and understanding of the research was limited and inadequately investigated the nature of volunteer leaders.

For this dissertation, the researcher used existing assessment findings from the DISC assessment portion of the Association study (secondary use of existing data) that was done in 2010 and that has been de-identified. There are 88 qualified subjects, and each has four DISC scores: Dominance (D), Influence (I), Steadiness (S), and Compliance (C). In addition, each participant is categorized by gender and generation (Millennials, Generation X, Baby Boomers, and Traditionalists). The objective of this dissertation was to discover how these volunteer doctor--leader behavior values contrast with effective leader behavior values in the general population and how they might vary by generation and gender.

Data analysis processes. The data from the 88 participants were first collectively analyzed, using descriptive statistics (median, mode, range, mean, standard deviation), to determine the overall preferred behaviors in all four parameters measured by the DISC assessment. These scores were compared with established optimum leader profiles generally found in business, politics, organizations, and institutions. The comparisons have been discussed in Chapters 4 and 5, and observations about leadership styles and effectiveness were explored.

The data collected from all of the participants were analyzed using descriptive statistics to measure central tendency and variability (determining the mean and standard deviation of each DISC behavioral parameter: Dominance, Influence, Steadiness, and Compliance). Relative values were established. The combined-value DISC profiles as well as the individual D, I, S, and C preferred behavior means were studied to understand better the sample's overarching personality characteristics. Next, these characteristics were compared to the preferred behavior of leaders in other industries and environments.

The sample was next bifurcated into gender subgroups: male and female participants. Each subgroup was analyzed, using descriptive statistics (mean and standard deviation), to

determine the overall preferred behaviors in each gender in all four parameters measured by the DISC assessment. Inferential statistics (Independent Samples t -test) were then used to determine the significant statistical differences in each of the four DISC measurements between male and female participants. The Independent Samples t -test compares the means of two individual groups to determine if there is statistical evidence that the associated sample means are significantly different. Statistical significance was determined by using p -values.

Finally, the differences in the preferred leadership behaviors between Baby Boomers and Traditionalists compared to Generation X and Millennials were determined. Each subgroup was analyzed, using descriptive statistics (mean and standard deviation), to determine the overall preferred behaviors in the two combined generational subgroups' parameters measured by the DISC assessment. Inferential statistics (Independent Samples t -test) were then used to determine the significant statistical differences in each of the four DISC measurements between the two groups. The Independent Samples t -test compares the means of two separate groups to determine if there is statistical evidence that the associated sample means are significantly different. Statistical significance was determined by using p -values.

Chapter 4: Results

Sir Arthur Conan Doyle (1890) mused about the nature of statistics while confirming their value when studying behavior in groups:

While the individual man is an insoluble puzzle, in the aggregate he becomes a mathematical certainty. You can, for example, never foretell what any one man will be up to, but you can say with precision what an average number will be up to. Individuals vary, but percentages remain constant. So says the statistician. (p. 122)

The data generated from the DISC assessment's administration to 88 doctor volunteers were deidentified and assembled on an Excel spread sheet (APPENDIX E) that reported, per each participant line item, each respondent's gender and to which generational grouping he or she belonged, either Baby Boomers and Traditionalists or Generation X and Millennials. The data, by line item, also reported each individual's DISC Assessment score (measuring Dominance, Influence, Steadiness, and Compliance) as a percentage value, ranging from 0% to 100%, indicating the relative degree of the preferred behavior measured in each category.

The study's objective was to compare the overall descriptive statistical DISC scores with established leader DISC profiles generally found in business, politics, organizations, and institutions. These similarities and differences, and their possible significance, are discussed in Chapter 5. Subgroups within the sample (males versus females, Baby Boomers-Traditionalists versus Generation X-Millennials) were then compared to determine if there were any significant statistical differences in preferred behaviors, as measured by the DISC Assessment, within each of the two subgroups.

A table has been created that identifies the number of male participants compared to

female participants as well as the number of Baby Boomers and Traditionalists and Generation X and Millennials. Understanding the relative size of each subgroup helped in determining whether sample size was adequate to arrive accurately at reasonable conclusions about assessed and contrasted behaviors.

Statistical Analysis Methodology

The data collected from all of the participants were analyzed, using descriptive statistics, descriptive coefficients that summarize the data set and measure central tendency and variability, to determine the mean and standard deviation of each DISC behavioral parameter within the sample population. A table listing each DISC value shows the respective mean and standard deviation of Dominance, Influence, Steadiness, and Compliance within the sample.

The sample was next bifurcated into two gender subgroups: male and female participants. Each subgroup was analyzed, using descriptive statistics (mean and standard deviation), to determine the overall preferred behaviors in each gender in all four parameters measured by the DISC assessment. Inferential statistics (an Independent Samples *t*-test) was then used to determine the significant statistical differences in the four DISC measurements between the two groups. The Independent Samples *t*-test, a parametric test, compares the means of two individual groups to determine if there is statistical evidence that the associated sample means are significantly different.

Finally, the differences in the preferred leadership behaviors between Baby Boomers and Traditionalists as compared to Generation X and Millennials were determined. Each subgroup was analyzed, using descriptive statistics (mean and standard deviation), to determine the overall preferred behaviors in all four parameters measured by the DISC assessment. Inferential statistics (Independent Samples *t*-test) were then used to determine the significant statistical

differences in the four DISC measurements between the two groups. The Independent Samples *t*-test, a parametric test, compares the means of two individual groups to determine if there is statistical evidence that the associated sample means are significantly different. To calculate if the differences in means between male and female participants and the differences in means between Baby Boomers-Traditionalists and Generation X-Millennials participants were statistically significant, *p*-values were used. The *p* value is the probability of finding the observed, or more extreme, results when the null hypothesis (H_0) of a study question can be rejected. It is a hypothesis test that is used to test the validity of an assumption that is made about a population. A small *p*-value (usually ≤ 0.05) indicates strong evidence against the null hypothesis, so one can reject the null hypothesis. A large *p*-value (> 0.05) indicates weak evidence against the null hypothesis, so one should not reject the null hypothesis.

The null hypothesis is the generally accepted fact about a population and the alternate hypothesis is the converse of this generally accepted fact. The comparative analysis of the differences in means between male and female participants and Baby Boomers-Traditionalists and Generation X-Millennials have been tested to determine if the null hypothesis should be rejected or accepted.

Participant Demographics

The initial sample assessed in the study consisted of 100 participants who were doctor members of the Association and were representative of those who contributed their leadership involvement to the organization on a part-time volunteer basis. The final number of participants who were studied was ultimately culled down to 88 after certain qualifying requirements were applied. The age of the participants ranged from 26 years old to 69 years old. There were 27 female participants and 61 male participants. The assumption, for purposes of this study, was

that the study sample was representative of Association volunteer leaders. Participants did not constitute a random sample but rather opted into the study. However, the sample size was relatively large and all participants shared the same quality of having some degree of leadership experience in the Association.

Results

Descriptive statistics.

The percentages and frequencies were calculated for all categorical variables, gender and generation, in the sample. These data are presented in Table 1. Ritchey (2008) noted that for categorical variables, percentages and frequencies are the appropriate descriptive statistics to report. Understanding relative proportions appositely informs the researcher so that useful conclusions can be drawn, since this study analyzes some of the included categorical variables' relationships,. Approximately seven out of every 10 respondents (69.3%) are male. The organization's membership remains predominantly male, though female membership in the Association continues to increase. Approximately seven out of every 10 respondents (72.7%) are from the Baby Boomer–Traditionalist generations. It is expected that this proportion will significantly change over the next decade as Baby Boomers, and particularly Traditionalists, age out and retire and younger doctors become involved with the Association after their graduation from professional school.

Table 1

Percentages and Frequencies, Study Variables

	Frequency	Percent
Gender of Respondent		
Female	27	30.7%

(continued)		
	Frequency	Percent
Male	61	69.3%
Generational Affiliation of Respondent		
Baby Boomer / Traditionalist	64	72.7%
Gen X / Millennial	24	27.3%
<i>n</i>	88	100.0%

Means and standard deviations have been calculated for all continuous variables for the sample. These data are presented in Table 2. Ritchey (2008) noted that for continuous variables, means and standard deviations are the appropriate descriptive statistics to report. Score notations on the DISC assessment are reported as a percentage ranging from 0% to 100%. For statistical analysis, these scores have been converted to the corresponding decimals. Generally, scores above 0.50 indicate a behavioral propensity while scores below this number suggest that the roles of these behaviors are less significant in the overall profile of the participant. As can be seen in Table 2, respondents ranked highest on Compliance ($M = 0.65$), followed by Influence ($M = 0.61$), Steadiness ($M = 0.54$), and Dominance ($M = 0.40$). The overall significance of these average scores is discussed in more depth in Chapter 5.

Table 2

Means and Standard Deviations, Study Variables

Variable	<i>M</i>	<i>SD</i>
Dominance	0.40	0.38
Influence	0.61	0.59

(continued)		
Variable	<i>M</i>	<i>SD</i>
Steadiness	0.54	0.51
Compliance	0.65	0.68

Note. $n = 88$.

Inferential statistics.

Independent samples t-test results.

The results of a series of Independent Samples *t*-tests to see if Dominance, Influence, Steadiness, and Compliance scores vary as a function of a respondent's gender are presented in Table 3. As Ritchey (2008) noted, an Independent Samples *t*-test is appropriate when an independent variable is dichotomous in nature (i.e., only two categories) and a dependent variable is continuous in nature. These conditions are met in the current analysis scenario.

Table 3

Independent Samples t-Test Results, Gender

Variable	Male		Female		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Dominance	0.396	0.165	0.394	0.161	0.067	0.947
Influence	0.595	0.196	0.651	0.209	-1.199	0.234
Steadiness	0.547	0.189	0.515	0.172	0.747	0.457
Compliance	0.662	0.172	0.624	0.159	0.962	0.339

Note. $n = 88$.

Levene's test is used to assess the equality of variances for a variable calculated for two (or more) data sets. The test assesses the assumption that variances of the populations from

which different samples are drawn are equal (Huck, 2004.). Homoscedasticity (same variance) describes a circumstance where the error term, or random disturbance, in the relationship between the independent variables and the dependent variable is the same across all values of the independent variables. Heteroscedasticity (the violation of homoscedasticity) occurs when the size of the error term differs across values of an independent variable. Levene's test for equality of variances shows that the data are homoscedastic for Dominance ($F = 0.078, p = 0.781$), Influence ($F = 0.862, p = 0.356$), Steadiness ($F = 0.513, p = 0.476$), and Compliance ($F = 0.033, p = 0.857$). In all four dependent variables, it is the case that equal variances can be assumed.

The null hypothesis is that there is no significant difference in the preferred behavior, measuring Dominance, Influence, Steadiness, and Compliance between male and female volunteer doctors in the Association at the time that the data were collected. The alternate hypothesis is that there is a significant difference in the preferred behavior, measuring Dominance, Influence, Steadiness, and Compliance between male and female volunteer doctors in the Association at the time that the data were collected. The p value is the probability of finding the observed, or more extreme, results when the null hypothesis (H_0) question is true. The large p -value (> 0.05) in the analysis results indicates weak evidence against the null hypothesis, so one should not reject the null hypothesis (Gravetter, Wallnau, 2014). Results of the Independent Samples t -tests show that there are no statistically significant differences in Dominance ($t = 0.067, p = 0.947$), Influence ($t = -1.199, p = 0.234$), Steadiness ($t = 0.747, p = 0.457$), and Compliance ($t = 0.962, p = 0.339$) as a function of gender.

The results of a series of Independent Samples t -tests to see if Dominance, Influence, Steadiness, and Compliance scores vary as a function of a respondent's generational affiliation are presented in Table 4. As Ritchey (2008) noted, an Independent Samples t -test is appropriate

when an independent variable is dichotomous in nature (i.e., only two categories) and a dependent variable is continuous in nature. These conditions are met in the current analysis scenario.

Table 4

Independent Samples t-Test Results, Generational Affiliation

Variable	Baby Boomer- Traditionalist		Gen X- Millennial		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Dominance	0.393	0.157	0.403	0.180	0.276	0.783
Influence	0.594	0.206	0.661	0.180	1.398	0.166
Steadiness	0.550	0.190	0.503	0.166	-1.060	0.292
Compliance	0.658	0.165	0.629	0.177	-0.723	0.472

Note. $n = 88$.

Levene's test is used to assess the equality of variances within an Independent Samples *t*-test. The test assesses the assumption that variances of the populations from which different samples are drawn are equal. Homoscedasticity (same variance) describes a circumstance where the error term, or random disturbance, in the relationship between the independent variables and the dependent variable is the same across all values of the independent variables.

Heteroscedasticity (the violation of homoscedasticity) occurs when the size of the error term differs across values of an independent variable (Huck, 2004). Levene's test for equality of variances shows that the data are homoscedastic for Dominance ($F = 1.047, p = 0.309$), Influence ($F = 0.455, p = 0.502$), Steadiness ($F = 1.189, p = 0.181$), and Compliance ($F = 0.373, p = 0.543$). In all four dependent variables, it is the case that equal variances can be assumed.

The null hypothesis is that there is no significant difference in the preferred behavior, measuring Dominance, Influence, Steadiness, and Compliance, between Baby Boomers and Traditionalists when compared to Generation X and Millennial volunteer doctors in the Association at the time that the data were collected. The alternate hypothesis is that there is a significant difference in the preferred behavior, measuring Dominance, Influence, Steadiness, and Compliance between Baby Boomers and Traditionalists when compared to Generation X and Millennial volunteer doctors in the Association at the time that the data were collected. The p value is the probability of finding the observed, or more extreme, results when the null hypothesis (H_0) question is true. The large p -value (> 0.05) in the analysis results indicates weak evidence against the null hypothesis, so one should not reject the null hypothesis (Gravetter, Wallnau, 2014). Results of the Independent Samples t -tests show that there are no statistically significant differences in Dominance ($t = 0.276, p = 0.783$), Influence ($t = 1.398, p = 0.166$), Steadiness ($t = -1.060, p = 0.292$), and Compliance ($t = -0.723, p = 0.472$) as a function of generational affiliation.

Research questions. Research Question 2: What are the different behavioral values, as measured by the DISC assessment instrument, that male versus female doctors, serving in volunteer leadership roles in a major health care association, exhibit and which of these differences are statistically significant?

The null hypothesis is that there is no significant difference in the preferred behavior, measuring Dominance, Influence, Steadiness, and Compliance, between male and female volunteer doctors in the Association. The alternate hypothesis is that there is a statistically significant difference in the preferred behavior, measuring Dominance, Influence, Steadiness, and Compliance, between male and female volunteer doctors in the Association. The large p -

value (> 0.05) in the analysis results indicates no evidence against the null hypothesis, so the null hypothesis should not be rejected but the alternate hypothesis should be rejected. Independent Samples *t*-tests show that there are no statistically significant differences in Dominance ($p = 0.947$), Influence ($p = 0.234$), Steadiness ($p = 0.457$), and Compliance ($p = 0.339$) as a function of gender.

Research Question 3: What are the different behavioral values, as measured by the DISC assessment instrument, that doctors of different generations, serving in volunteer leadership roles in a major health care association, exhibit and which of these differences are statistically significant?

The null hypothesis is that there is no significant difference in the preferred behavior, measuring Dominance, Influence, Steadiness, and Compliance between Baby Boomers and Traditionalists when compared to Generation X and Millennial volunteer doctors in the Association. The alternate hypothesis is that there is a significant difference in the preferred behavior, measuring Dominance, Influence, Steadiness, and Compliance between Baby Boomers and Traditionalists when compared to Generation X and Millennial volunteer doctors in the Association. The large *p*-value (> 0.05) in the analysis results indicates no evidence against the null hypothesis, so the null hypothesis should not be rejected but the alternate hypothesis should be rejected. Independent Samples *t*-tests show that there are no statistically significant differences in Dominance ($p = 0.783$), Influence ($p = 0.166$), Steadiness ($p = 0.292$), and Compliance ($p = 0.472$) as a function of generational affiliation.

Summary

A descriptive statistical analysis was done on the 88 participants in the study to determine the average levels of behavioral preferences in the areas of dominance, influence, steadiness, and

compliance as measured by the DISC Assessment. In Chapter 5, these results are compared to the preferred behaviors of other individual leaders outside of the health care association arena.

It was assumed that the behavioral preferences of leaders in the association would be different for males and females as well as those representing different generations. Other research seemed to support this contention. However, when these subgroup responses were statistically analyzed, there was no statistically significant difference in their preferred behaviors as a function of either gender or generational affiliation.

Chapter 5: Conclusions

Overview

Health care expenditures in the United States are responsible for almost 18% of the GNP. The costs continue to grow at rates far exceeding that of inflation. The industry employs more than 12 million workers nationwide with more than 1 million employed in the health field in California alone.

Health care associations play an important role in determining policy, research, cost, access, quality, and methods of delivery within the industry. An association's success is dependent upon its overall leadership, from both salaried executive staff and volunteer member leaders, who ultimately direct the association's activities and establish the organization's culture, vision, and objectives (Kreitner & Kinicki, 2007). The majority of volunteer leaders have had no prior formal leadership education or experience, other than perhaps in some community or civic service activities or leadership positions in their local health care societies. Their leadership skills, or lack thereof, style, and behaviors, as a result, can influence an organization's objectives, success, and outcomes. Assessing and analyzing preferred leader behavior in a health care association is, therefore, the subject of this study

Competent leadership is crucial for the long-term success of an organization. Since leadership vision, alignment, and execution are at the core of an association's effectiveness, it is important to evaluate leadership styles and behaviors to understand where gaps in leadership skills and effectiveness may be and how teaching and coaching programs can be instituted, or improved, and to create optimum leadership models as a basis for developing future leadership training. Further, being aware of leader characteristics improves organizational cohesion and communication, especially cross-gender and cross-generation communication.

The leader sample chosen for this study was selected from a prominent state health care association that has a membership of more than 27,000 and operating revenues of more than \$23 million per year. Association PAC direct contributions and independent expenditures are considerable, and influence in both national and state politics has always been noteworthy.

The initial sample assessed in the study consisted of 100 participants who were doctor members of the association and were representative of those who contributed their leadership to the organization on a part-time volunteer basis. The final number of participants who were studied was ultimately culled down to 88 after certain qualifying requirements were applied. The age of the participants ranged from 26 years old to 69 years old. There were 27 female participants and 61 male participants. Though the participants were not randomly chosen, but rather opted into the study, it was assumed that the participants were representative of Association volunteer leaders because the sample size was relatively large and all participants shared the same quality of having some degree of leadership experience in the Association. In addition, it was noted that the membership composition and demographics of the Association was changing. Leadership ideally should mirror membership, and with the shift in gender to more females and the shift of generation to Generation X and Millennials from Traditionalists and Baby Boomers, associated leadership styles can be considerably different.

By analyzing behavioral assessments and demographic data of the large sample of established doctor-leaders from within the Association, this study endeavored to answer what the preferred behaviors of volunteer doctor-leaders in a key health care association are; How do these leader behaviors contrast with classic leader behaviors?; How do these assessed leadership behaviors vary by gender and generation?; where the gaps in leadership skills may be so that

teaching and coaching programs can be considered; and, How can optimum leadership models be created as a basis for developing future leadership training?

There are many leadership assessments used in the psychological testing arena. For the study, the researcher chose the DISC Assessment because it is regularly used in industrial psychology, had established validity, was quick and simple to take, and it is reasonably easy to administer and score. The instrument also measured parameters of behavior and leadership that were determined as significant for the study.

DISC behavioral insights give leaders an opportunity to adjust their leadership styles and thereby improve leadership skills and effectiveness. Such a positive behavioral shift has the ability to transform individual as well as team performance, and this strategy creates an environment in which leaders flourish. The DISC assessment measures preferred behavioral styles in four areas: Dominance, Influence, Steadiness, and Compliance.

Association current leadership comprises predominantly Baby Boomers and Traditionalists generations. A smaller proportion of the leadership is Generation X and Millennials. In the future, these doctors will make up the majority of the volunteer leaders in the Association. Effective communication among each generation of leaders is important since communication styles and values vary widely among these groups. It was assumed that targeted programming of leadership skills training should be aimed at the generational differences. Ways to motivate effectively Generation X and Millennial doctors needed to be understood so that these individuals seek more leadership positions within organized health care organizations.

Likewise, the study wanted to investigate the differences in preferred leadership behaviors in males and females. It is recognized that the communication and leadership styles in

these two groups differ and identifying and understanding those variances was hoped to improve organizational cohesion and leadership effectiveness.

The study's primary objective was to compare the overall descriptive statistical DISC scores with established leader DISC profiles generally found in business, politics, organizations, and institutions. Subgroups within the sample (males versus females, Baby Boomers-Traditionalists versus Generation X-Millennials) were then compared to determine if there were any significant statistical differences in preferred behaviors, as measured by the DISC Assessment, between the two subgroups.

Summary of Findings

Means and standard deviations were calculated for all continuous variables of the sample. Scores on the DISC assessment were reported as a percentage ranging from 0% to 100%. Generally, scores higher than 50% indicate a preference for this behavior while scores lower than this number suggest that the role of these behaviors are less significant in the overall profile of the participant. Respondents ranked highest on the Compliance score with a mean of 65%, followed by an Influence mean of 61%, a Steadiness mean of 54%, and a Dominance mean of 40%. These results were compared to the preferred behaviors of other types of leaders outside of the health care association arena.

It was assumed that the behavioral preferences of leaders in the association would be different for males and females as well as those representing different generations. Current research seemed to support this contention. However, when these subgroup responses were statistically analyzed, there was no statistically significant difference in their preferred behaviors.

The first null hypothesis was that there was no significant difference in the preferred behavior, measuring Dominance, Influence, Steadiness, and Compliance, between male and

female volunteer doctors in the Association. The alternate hypothesis was that there was a significant difference in the preferred behavior. Significance is calculated using the p -test. When the p -test result is above 0.05, it indicates that there is a weak relationship between the two values being measured. A p -test value of 1.0 indicates there is no difference in the values. Results of the Independent Samples t -tests showed that there were no statistically significant differences in Dominance ($p = 0.947$), Influence ($p = 0.234$), Steadiness ($p = 0.457$), and Compliance ($p = 0.339$) as a function of gender. Therefore, the null hypothesis was not rejected.

The second null hypothesis was that there was no significant difference in the preferred behavior, measuring Dominance, Influence, Steadiness, and Compliance, between Baby Boomers and Traditionalists when compared to Generation X and Millennial volunteer doctors in the Association. The alternate hypothesis was that there was a significant difference in the preferred behavior. Results of the Independent Samples t -tests showed that there were no statistically significant differences in Dominance ($p = 0.783$), Influence ($p = 0.166$), Steadiness ($p = 0.292$), and Compliance ($p = 0.472$) as a function of generational affiliation. Therefore, the null hypothesis was not rejected.

Conclusions

Individual personality qualities have a major influence upon notions of leadership and knowing these characteristics can assist organizations to predict who will be an effective leader. They also help immeasurably in the selection, training, and development of leaders (Derue et al., 2011). When scoring the DISC instrument, the proportional blend of preferred behaviors creates a personality profile reflecting leadership proclivities and is consistent with Derue's et al. integrated trait-behavioral model. Derue's et al. research team also found that leader behaviors are more predictive than are traits in measuring leader effectiveness.

Sugerman et al. (2011) identified the classical leader DISC characteristics found in business and politics as Commanding (the D value), Pioneering, (a blend of D and I values) and Energizing (the I value). The authors contended, “Whatever your primary approach to leadership, it’s valuable to adopt some of the Commanding leader’s driven, forceful, and dominant ways, even if ever so slightly” (p. 197). According to Sugerman et al., high C leaders, as are found within the Association, are conscientious and disciplined, but are not innovators or charismatic leaders. They resist change and avoid risk.

The highest assessed score (65%) of the Association leader sample leads from a high-C (Compliance) preferred behavior. This is not unusual in technical occupations and is functional, to some degree, for leading, though it is not necessarily optimal. The Compliance behavior embraces structure, detail and fact. These personalities are interested in precision and accuracy. They are, ironically, similar to higher Dominant score individuals (our sample had low Dominance averages) since they strive for control over their environment. This behavioral preference, though, is more passive than the behavior found in high-D individuals and this person tries to achieve this control via structure, procedure, rules, and codes of conduct. High Compliance individuals are uncomfortable with pressure and may be evasive when confronted with challenging circumstances. In more difficult situations, they have the tendency to disregard problems or delay actions. People with high-C personalities usually have clear codes of behavior and tend regard tradition and decorum as important. As a result of their inherent preference for fact and detail, they often possess specific knowledge or skills. The doctors in the Association certainly occupy this personality category. “This interest in the way things work means that Compliant personalities are often drawn to technical work, or jobs involving the organization of information, situations in which their personal talents can come to the fore” (Watson, 2002, p.

14). Derue et al. (2011) cited conscientiousness, or compliance in DISC parlance, as the degree to which a person is dependable and dutiful, and it is associated with deliberate planning and structure. Derue et al. determined that this characteristic can be directly related to leadership effectiveness. However, it should be noted that compliance behavior is inclined to be more risk adverse and less innovative.

In our sample, C behavior is softened by the presence of a higher I (Influence) score of 61%. Pure C behavior tends to be more rigid and driven by rules and their leadership behavior results in a more directive style rather than an egalitarian one (Watson, 2002). A high Influence preferred behavior is associated with a friendly, often extroverted and gregarious personality. Though communicative and socially adept, they also can be impulsive and sometimes somewhat irrational. They generally have a need to relate to and impress those around them but they do interact positively with others. This style usually helps them to maintain relations. The socially active nature of the high Influence personality is often an important factor in bringing other less gregarious personality types together. Northouse (2004) described leader sociability as a person who is “friendly, outgoing, courteous, tactful, and diplomatic” (p. 20). Derue et al. (2011) added that extraversion and openness have strong relationships to leadership effectiveness.

Steadiness, the third highest average score (54%) in the sample, describes personalities that take a measured, steady approach to life. They are patient and undemanding, frequently displaying sympathy for and loyalty to those within the organization with whom they interact. They usually have the ability to concentrate and continue to work until a task is completed. This is consistent with behavior that is optimal for tasks found within this particular area of the health care sciences. Individuals with higher Steadiness scores are resistant to change and prefer to be in predictable and constant environments. Being more passive, they perform best when given

clear instructions and a high level of support. They avoid confrontation and conflict and try to create a peaceful resolution when issues arise. When Steadiness is found to be part of a preferred behavior (a value greater than 50%), it is often accompanied by high Compliance values (Watson, 2002). When Steadiness is a prominent behavioral preference, there is an inherent resistance to change. This characteristic is often found in the leadership of large and established organizations, such as the Association. The inertia inhibits the healthy evolution of the organizational culture and its successful positioning in the marketplace.

Since the volunteer leader sample predominantly leads from a high-C preferred behavior, he or she has a tendency to be more rigid and driven by a strict interpretation of rules. However, the sample incorporates high I and S tendencies as well into their overall profile, which act to soften and modify high compliance behaviors. Those with a combined high-C, high-I, and high-S profile, as seen in our leadership pool, display behavioral predispositions such as communicative strength, effective relationship building, increased patience, the ability to present convincing arguments, and being a good team player. On the other hand, individuals with this profile are rule-oriented and prefer to work within established regulations and frameworks. They require support from colleagues and friends for validation (Watson, 2002).

It is generally assumed that people who exhibit strong leadership skills may score high in the D (Dominance) preferred behavior. Avolio (2004) stated, “Command talents are important, and in the leadership literature, talent in this theme has been called ‘dominance’” (p. 1). Northouse (2004) pointed out that determination in leaders “includes showing dominance at times and in situations where followers need to be directed” (p. 20). However, the results of this study show that the group of Association volunteer leaders tested ranked the lowest (40%) in the Dominance category when compared to their other DISC behavioral preferences. Dominance is

characterized by directness, assertiveness, need for control, being independently minded, motivated to succeed, and persuasive. These individuals strive to achieve and maintain a measure of authority and power over others and the environment in which they function. Competitiveness and ambition are associated with a high Dominance preferred behavior. They enjoy challenge and are not risk adverse. Dominant individuals seek to attain success on their own merits, without asking for, or expecting, help or support from others in the organization in which they work. When they require the assistance of others, they will tend to be directive, rather than asking for cooperation (Watson, 2002).

Lower D (Dominance) personalities tend to be less-goal oriented. They are seldom assertive. They will try to achieve results through communication, using their persuasive abilities or their powers of rational discussion (“DISC Profile,” 2018). These personalities obviously fit well into the Association environment. It is normally thought that people who exhibit strong leadership skills may score high in the D preferred behavior; however, the results of the assessment show that the group of Association volunteer leaders tested showed quite low averages on this measurement.

At the onset of this research, it was assumed that there would be statistical differences in DISC preferred behaviors when males and females were compared and when generations were compared. This was not the case. Despite substantial research to the contrary, there were no statistical differences measured in gender and generation preferred behaviors and that, in turn, implied that leadership styles were essentially the same. This statistical outcome is postulated to be the result of group conformity created by descriptive social norms. These types of norms arise from what organization members watch other group members do in particular situations. The more consistent the behavior of target group members in a given situation, the more the

observing member will be inclined to view their behavior as appropriate. When members believe that the group supports a certain behavior, they are more likely to embrace this behavior.

Established norms become institutionalized through the process of socialization. In spite of the fact that the individuals who originally instituted the norms are no longer present, their normative innovations become inculcated into the organization's traditions (Kreitner & Kinicki, 2007).

Implications

Understanding the preferred behaviors of Association volunteer leaders is crucial for the organization. These leaders establish the vision and objectives of the Association that ultimately shapes policy and direction, is instrumental in managing resources, and creates a successful, high-functioning organizational culture.

DISC behavioral perspicacity can give individual leaders an opportunity to adjust their leadership styles and thereby improve leadership skills and effectiveness, relationship building, and teamwork. Such a positive behavioral shift has the ability to transform individual as well as team performance, and this strategy creates an environment in which leaders flourish.

Additionally, it highlights the manner in which programming and training can be more effective, framed in the context of best practices (rules or procedures) and in settings involving teamwork or team activities.

Training. To achieve a positive training experience, the Association needs to be sensitive to volunteer leaders' desire for predictable patterns when introducing new concepts. Additionally, the DISC scores provide the insight that minor changes to a concept can be interpreted as significant and that the thought process behind decisions and patterns may need to be expressed in logical, factual ways in order to be clearly understood and acted upon. The high Compliance

score further indicates that volunteer leaders may prefer only incremental changes, rather than large redirections. Since they are generally risk adverse, these leaders are inclined to be less innovative and seldom pioneer any progressive changes within an organization. It should be noted that risk avoidance tends to be organic within the health care professions because of the perpetual anxiety associated with malpractice litigation.

Based on the assessment results, there is a need for training in the following areas: adapting and understanding preferred behaviors for optimal leadership, team-building, and communication effectiveness; and workshops on culture and leadership, gender and leadership, and generational differences and leadership. The training strategy should attempt to maintain the volunteer leaders' comfort level by incorporating structured programs, interactive exercises, and team activities while understanding that, because of the high-C behavioral preference, volunteer leaders find it difficult to embrace new concepts without a proven track record of success.

Communications. The DISC profile indicated a volunteer leader preference to interact with others, so cohorts and committees may be a better strategy to encourage involvement and create productive outcomes.

When compared to the general Association membership, Millennials and Generation X are underrepresented in the volunteer leader pool. This factor needs to be addressed because these generations will comprise the majority of the Association in years to come. Possible reasons for this disparity include the time demands of the early years of practice, younger families, differing values of involvement, time-management challenges, and volunteerism modes. Communication styles and values can vary widely between these groups.

Programming. Flexible programming within the organization may be needed to address the mixed generational needs and the growing ethnic diversity of the Association. Targeting and

individualization of the programming of leader skills training sessions could be aimed at the generational differences to respond to these differences. Methods to motivate effectively Millennial and Generation X volunteers need to be understood so that these individuals seek more leadership positions within the Association.

Recommendations for Future Research

Descriptive statistics. Though this study's descriptive statistical analysis investigated the means of each DISC parameter, in some cases the frequency distributions did not present a clearly normal distribution. For example, the Compliance score frequency was bimodal. Further analysis of these sample variations would probably reveal a more nuanced understanding of volunteer preferred behaviors.

Leader demographics. This study did not demonstrate any statistical differences in DISC profiles between genders nor did it show any statistical differences between generations. As discussed earlier, this may reflect the strong psychological conditioning health care professionals experience during their doctoral education plus a desire to integrate successfully into their professional community. Some DISC assessments can differentiate scores based on a participant's current situation versus how they see themselves. If the lack of statistical significant difference is the result of self-imposed behavioral adjustment, a different approach to analysis of the data might reveal that the volunteer profiles are, in fact, not as homogeneous as they initially appeared in this particular study.

Approximately 31% of the leaders assessed were female, as compared with 26% in the Association membership. The percentage of members who are female is increasing from year to year, with new application rates split nearly evenly between males and females. Current leadership research indicates that females do tend to lead differently than males. Approximately

73% of the leaders assessed were either Traditionalist or Baby Boomers. Generational differences also impact organizational behavior and leadership. For example, Traditionalists believe in being loyal to the organization; Baby Boomers are more liberal and seek personal self-fulfillment; Generation X demonstrates more loyalty to their careers vis-à-vis the organization; and Millennials are not intimidated by authority and are driven by activities that provide immediate gratification (Carrell et al., 2006). Research supports that personalities, communication styles, and approaches to leadership vary from generation to generation. Other assessments should be used to reveal these generational and gender behavioral variations since the DISC profiles investigating preferred leadership behaviors failed to identify those subtle differences.

In recent years, the ethnic and racial diversity of the Association has grown, in part, because of the increased diversity of those graduating with health care degrees plus the uptick in immigration and licensing of doctors from other countries. Beginning in 1993, the Global Leadership and Organizational Behavior Effectiveness researched leadership and management styles in 825 organizations in 62 countries and identified nine dimensions on which national cultures differ in their approach to leadership and management (House, Hanges, Javidan, Dorfman, & Gupta, 2004). In a follow up study, the impact of different styles of volunteer leadership, as it relates to culture, should also be investigated.

Types of volunteer leaders. As the Association considers the results of the DISC Assessment and incorporates the information into its planning, leadership development, and training programs, it is important to recognize that these programmatic changes will be based upon the arithmetic average of the scores of the entire sample of 88 individuals. Within the sample, we have already discussed adjustments for gender, generation, and ethnicity. Another

facet of the volunteer leadership is related to volunteer motivation and goals. Assessments need to be viewed in this context as well. One classification of volunteer leader is, in actuality, a follower who enjoys working closely with leaders. These members donate time to assist in achieving objectives and want to be involved more intimately with the Association. By volunteering, they meet their social or service needs, feeling that it is their responsibility to contribute to their profession. Another category of volunteer is the doctor who selfishly, or altruistically, wants to advance actively the agenda of the association and/or health care in general. Finally, there is the ambitious member who uses the Association for his or her political aspirations. These members embrace leadership to distinguish themselves. Unlike the high Compliance volunteers, their DISC scores reflect their competitive nature and they score higher in dominant preferred behaviors. They like power and notoriety and use the Association's stage to satiate their need for recognition, position, and influence.

Other assessments. Although the DISC assessment provides one with a quick and generally accurate insight into preferred behaviors and leadership, to obtain a more comprehensive window into a leader requires other assessment perspectives. The MBTI, Fundamental Interpersonal Relations Orientation-Behavior, and EQ tests can provide researchers with a valuable source of additional data.

EQ. Understanding how volunteer leaders manage emotion, their own as well as in others they interact with, is a key marker of the effective leader. Research has determined that intelligence and technical skills are important in good leaders, but EQ is a crucial prerequisite of leadership. EQ assessments are designed to measure the personal qualities and competencies that leaders need to develop to manage emotion. Common models of EQ assessments include

components such as innovation, self-awareness, intuition, emotions, motivation, empathy, and social skills. Among successful leaders, 90% score high on EQ assessments (Goleman, 1997).

FIRO-B (Fundamental Interpersonal Relations Orientation-Behavior). This assessment is widely used to reveal how the personal needs of leaders affect their behavior toward others, and what the leader wants from the follower in return. It shows compatibility with other people as well as individual characteristics and is useful for improving team effectiveness and identifying leadership operating styles. The psychological principal behind the instrument assumes that all human interaction may be divided into three categories: issues surrounding inclusion (forming new relations, associating with people, and determining the extent of contact and prominence that a person needs), issues surrounding control (decision making, influence, and persuasion between people, and determines the extent of power or dominance that a person seeks), and issues surrounding affection (relating to emotional ties and warm connections between people and determining the extent of closeness that a person seeks) (Fitzsimmons, n.d.).

MBTI (Myers-Briggs Type Indicator). Understanding leader personality types is a powerful tool for optimizing communications, team building, and effective leadership within an organization. Studies have shown some profile types to be more predominant in leaders, particularly the thinking and judging MBTI categories. “The structure and values of most organizations favor logical and decisive behaviors. It may be that *Thinking* and *Judging* behaviors have become the accepted definition of what it means to lead” (Richmond, 2008, p. 13).

Summary

Using the DISC psychological assessment, a sample of 88 volunteer leader-doctors serving in a large health care association was studied to determine their preferred leadership

behaviors. The results were compared with leadership behaviors found in other settings such as business and politics. The doctor-leaders scored higher in the compliance and influence parameters while leaders in other fields scored higher in the dominance and influence parameters. Association leaders, therefore, appear to be less authoritarian, leading from a position of rules and standards, not unlike other technical professions. It was thought that this difference could be attributed to conditioning during their professional education and to the nature of their profession. Understanding the nature of the doctor-preferred behaviors is considered important for intraorganizational communication, leadership development, training, and programming.

The Association volunteer leaders consisted of mixed-gender and generation members and it was assumed that there would be significant variation in styles in their preferred leadership behaviors. Profiles of each were analyzed and it was determined that there was no statistically significant difference in their assessment scores. This, too, was thought to be the result of conditioning inasmuch as research has established that there are significant gender and generational differences in leadership behavior and communication styles in other arenas.

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APPENDIX A

Institutional Review Board Review: Exempt Status



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

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: November 14, 2017

Protocol Investigator Name: Charles Fischer

Protocol #: 17-10-651

Project Title: VOLUNTEER LEADER BEHAVIOR OF DOCTORS WITHIN A LARGE HEALTHCARE PROVIDER ASSOCIATION

School: Graduate School of Education and Psychology

Dear Charles Fischer:

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

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

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

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

Sincerely,

Judy Ho, Ph.D., IRB Chair

APPENDIX B

Invitation to Potential Study Participants

LETTERHEAD

Dear Association Leader / Leadership Conference participant:

The Association's Leadership Development Committee (LDC) will be conducting a project to focus and identify skill sets and behaviors that create good leaders, which, in turn, can determine the direction and success of the organization. By using simple assessments, we can better understand which important leadership characteristics could be learned or enhanced to increase effectiveness. Leadership assessments also help one to become more aware of how they are perceived by their team members and how they may optimally interact with their team.

The Association Leadership Development Committee will be offering you the opportunity to take part in the assessment of your leadership behaviors by using several popular testing instruments. There will be no cost to you for participating. The individual results will be confidential and only be made available to you. We will be conducting a statistical analysis of the cumulative group scores and your identity will remain anonymous during this study. This analysis will help the Association identify what skills and traits are already present in our leadership pool, and identify growth and enhancement opportunities to pursue at future Association Leadership Education Conferences and Regional Trainings.

We want and need your participation in this first-ever project of its kind for the Association. We

are required, for the purpose of this research, to have you sign the attached informed consent form. Please read this over, sign and date it, and give it to a representative at the Leadership Education Conference. You may also FAX it to the Association at the number indicated on the form.

After receipt of the consent form, information on how to access and take several short confidential web-based surveys will be mailed or e-mailed to you after the conference. The projected time needed to take the surveys is 30-60 minutes.

Thank you for your participation in this valuable and informative project! We feel it can chart the course for a more responsive leadership education program in the future

Moving forward, together,

Chair

Leadership Development Committee

Co-Chair

Leadership Education Conference

APPENDIX C

Informed Consent Form

Leadership Development Committee

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

Principal Investigator: Leadership Development Committee,

I agree to participate in the leadership research study under the direction of the Leadership Development Committee (LDC). I understand that other personnel who work with the committee may be designated to assist or act in their behalf.

The overall purpose of this research is to identify leadership characteristics within those attendees at the 2009 Leadership Education Conference. My participation will involve taking one or more of the following assessments: Leadership Practices Inventory (LPI), Rapid Emotional Intelligence (REQ), and/or DISC. These assessments can be taken online at a time and place that I choose and should be completed by_____.

I will benefit from these results of these assessments by gaining insights into my leadership style and characteristics. The Leadership Development Committee will gain a better understanding of the nature of leadership within the Association and where additional training will benefit their leaders.

-
- I understand that there are no risks or discomforts that might be associated with this research.
- I understand that I may choose not to participate in this research.

- I understand that my participation is voluntary and that I may refuse to participate and/or withdraw my consent and discontinue participation in the project or activity at any time without penalty or loss of benefits to which I am otherwise entitled.
- I understand that the investigator(s) will take all reasonable measures to protect the confidentiality of my records and my identity will not be revealed in any publication that may result from this project. The confidentiality of my records will be maintained in accordance with applicable state and federal laws. If I participate in a sponsored research project, a representative of the sponsor may inspect my research records.
- I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact [REDACTED] [REDACTED] if I have other questions or concerns about this research. If I have questions about my rights as a research participant, I understand that I can contact [REDACTED] and I will be informed of any significant new findings developed during the course of my participation in this research that may have a bearing on my willingness to continue in the study.
- I understand, to my satisfaction, the information regarding participation in the research project. All my questions have been answered to my satisfaction. I understand that I can make a copy of this informed consent form that I have read and understand. I hereby consent to participate in the research described above.

Participant's Signature

Date

Witness

Date

APPENDIX D

Subject's Confirmation That Will Participate in Study

Dear Association Leader,

You may recall signing a consent form at either the Leadership Education Conference or at the Board of Trustees meeting that qualified you to participate in a groundbreaking Association research project to understand leadership characteristics and training opportunities throughout our membership. Thank you for volunteering!

There are a limited number of leadership assessments available for our project. By returning the attached demographic information form you will *confirm your commitment to participate* and, thus, begin your assessment process. Collecting this information allows us to better understand assessment results for research purposes. Although this information is very important, answering each question is optional. All information, including demographics, passwords, and assessment results are strictly confidential. Only a select few Association staff members and statisticians will be allowed access to the data to administrate, tabulate, and analyze the assessments.

Once your demographic form is received, you will be sent passwords and simple instructions for completing the three assessments: *Rapid Emotional Quotient (REQ)*, *DISC*, and *Leadership Practices Inventory (LPI)*. Each will only take 8-15 minutes to complete, and they can be taken separately at different times, depending on your schedule. All of the assessments will be administered over the Internet with 24/7 access. Participation should be very convenient to your schedule.

The Leadership Development Committee will provide you with an individual, personalized report for each assessment. For one assessment, you will be able to receive your report immediately after completing the instrument. Results for the other two reports will be e-mailed to you within a week after you have finished taking the assessment. We hope you will find the results to be fascinating and informative. The insights you acquire will be valuable for your practice as well as your personal life.

Should you have any questions, [REDACTED]

[REDACTED] Thank you for your participation!

Sincerely,

Dr. Charles M. Fischer

Chair, Leadership Development Committee

Chair, Leadership Assessment Project

APPENDIX E

Demographic Questionnaire

Assessment Confirmation and Demographic Information

Name of Participant _____

Society/Component _____

I understand that my individual assessment results are confidential*. I further understand that the Leadership Development Committee will analyze the data for combined results to assist with leadership development training, for publication, and other leadership research opportunities. I understand that to be part of this project, I will be required to complete 3 short assessments over the Internet. Thank you very much for participating in our research project. We appreciate your time and candor!

Please answer the following demographic questions:

1. My age is (circle one): ____ 24-29 yrs. ____ 30-44 yrs. ____ 45-63 yrs. ____ 64-79 yrs.

2. My gender is: ____ Male ____ Female

3. My ethnicity or ethnic/cultural background is (check one or more of the following):

____ European ____ Asian ____ African-American ____ Middle-Eastern ____ Indian

____ Pacific Islander ____ Hispanic/Latino ____ Native American

____ Other (briefly describe) _____

4. Living in the USA, I consider myself (check one):

____ First generation ____ Second generation ____ Third generation

More than three generations

Other: (please describe) _____

5. My "stage of practice" is: (check one):

Stage I (0-5 years) Stage II (6-10 years)

Stage III (11-25 years) Stage IV (over 20 years)

I do not currently practice

6. If you were to characterize your leadership experience to date, how would you describe that experience? None Very little Moderate Extensive

7. Do you currently or have you within the last 5 years served in a leadership position within organized _____ or your general community? Check ALL that apply:

Executive Committee / Officer

Trustee

Council or Committee chair

Council or Committee member

Council/Committee involvement

Component Officer

Community Organization Leadership

Charitable Association Leadership

Other: (briefly describe) _____

*Remember, with the exception of the research team, your individual information will be kept confidential.

APPENDIX F

Final Subject Data Compilation

1	Gender	Generation	DISC	D	I	S	C
2	F	MX	X	57%	80%	63%	43%
3	F	MX	X	57%	73%	36%	43%
4	M		X	10%	40%	89%	91%
5	F		X	53%	48%	43%	59%
6	M		X	50%	54%	47%	68%
7	M		X	43%	91%	43%	49%
8	M	MX	X	53%	59%	43%	54%
9	M		X	43%	63%	57%	63%
10	M	MX	X	43%	77%	47%	63%
11	F		X	34%	83%	47%	46%
12	F		X	32%	40%	85%	73%
13	M		X	29%	54%	47%	91%
14	M		X	22%	44%	75%	81%
15	F	MX	X	16%	88%	61%	81%
16	M		X	45%	32%	68%	81%
17	M		X	14%	59%	77%	77%
18	M		X	43%	63%	47%	73%
19	F	MX	X	27%	48%	68%	77%
20	F		X	56%	32%	57%	63%
21	M		X	32%	40%	77%	73%
22	M		X	14%	80%	71%	77%
23	M		X	45%	48%	36%	84%
24	M	MX	X	45%	68%	39%	49%
25	M		X	39%	68%	26%	81%
26	M		X	29%	91%	61%	39%
27	M		X	53%	91%	36%	49%
28	M		X	32%	54%	57%	81%
29	M		X	22%	59%	57%	91%
30	M		X	67%	59%	26%	46%
31	M		X	36%	83%	57%	54%
32	M		X	29%	48%	77%	68%
33	M	MX	X	61%	73%	36%	43%
34	M	MX	X	27%	48%	64%	88%
35	F		X	16%	83%	71%	77%
36	F	MX	X	25%	92%	51%	49%
37	M	MX	X	34%	77%	51%	59%
38	M	MX	X	47%	48%	43%	84%
39	M	MX	X	32%	80%	47%	81%
40	M		X	29%	63%	64%	84%
41	F		X	50%	88%	32%	46%
42	F	MX	X	34%	63%	47%	81%
43	M		X	32%	48%	64%	77%
44	M		X	84%	29%	26%	59%
45	M		X	43%	83%	43%	59%
46	M		X	29%	36%	71%	81%
47	M		X	39%	80%	57%	49%
48	M		X	45%	44%	57%	81%
49	M		X	29%	68%	61%	73%
50	F	MX	X	73%	44%	26%	54%
51	F	MX	X	25%	59%	77%	77%
52	M		X	53%	68%	47%	59%
53	F	MX	X	18%	92%	51%	54%
54	F		X	34%	91%	32%	59%
55	M		X	34%	88%	71%	33%
56	F		X	63%	59%	36%	54%
57	M		X	36%	80%	39%	49%

57	M		X	36%	80%	39%	49%
58	M		X	47%	73%	39%	63%
59	M		X	16%	48%	89%	73%
60	M		X	32%	54%	77%	54%
61	M		X	39%	91%	43%	33%
62	M	MX	X	57%	44%	43%	63%
63	M		X	63%	32%	61%	49%
64	F		X	36%	48%	36%	88%
65	M	MX	X	84%	77%	11%	30%
66	M		X	45%	36%	64%	73%
67	F	MX	X	45%	80%	51%	49%
68	M		X	57%	92%	26%	26%
69	M		X	61%	77%	22%	49%
70	F	MX	X	27%	36%	71%	81%
71	F		X	29%	48%	64%	81%
72	M		X	16%	44%	77%	88%
73	F		X	47%	88%	36%	39%
74	F		X	18%	32%	89%	77%
75	M		X	50%	80%	39%	54%
76	M		X	25%	59%	64%	81%
77	M	MX	X	27%	44%	71%	73%
78	F		X	67%	54%	39%	43%
79	F		X	43%	48%	47%	81%
80	F		X	45%	68%	43%	68%
81	M		X	32%	29%	71%	84%
82	F	MX	X	36%	92%	32%	43%
83	M		X	11%	68%	89%	73%
84	M		X	43%	44%	61%	68%
85	M		X	57%	21%	47%	73%
86	M		X	73%	80%	11%	43%
87	M	MX	X	18%	44%	79%	91%
88	M		X	45%	17%	75%	73%
89	M		X	27%	40%	77%	81%
90			88	Average:			
91				40%	61%	54%	65%
92							
93							