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An Autoethnography of Heart-Based Hope Leadership: A Matter of Life or Death

Cynthia Jeanne Kimball
University of Nevada, Las Vegas, kimball1@unlv.nevada.edu

AN AUTOETHNOGRAPHY OF HEART-BASED HOPE LEADERSHIP:

A MATTER OF LIFE OR DEATH

by

CYNTHIA JEANNE KIMBALL

Bachelor of Arts in English
The University of North Carolina at Chapel Hill
1989

Master of Education in Curriculum and Instruction
American InterContinental University
2006

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of the requirements for the

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College of Education
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Cynthia Jeanne Kimball

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Clifford McClain, Ph.D., Committee Chair

Howard Gordon, Ph.D., Committee Member

Travis Olson, Ph.D., Committee Member

LeAnn Putney, Ph.D., Graduate College Representative

Kathryn Hausbeck Korgan, Ph.D., Interim Dean of the Graduate College

May 2014

ABSTRACT

An Autoethnography of Heart-based Hope Leadership: A Matter of Life or Death
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Cynthia Jeanne Kimball

Dr. Clifford R. McClain, Examination Committee Chair
Associate Professor Teaching and Learning
University of Nevada, Las Vegas

This qualitative, reflexive autoethnography explores my health journey over a span of 20 years and beginning with the 1994 diagnosis of breast cancer, through the 2012 diagnosis of an endothelial ischemic microvascular pattern heart dysfunction, and up to the 2014 writing of this dissertation study. The purpose of this study was to define the construct of hope-based action from the perspectives of nine participants and myself. As researcher-participant, I used reflexivity and personal narrative to describe the language and rituals of a culture of hope. The construct of hope was investigated from the perspectives of Snyder's hope theory (1994) from the field of positive psychology, Greenleaf's (1977) servant leadership approach from the field of organizational studies, and autoethnographic methodology.

The purposeful sample of my culture-of-hope guides were selected from the Leadership Areas of Business, Education, and Healthcare. Interview data from the participants and document data from my own writings were collected and analyzed. I used ethnographic analysis methods along with ATLAS.ti, a Computer Assisted Qualitative Data Analysis Software (CAQDAS), to conceptualize the model.

Findings suggest that heart-centered leaders take hope-based action. The major cultural components related to a hope-based and heart-centered leadership culture are:

Identify the Need, Implement Approaches, and Monitor the Impact. A Heart-based Hope Model of Leadership (L2L) showcasing how these three cultural components operationalized five cultural categories: *Communication*, *Guidance*, *Mindset*, *Motive*, and *Value* was presented. An overarching theme of a hope-based philosophy was shown as being carried out through a heart-based approach.

The results of this study may have theoretical implications for workforce researchers interested in positive workplace cultures. The findings may also have practical implications for workforce leaders from Business, Education, and Healthcare, who want to implement hope-based action to create a heart-centered culture.

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I would like to thank my committee chair, Dr. Clifford R. McClain, for conducting an impromptu long interview in the hall the day I interviewed for the Ph.D. program (since he could not be present in my interview), for believing in me from day one, for recruiting me back into the program I belonged in, for helping me get employment, for checking on me when I was sick (whether by phone, text, or in person), and for believing in "hope-based" from day one.

I would like to thank committee member Dr. Howard R. D. Gordon for his flexibility, understanding, and hope-based action when I was sick and for being proud of me presenting with him at the University of Nevada, Reno. I am grateful to him for helping me become an academic writer and encouraging me to keep going and to finish. I also appreciate all his hope-based support (which was much and often).

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I would like to thank Dr. LeAnn G. Putney for saying to the College of Education deans, "You do not want to lose her" when they were considering whether to allow me to transfer back into their program. I also want to thank Dr. Putney for helping me see that I was not only a qualitative researcher, but also an autoethnographer all along. Even though I sometimes shed tears in her office, she would tell me, "You can do this. In fact, you are doing it," and I would always leave laughing and saying, "I can do this."

I would also like to thank Dr. Diane Elmore for saying, “I will help you get this done,” when she heard I was working on a Ph.D. and for her time, mentorship, love, and guidance. To Dr. Deborah A. Obara, thanks for being one of the most hope-based professors I have ever met and for never giving up on me (even when I was not sure how I was going to complete this dissertation). Her daily encouraging words kept me going. Someday I “hope” to be like her. I also appreciate her for teaching me how to write a dissertation and reeling me in when I was way out there in creative writing-land.

Last, I would like to thank Dr. Masaki M. Yamada for saving my life and teaching me what has become my signature phrase, “Keep doing great things.” I am alive today because of Dr. Yamada. I appreciate him for seeing who God intended me to become and for believing and knowing I could get there. He is the most “hope-based” person I know. I love each one of you.

DEDICATION

I dedicate my dissertation to my family and friends, including the Desert Valley Ward of the Church of Jesus Christ of Latter-day Saints in Henderson, Nevada, and to God, who has taught me that I can do all things through Him (Philippians 4:13, LDS.org, 2014) and that anything is possible (Matthew19:26, LDS.org, 2014). For the sake of forgetting and leaving anyone out, since I believe strongly that everyone counts, I have not included individual names of gratitude, but you know who you are (and there are many of you). Just know that I am eternally grateful to you and could not have completed this dissertation without you.

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AI	Appreciative Inquiry
BRCA	BReast Cancer gene
CAQDAS	Computer Assisted Qualitative Data AnalysiS
HBOC	Hereditary breast and ovarian cancer
HCRC	Hereditary colorectal cancer
IRB	Institutional Review Board
LDS	Latter-day Saint
OCB	Organizational Citizenship Behavior
OCD	Obsessive compulsive disorder
WISE	Women's Ischemia Syndrome Evaluation

CHAPTER 1

INTRODUCTION

I believe if you ask any extraordinary leader what does leadership and love have to do with it, they would tell you everything.

~ Colonel Arthur J. Athens (2008, p.4)

The process of qualitative researchers and participants blending their experiences while researchers use their voices to add depth to the study is known as reflexive methodology (Clandinin & Connelly, 1994). In this reflexive autoethnographic study, readers journey with me through my personal experiences with business, education, and healthcare leaders who have served as culture-of-hope guides. These experiences are interspersed with research on hope-based action. The overarching purpose of this study was to define hope-based action by analyzing the critical connections between the leadership practices of my nine culture-of-hope guides and my responses to life events. The analysis was guided by the theory of hope from positive psychology and the servant leadership approach from organizational studies. A secondary goal was to demonstrate how making these connections could be life altering. Findings will be of interest to workforce researchers and practitioners.

Narrative: Hearing the Story in 17 Vignettes

In junior high school, a teacher was mean to me, and I first realized that others did not always lead with hope. Today, that initial realization about leading with hope has evolved into a deep and abiding system to which I now ascribe. In this chapter, I use autoethnograhpic data from journal entries, stories, and other writings to describe, from a personal level, what hope has meant to me and how its meaning has evolved over my lifetime. The working definition of *hope* was the words, thoughts, actions, and motives that spark confidence, optimism, and possibility.

Vignette 1: Where It All Began

I do not remember my fifth grade teacher ever yelling at me, although she did have an authoritarian, scary presence. I do remember, however, that she publicly announced the higher and lower reading groups. Everyone knew who was in which group, and they knew I was in the lower reading group, which I did not like. This was my first memory of being treated differently. I always felt the teacher should have found a better way to say that readers were at different levels. All of us could have read together and had partners who helped each other. The following passage from a piece I wrote for the *Deseret News* (see Appendix A) describes my thoughts:

> When I think back on effective teachers I've had…my [sixth grade teacher], stands out the most: " I'm not sure if she stood out because she smiled, had a passion for teaching, or found the good that you did and emphasized it, especially when you didn't get the concept. 'You can get this. I know you can. Just like you did this,' she might have said while pointing to a concept you aced. [She] was positive in tone, body language, and voice. Students don't forget teachers like her. I haven't, and today, I strive to be like [her]. (Kimball, 2010)

After this exceptionally good teacher, I had an exceptionally bad teacher in eighth grade.

> "Ohmigod, yes, you were hyperventilating," my mom's told me so many times. On that particular day in 1976, "I could barely understand you."
> I remember being so humiliated that I felt I was almost frozen in time. Did he really just make fun of what I said?! Feeling helpless amid the laughter from him and the class, I wanted to disappear, so I did. I burst out of that classroom and ran and ran and ran.
> "I need to call my mom. I need to call my mom. I *need* to call my mom!" I repeated over and over while I was in the principal's office to call you. I was hyperventilating."
> "You were pretty upset."
> Do you remember if [the teacher] ever apologized?"
> "He did talk with me. He said he didn't realize how he'd come across."
> "*Right*, how do you <u>not</u> know you're making fun of a student? Did he ever apologize to *me*?"
> "He did, as a matter of fact."

I didn't remember that part. But squashing my interest in school was hard to forget. In fact, Mom and I weren't the only ones who remembered that day. Almost 36 years later, one of my classmates remembered, too:

> "I completely remember that day, CK! Life's too short to have actual hatred for anybody, but I bet [that teacher's] lambasting left a scar. Clearly, the man was mean, probably hated teaching eighth graders. Or teaching, period! What a jerky thing to do to a 13 or 14 year old. Like no one's completely self-conscious at that moment in life! It would be a lawsuit today!" (J. K., personal communication, March 22, 2013).

* * *

My first horse riding instructor also scared me. Every time I rode, she'd scream at me, "If I have to tell you one more time." I always wondered what would happen after that "one more time". Of course, that she always taught with a crop in her hand didn't help. I think she liked to yell, instill fear, and humiliate students who did something wrong. Heck, though, *everything* was wrong. She happened to be an elementary schoolteacher, and I always thought, "If she's like this with her riders, what's she like with her students?"

* * *

My junior lifesaving instructor might just win the prize for actually trying to kill off a class. She told us we were to take our junior lifesaving test in Lake Ontario, where we took our lessons, but this day, our test was actually being held during a storm (huge waves, howling wind, dark and overcast sky). It was pretty scary. So, point blank, I refused to take it. My instructor told me that if I didn't immediately get into the water and take the test, I would fail.

I thought, "I really don't need to drown trying to pass this test to prove anything to this lady." So, I turned from her and walked home. Even though I thought I would be

dead (or in trouble, rather) when I got home, Mom said she was proud of me, first for not taking the test during a storm and second, for standing up to an adult who wasn't doing the right thing.

Purpose of the Study

The overarching purpose of this autoethnograhpic study was to define hope-based action, the behaviors, perceptions, and feelings that constitute it, by analyzing the connections between the leadership practices of my nine culture-of-hope guides and my responses to life events. A secondary goal was to explore the connections between hope-based and leading from the heart and to demonstrate how making these connections could be life altering. I focused on discovering a definable "voice" in others' and my own perceptions of how hope-based actions and positive psychology were evident in our personal journeys. I explored and defined hope-based action and leading from the heart within three organizational Leadership Areas—Business, Healthcare, and Education (see Figure 1). I explored and defined hope-based action and leading from the heart based on research data that I collected and analyzed about the participants' behaviors, perceptions, and feelings.

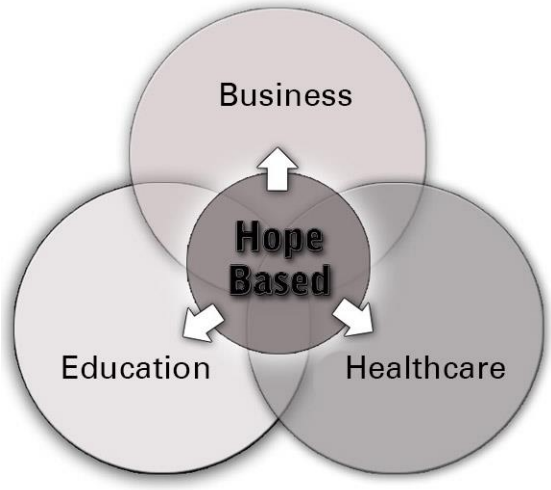

Figure 1. Business, Education and Healthcare Leadership Areas (Interlocking Cases)

Hope-based, heart-centered action intersects the three Leadership Areas of Business, Education and Healthcare. My narratives are the interlocking cases that share hope-based, heart-centered action. Where the cases intersect in the middle forms the basis for hope-based action and connects with my conceptual framework, which I will discuss in Chapter 2. Conceptually, this is where the tenets of positive psychology and servant leadership come together.

Research Question

The research question was developed from an initial broad analysis of data that flowed from the literature review, the conceptual framework, and from the actual narrative. The intention was to create a research question that could add to the scientific body of knowledge regarding how hope-based action could be used to produce improved outcomes in the three Leadership Areas of Business, Education, and Healthcare.

The research question that guided this study was: What is hope-based action and leading from the heart in Business, Education, and Healthcare? The purpose of the study was to identify hope-based action, consisting of words, thoughts, actions and motives that spark confidence, hope, optimism and possibility, taken from personal experience, and to identify the impact these hope-based actions had on me. Additionally, it was to examine what effects hope-based action had on others, how they perceived it and how hope-based leadership was manifested in the three identified Leadership Areas of Business, Education, and Healthcare.

The self-directed, autoethnographic research methodology provided a framework for gathering data from multiple stories and exploring the actions of other participants in these stories/cases who exhibited hope-based action. The final step was to determine if key indicators could be used to identify a person whose actions were hope-based. The final goal was to discover the behaviors and qualities of a hope-based leader. Leading from the heart through hope-based action may be a matter of life or death; to those hearing and learning from my life story as presented in this study, I hope this will become evident.

Vignette 2: The Foundation Laid

After my initial foray into hope-based action as a child, and later in my adult years as a military wife living on Okinawa, Japan, a U.S. Army Chaplain, who didn't even know me, gave me a chance to write for the chaplain's corner of the local Army newspaper. He gave me an opportunity of a lifetime simply because I told him I had a passion to write, even though he'd never seen any of my writing. This intrigued me. I

wanted to get to know him more, and when I did, I learned he was a Latter-day Saint (LDS or Mormon). I also learned that he didn't hang his degrees on walls because he apparently didn't feel he went to college for that. I found I wanted to understand what made him tick. Why would he give me this opportunity without knowing me? Why didn't he put his degrees on the wall? No long after, within a few months actually, I, too, became LDS, which was nearly 20 years ago and is still the *best* decision I ever made (even though it cost me a marriage in the process).

Vignette 3: "It's Probably Not Cancer"

All this started because of a lump. Yup, a lump. In my left breast to be exact. My military husband found it. I think I married him because I felt sorry for him and because he jumped out of planes and rode motorcycles (not good reasons to marry someone). It wasn't until six months after we were married though that my world would crash before I realized what I'd really gotten myself into.

* * *

Newly married, living in Japan, and teaching English to Japanese students when diagnosed with breast cancer, I later would tell a correspondent from *People* magazine, "Here I am healthy, active, running, walking, eating sushi. I was like, [breast cancer],'Me?'" (Jerome and Morehouse, 2004, p. 138). To be exact, my diagnosis was invasive grade III ductal carcinoma. But didn't three military doctors tell me prior to this diagnosis that the pea sized lump in my left breast was, "Probably not cancer?" That would be a yes. So, as you might imagine, when I was told that it was indeed breast cancer, I pretty much lost it. After all, breast cancer happened to other and older people, right? *Not* "healthy" 31-year-olds like me.

On the ride home from that U.S. Naval Hospital (which was a complete blur, by the way), back to our off post, high rise apartment that overlooked the Pacific Ocean, I sobbed uncontrollably like I never remember doing before. My husband was in shock, like me, and speechless, but I'm not sure if it was because of my cancer diagnosis or because he knew the military would force him to be stationed state-side due to my health.

Two days later, though, through a lumpectomy and lymph node biopsy, doctors found more cancer. I clearly remember, prior to these procedures, one surgeon's comment, "We don't want to leave one cell in you." He added, "They swim." I wondered, backstroke, sidestroke, doggy-paddle? I called my parents in the states about 4 AM their time.

> "Hello?" Dad asked, still half asleep.
>
> I learned a long time ago not to startle him during sleep or anything that he was intensely involved in as he would pretty much freak out even if you just wanted to kiss him goodnight and say, "I love you."
>
> "Hi Dad," I tried to say cheerfully, but at the sound of his voice, I couldn't say a word.
>
> "Cindy, *Cindy*, what's going on?"
>
> Hyperventilating, I managed to whisper, "I have breast cancer."
>
> My dad, unable to speak, dropped the phone. "I couldn't even talk," he later told *People* magazine (p. 138). At 18, he had been the oldest of eight children and the one who held his mother's hand as she lay in a hospital bed, dying from breast cancer. He still believes, to this day, that chemotherapy, not breast cancer, killed her.
>
> "What's going on?!" my mother shrieked, also awakened from a deep sleep.
>
> Through a long pause, I worked to contain my emotions and managed to say once more, "I have breast cancer."
>
> "*Ohmigod*.

Vignette 4: Angelina Jolie's Mutation

Five years after my breast cancer diagnosis, one of my sisters, 33, was diagnosed with breast cancer, followed two years later by another sister, 38. What were the chances that all three of us would get breast cancer so young?

In 2002, a blood test detected that a faulty BRCA1 gene ran in my family. This is the same mutation that actress Angelina Jolie has. The gene --a breast and ovarian cancer one-- was passed down from my father to his five daughters. This was no surprise since my father's mother died from breast cancer, his grandmother died from ovarian cancer and his great-grandmother of breast cancer. In addition, one of my father's aunts was diagnosed with breast cancer, one of his sisters died from it, and a first cousin recently died from ovarian cancer.

I have four sisters. We are five siblings in total. Three of us already had cancer. Our youngest sisters carry the same mutation as us, but they remain cancer free. Thus, they are known as "previvors". It is my hope that through their knowledge of BRCA and treatment plans, they can avoid cancer altogether.

Because I tested positive for the BRCA1 mutation, I had my breasts removed and rebuilt from the skin, muscle, and tissue from my back; my left breast skin, muscle, and tissue were damaged from radiation to treat breast cancer in 1994.

> My breast surgeon kindly asked one last time, "You sure you want to go through with this?"
> "Of course!"
> "Your breasts will feel different."
> "I understand, Dr. A, I mean, as much as I can, but I feel I need to do this; I'm just at such high risk for getting more breast cancer and I don't want to chance it.
> "Okay, I just want you to be sure."
> "I'm sure."

The surgery took about 9-10 hours. Apparently, after my breasts were removed, I was flipped like a hamburger, and skin, muscle, and tissue were removed from my back to build my new breasts. I remember being lifted onto my bed after the surgery. The pain was unbearable. What hurt the most, though, was my back. It was throbbing. I was on pretty significant morphine, which made me sick. I asked to be put on something else for pain. After all, you don't want to be throwing up after a surgery like this. All this, to prevent cancer.

* * *

Two of my sisters and I have had double mastectomies, breast reconstructive surgery, ovary and fallopian tube removal, plus hysterectomy and chemotherapy. As a bonus for my cancer, I received left breast radiation and was put on tamoxifen, an anti-cancer drug. Two younger sisters have also had risk-reducing double mastectomy and breast reconstructive surgery to avoid cancer--it's 90% effective in preventing the disease. One of these two sisters also had her ovaries and fallopian tubes removed plus hysterectomy; the other sister is next.

All totaled that's three breast cancers, three chemotherapy treatments, one radiation treatment, one lumpectomy, five mastectomies (all with breast reconstruction), four hysterectomies with ovaries and tubes out, three survivors, two previvors, and…we will be OK. Knowing the gene may have been passed onto the grandchildren, we are all keeping a sharp eye on the next generations as well as our extended family members who are taking charge, choosing testing, and finding positive and negative test results. We are grateful that we now have the knowledge --and answer-- that a genetic mutation runs in our family so that we can prevent any more cancer.

Vignette 5: Extra Mile Physician

Dr. W has been our family oncologist (or angel as we refer to him) for almost 20 years. I was the first in the family to see him. He's rare in that he gives patients his home number (or used to anyway), answers calls, emails and faxes expeditiously, and isn't rushed when he examines you. One time even, during one of my visits, while my mom and I waited in the examining room, he ran upstairs to his office to retrieve journal articles for me because I was writing a paper on genetic testing for a graduate course. Yet, I will *never* forget my very first appointment with him. He made it on a day he wasn't even scheduled for clinic. I had been living in Okinawa, Japan, and was coming to see him for a second opinion, having been diagnosed with breast cancer one month prior. A few years before, one of my sisters had done her University of North Carolina nursing rotation with him and that was how we got connected. Our meeting was scheduled after 5 pm and wasn't rushed. You would have thought I was his only patient (even though I was that day). I immediately knew he was going to be my doctor. I mean, he had bedside manner and was confident in his work. And it's not like he was in an easy field.

* * *

One time Dr. W was pretty firm with me. He and I were talking about my being on tamoxifen for five years; I was persistent to be on it for as short a duration as possible so that I could someday have children. Yet, he put his foot down telling me that in order to see the full benefits of the drug a patient had to be on it for at least five years. He basically helped me make a decision when I wasn't sure what to do. Later, I would fly, twice a year, 3,000 miles, from Washington State to North Carolina, for my appointments with him. People would ask me, "Why do you travel so far to see him?"

"Because he's the best!"

Apparently, during that time period, I traveled the furthest of all his patients.

* * *

A few years later, around 5 pm PST, one Friday night, when working at a nonprofit office in Bremerton, Washington, I received a page from him. Come to find out, he simply wanted to answer my question from a fax I'd sent the day before. Here he was calling me from North Carolina, after 8 pm EST, and on a Friday night!

Vignette 6: Dr. Love

I didn't like him at first. I actually thought he was too childlike in his mannerisms (mostly his facial expressions and voice. Ironically what I've come to treasure). To me, though, he's "Dr. Love" (although, that's not his real name). But truth be told, I didn't like him because he was having me look at myself, like a mirror test, and I hated, although I hate to use the word hate, what I was seeing. Yet, he did this through love, compassion and sometimes even, because it was needed, tough love. Dr. Love, though, saved my life. He never gave up on me. He believed in me. He understood me. He listened to me. He connected with me. I am forever grateful to him. I love him. One significant analogy he shared with me, which was really what he was doing to me, is the following: "A carpenter comes in and renovates the house, hammering here and tearing things out and then we come to realize, it's painful, but the renovation He is creating is you." And I will never forget this particular statement he shared with me, "Letters behind a name mean nothing if you can't connect with people."

Vignette 7: Humble Leadership

Not long ago, Mr. H Sr. sent me a thank you note after I had left him a note at his H foundation offices. I had told him that his humble and servant leadership had a great impact on me. One line in his thank you note was significant to me, "Your thoughtful note has traveled with me in my briefcase as a reminder to respond to you personally." (J. H., January 15, 2014). Unbeknown to him, Mr. H made me matter just by carrying my note.

Vignette 8: Higher Education

At a department graduate student colloquium, one professor, who I'd only seen in the hallways, was sitting next to me and simply asked, "What are you researching?" When I said, "Hope-based leadership" his eyes grew big with interest and leaning in he said enthusiastically, "Tell me more." To which, that night, he proceeded to give me encouragement and direction which hasn't stopped.

* * *

One of my professors wanted to know which ER room I was in. So after texting back and forth my exact location, about 30 minutes later, he walked in chuckling with a larger than life grin saying, "I've got to take care of my favorite doctoral student."

"I'm your *only* doctoral student," I smiled.

"Well, I've still gotta take care of my favorite doctoral student, he chuckled some more.

Sitting with me until I was called back to be seen by a doctor, this professor just wanted to make sure I was one, okay, and two, not alone.

* * *

One professor let me work from home when I was in and out of hospitals, to complete my partner project. And as long as my partner was willing --and she was-- and I did my share of the work, which I did, he allowed her to present on behalf of us. I was so grateful. It really took the pressure off me. He was essentially like, "No problem whatsoever."

* * *

There's this one professor who treats you with disrespect if you are not a researcher and published. He seems to carry himself with pretense and has never inquired about you. It's as though you don't exist (even though your teaching ratings likely outshine his). Yet, in this particular department, as one doctoral student once said to me, "It doesn't matter if you get only 3's on your student teaching evaluations. After all, teaching doesn't matter here. Research does."

* * *

One of my undergraduate students called me on my cell and was apologizing for calling me on it.

"No problem," I said. "You can call me anytime. Call on the weekends. Call in the evening. Never apologize."

Vignette 9: T-shirt and Jeans Leadership

I'm sitting here, among City of Las Vegas employees, hearing Tony Hsieh, CEO of Zappos, an online shoe and retail company, present to them. I'm like in the second row. One of my students, an employee for the city, knowing of my fascination of Zappos and particularly Hsieh, got me in here. I can't help notice, although his presentation's pretty cool, a PowerPoint with some fun videos, his casual dress of t-shirt and jeans. Not only that, he's not boastful. What's up with that? Isn't that how most CEO's are?

Apparently not Hsieh. How refreshing this is. I mean, forget the fact that he runs a billion dollar company, is bestselling author of *Delivering Happiness,* co-owns, along with Jenn Lim, the company Delivering Happiness, is a Harvard graduate, Hsieh comes across just like a regular guy talking about how Zappos came to fruition and sharing why it's been successful. And that's because he's just a regular guy! "I've got to interview this guy," I'm thinking. "And, for my dissertation!" But first, after his presentation, came city employee questions. One guy asks –and I'm sure it's a typical question Hsieh hears often— something about how what he's doing at Zappos works there, but yeah, it would never work for the city. Hsieh just, nonchalantly, replied, "Why not?" He was like how a parent is to a child who might be asking a million questions. "Why not?" "Why not?" "Why not?"

The next thing I know, the words came out of my mouth before I knew what I was saying, "You're such a humble leader. I'd like to interview you for my dissertation." I'm nervous, I'm thinking. Why am I nervous talking to this humble man?" I think he senses this, but says anyway, "Sure. Do you want to interview anyone else?"

"Sure." "Sure? That's all I say?"

"Just send me an e-mail" (during his presentation, he'd given out his e-mail).

"Okay, yeah, sure. Thank you *so* much!" "*Omigosh*," I'm thinking, "Is this for real?"

So, that night, a Thursday actually, I did. Surprisingly, two days later, yes, on a Saturday, I received an e-mail from Hsieh. Granted, he's got eight or so people who answer his emails, but still. And in the e-mail he told me to connect with his right arm, E, who I would later come to find out, is the epitome of nice and WOW service. And during

one Zappos tour that she set up, I was especially impressed with one tour guides story. This woman, probably in her mid-twenties, had to be a theatre major; I mean she totally captured my tour group's attention. She was also really funny telling jokes the whole tour. Dressed casually in a white t-shirt and jeans, she had tattoos up and down both arms. I was mesmerized, though, from a story she told about when she was first hired at Zappos. Apparently she'd taken a picture of the Zappos daily sales white board and posted it to her Twitter account. This particular board is probably the *only* thing Zappos does not share publically. Yet, this employee didn't get "in trouble" or fired. She was just simply asked to remove that posting from her Twitter account. That's it. That's all. WOW.

Vignette 10: What Connection?

The first thing I notice in this doctor's office waiting room is a plate of cookies. "That's nice," I think, even though it's not something I would eat. I look around and it looks like I'm the youngest at 48. It's a small rectangular room to which chairs are placed also in rectangular fashion. This means whoever is in here face one another whether you want to or not. Mostly there are husbands with wives or wives with husbands (or at least that's what it appears).

There's a TV, it's on, but a patient holds the remote and channel surfs. The other patients seem not to be bothered by this.

The two office staff are extremely nice (actually, exceptionally nice). I watch them interact with patients checking in, just like they did me. "This is going to be a great visit," I'm thinking simply based on their kindness. I figured whoever I made the appointment with had to have been one of them.

"Ms. Kimball," I hear and immediately grab my purse and book bag (I usually pack a lot of stuff. I like to have things to do in the event I have to wait and can then study, read or write. I got used to packing a lot when I lived on a small island in Washington state, Anderson Island actually, and worked to be prepared in case something happened with the ferry as occasionally it broke down, ran into the dock, etc. Funny, it's been seven years since I lived there; yet, some habits remain).

I eventually get led back to an examining room by a pretty young woman. She takes my vitals. I work to make conversation, but to no avail. "*Hmmm*, that's strange," I wonder. She's so unlike the two kind office staff up front. However, her one word answers and lack of eye contact tell me she does not want to communicate (similar to being on an airplane sitting next to someone who wants nothing to do with you or riding on an elevator when that awkward silence is present and you try to make small talk to dispel it, but also, sometimes, to no avail). "Okay, no problem. Maybe she's just having a bad day," I tell myself. Yet, I try one more time. "I really like your hair," I say as she exits the room. To which she flashes a quick smile, and to my surprise says, "Thanks," then robotically disappears.

The doctor eventually comes in 30 minutes later (good thing I brought things to do) and asks, "So, what's going on?" Heck, he doesn't even know if I'm the person that matches the patient chart he's holding. I proceed to tell my story anyway, yet he doesn't appear to be listening. Instead, he's reading chart notes (perhaps the ones' my primary care doctor sent over?). "Strange," I wonder, "he never introduced himself to me, said my name or asked, 'How are you doing?'" Certainly some of the ways a few of my other doctors work to connect with me and other patients.

He determines I need a laparoscopy (which the kind office staff had told me to prepare for, basically drink a ton of water and don't pee. That a full bladder would be needed for this procedure), opens the door and tells me to meet him in the examining room across the hall where a man is exiting.

Once in this room, however, the non-communicating staff member, the one who took my vitals, is there also. She tells me to lie down and motions for me to put my feet in the stirrups on this examining table to which she then places a sheet of that blue medical paper used in healthcare facilities over my lower extremities. After I've straightened this paper out, I see a huge metal device sitting to my left on a silver metal table laying on that same kind of blue paper that's just been placed over me.

The doctor enters. Takes a seat on this round stool with wheels. I then hear him pick up that huge metal device I just noticed and assume he'll insert it in me. "But he doesn't know my name! He hasn't even asked how I am! We don't have this connection!" I'm mulling over, yet he's going to enter my lower extremities? And that's when I blurt out, "Um, excuse me, could you please tell me what you're doing?" (wondering if I even have the right to ask. "What do I mean, of course I have the right to ask!")? Looking irritated, both doctor and staff member look at each other, then to me. There is no hand on my leg to reassure me everything will be okay. There's no, "It'll only be a second and you'll be okay." There's no, "It's okay, honey, I'm/we're right here."

Surprise, the doctor's rough with this instrument, as though I don't have any feeling. I am tense, but he does not suggest for me to relax. As a matter of fact, neither he nor his staff talks to me. Instead, their body language tells me that I'm just a procedure. Just a number. I am just "next" like the man who left 20 minutes prior and the woman

who is waiting for these stirrups. I am a nobody to them. My hair could be blond, red, brunette. My eyes could be brown, blue, or green. They have no idea. I am not a person here. I am an object.

The procedure finally ends. He did not see anything suspicious. Thank goodness. On two accounts: One, I don't want anything to be wrong with me and two; I never want to see this doctor again! Yet, as I check out, the kind office staff, who I'd met earlier, wants to schedule a return appointment. "I'll call," I say even though I know I won't be back regardless of what symptoms I'm experiencing. Part of me wants, though, to schedule something just because these two office staff are so kind. But then, I immediately remember, that just moments before I was a nobody. (Kimball, 2012)

Vignette 11: Diagnosis Me

I walked up to the second floor of the condominium I was living in after coming home from educating and presenting on hereditary breast and ovarian cancer (HBOC) syndrome for an entire week on the East Coast. Yet, I could barely breathe. I felt pain in my chest, shortness of breath, and knew something was wrong. I told my roommate, "Something's not right." But, I kept going because I thought that I couldn't be having a heart attack. I mean, I'd already had breast cancer at 31; I couldn't also be having heart trouble, could I? Well, after I couldn't sleep that night, I drove myself to the ER. I was admitted and told the next day, by the on-call cardiologist, after my stress test came back highly abnormal, "You're not going anywhere; you probably had a heart attack." So he suggested an angiogram. I was able, though, to get a second opinion by another cardiologist while still in the hospital. This second cardiologist, who ironically was the second best in the city, discharged me, but later told me, after he ran several cardiac tests,

"You did have a heart attack." Later after running the gamut of cardiac tests, albeit not an angiogram, he informed me, "You did not have a heart attack." Later, getting a third opinion from the top cardiologist in the city, I was told, "You just have a narrow artery," and was simply put on a statin. But I still continued to have symptoms.

Vignette 12: Drill Sergeant

I am excited, for some reason, to hear that the cardiologist on call, the one who will be seeing me, is a woman. Yet, I got excited too early. No, "I know, honey" like my cardiologist tells me. Instead she's curt and to the point. No, "How are you?" No, "I'm sorry you're not feeling well." No relationship building. No connecting with me in any way, shape or form. Instead she is dictator-like. It was like being in a really bad college class. You know, your first day. And you know right away that it's not going to work. You can sense the fear in the classroom and all you can think is, "How do I drop this course?" Only I'm thinking, "How can I drop this doctor?" Too late.

> "All your tests are fine," she says matter-of-factly.
> "Okay, good."
> "You did not have a heart attack," she says as though I want to be told I'm having one.
> "Well, that's great news, but I'm still having heart symptoms."
> "You're letting this rule your life."
> "But I'm told when having symptoms to come to the ER."
> "That's right, but there's nothing wrong with your heart."
> "Then why do I have symptoms?"
> "I don't know, but you need to get on with your life." And I'm thinking, no duh, but my facial expressions probably told her that. That's not real Christ like of me.
> "Do you think I want to be in here? I'm a doctoral student and I've got a lot of work to do."
> "Do you think you're going to have a heart attack?" she asks me rudely. And I'm thinking, "Has this woman ever heard of the word 'compassion'?"
> "With the symptoms I do, yes, it feels like it."
> "Because your tests were negative. You're like everyone else in the whole world because everyone has a chance to have a heart attack."

Vignette 13: Comfort Scar

Dr. W called with my results like he said he would. "You should feel really confident, Cynthia. The best radiologist in the world read your scan and said there are no other nodules and the one that's there is scar tissue in your left lung. There's nothing we can do about it. It will just cause you pain every once in a while." So there you have it. I have a comfort scar nodule that, I feel, is purposely there, for whenever I get too comfortable in the gospel or when I put man or Cynthia before God. My comfort scar is purposefully placed because Heavenly Father still has work for me to do. Like Him saying, "Don't get too comfortable or you won't be an effective servant for me."

Vignette 14: Code Blue

Man, there's a code blue going on right now. The ER staff is gathering around watching. I'm in Room 4. They're over in Room 8. They're like, "Code blue, emergency department, code blue." Everybody's over there (at least staff). I was never code blue, but I once came in by ambulance where everyone stopped what they were doing to work on me. I'm praying for this person. There's a female moaning. And it sounds like they're jump starting this person's heart. More staff are gathering around watching. I pray this person's receiving hope-based care since it truly sounds like it really is a matter of life or death at this very moment. "You're going to be okay. You're going to be okay. You're going to be okay," I whisper.

I wonder what a code blue would be like in the workplace or in a classroom. Employees or students being bullied, ignored or treated unfairly and therefore someone suffers depression, becomes suicidal or perhaps violent?

* * *

"Code blue, everyone clear," I hear over the hospital intercom. They shock the body. Oh, I'm praying for that person. Hopefully, someone's over there leading from the heart. It really is literally life or death right now. They shock the body again. There's a crowd of people. Employees watching. What's going on with me seems so minuscule compared to this code blue.

* * *

They're still shocking the body. Someone's crying. I don't know who it is. Sobbing, moaning. It sounds like they're afraid. Someone just answered the phone and said, "Still coding." They're shocking the body again. They're still shocking the body. Security's out here. All these employees are just standing and watching and I'm thinking, "What about all the other patients?" because they're not doing anything. It's like they're standing at a rock concert or something. This code blue case's not looking good. People are somber walking away. It's been what, 15 minutes? This is so horrible. They shocked it again. How precious life is. They shocked it once more. The crowd's dispersing. Just a few lingering now. They shocked it once more. I think the patient's been gone, but they're still trying. That's *way* hope-based to me. If I were a family member I would be so grateful that they're still trying. I see hospital employees rolling their eyes about the code blue person. That woman is still grieving over there. She just lost somebody. Sounds like it could be a family member that's sobbing and moaning. This person grieving is so intense that I'm nauseous. They just turned off the lights and closed the curtains. I believe the person's dead. The griever just lost someone. The sobbing and moaning is like I've never quite heard before. I want to run over there and hold her. I haven't had someone close to me die like that. A baby's screaming at the other end. The

hospital TV screen reads, “Every patient matters.” The woman in the code blue room’s still sobbing and moaning. She’s definitely lost somebody. It’s so sad. She’s sobbing and moaning. Oh my gosh. I wonder how long she can stay in there. She’s just sobbing and moaning uncontrollably.

Vignette 15: Emotional Connection

When my local cardiologist, Dr. I, who did her residency at a major heart center on the West Coast, and thus works closely with the top women heart researchers there, Dr. M and team, “sees” me, she calls me “honey” and uses affirming questions such as, “let’s see how this works, okay, Cindy?” I feel better even if my body doesn’t (by the way, Dr. I didn’t ask if she could call me Cindy. She just did. Incidentally, only my immediate “family” members call me that). She also enters the examining room with, “How are you, Cindy” with a huge smile. I feel her genuineness, love, and concern. I connect with her, and I know she wants me better. Dr. I treats me like family, and this treatment does impact my quality of life for the better. Similarly, my main cardiologist at Cedars-Sinai Women’s Heart Center, Dr. M2, who focused on seeing patients like me who had radiation for breast cancer and now has microvascular dysfunction because of it, also treats me exceptionally well. She returns my calls after hours and even once took an early morning phone call (3 AM actually) from an ER room wanting to know what to do with me. The ER doctors and she, thus, used a team approach in handling my care that morning. Dr. M2 also told them, “Tell her to come see me later today.” She, like Dr. I, smiles, is genuine, concerned for, and loves me. Both cardiologists have a passion for what they do and are good at it. Because they demonstrate exceptional patient care, my

quality of life is better even if I still have symptoms, which has been the case after visiting them on several occasions.

Vignette 16: Taking Action

Upon waiting to be discharged from one hospital, still with symptoms, I wasn't buying my angiogram results, "Your breast implants are causing your highly abnormal stress tests," [repeat?] this top cardiologist tells me. So, I quickly, while on my hospital bed (Figure 2), Googled my symptoms and found the Women's Ischemia Syndrome Evaluation (WISE) study being done a major heart center on the West Coast. I immediately shot the lead researcher and cardiologist an e-mail.

My purpose in contacting you is because I think I may have Women's Ischemia Syndrome Heart Disease and want to know where testing is being done for this in the United States. My name's Cynthia Kimball. I am 49 years old and I am currently in the hospital and about to be discharged after a stress test result of a 43% ejection fraction and an angiogram showing a 65% ejection fraction (and that my breast implants were the cause of the 43% ejection fraction on my stress test). All this after being admitted with the following symptoms: Pressure in chest, indigestion (on April 24 only), no appetite (since February), sleep disturbances (since February), bowel changes (constipation since February), pressure up through jaw and in left arm, and being extremely fatigued. NOTE: I am about 5'6", weigh around 125 pounds, eat healthy, and exercise at least 3xs/week). The Problem is I still have symptoms (come and go pressure in my chest, jaw pain), but am being discharged.

Here's my health history:

1. I was diagnosed with mild coronary heart disease in early 2011 and have been put on Pravastatin 40 mg twice a day.

2. I tested positive for the BRCA1 mutation in 2002 so I had a prophylactic double mastectomy latissimus dorsi surgery, an oophorectomy and hysterectomy (NO OVARIES FOR 9 YEARS).

I had breast cancer in 1994. Had lumpectomy, radiation (to my left breast), chemo (3 different types).

Again, my purpose in contacting you is because I think I may have Women's Ischemia Syndrome Heart Disease and want to know where testing is being conducted in the United States for this.

Figure 2. E-mail to Dr. M.

To my surprise, within minutes, 10 actually, Dr. M emailed back (see Figure 3).

> *You are closest to our Women's Heart Center at … and may also be eligible for some free testing. I am cc'ing my staff to coordinate with you if desired.*

Figure 3. E-Mail Response from Dr. M.

Someone was finally listening to me, and I was being taken seriously. The next day I boarded a flight to Los Angeles.

Vignette 17: You're Not Crazy: There Is Something Wrong With Your Heart

I was eventually tested through the WISE study at a major heart center on the West Coast and was diagnosed on Tuesday, June 5, 2012, with endothelial ischemia coronary heart pattern dysfunction (small vessel dysfunction). The diagnosis was attributed to the left breast radiation and Adriamycin chemotherapy that I received for a breast cancer diagnosed at age 31, almost 20 years prior. And, although it's not news anyone wants to hear, I was happy because at least I had an answer for why I had been in and out of ERs for the last 10 years –and practically living in them in 2012-- with all kinds of heart symptoms. Yet, prior to that diagnosis I was told by various doctors, most of them cardiologists, that I had obsessive compulsive disorder (OCD), was having panic attacks, just needed a prescription for Xanax. I was told that it was *my* problem if I didn't like to live alone while having symptoms of a heart attack and, that I was letting it rule my life, that I should just to get on with my life, and that there was nothing wrong with my heart. I *knew* all along something was wrong with my heart, and I *knew* it wasn't OCD, anxiety, breast implants, or the myriad other reasons, including I was basically going or already crazy.

I feel I am alive today because one doctor, Dr. M, who actually answered an e-mail from someone she did not know, but who had a medical problem, and actually did something about it. And since this action was so significant, lifesaving actually, I completely changed my qualitative doctoral case study dissertation topic from the impact of hope-based versus fear-based coaching on creativity, engagement, and self-efficacy, to heart-centered leadership as a matter of life or death a qualitative autoethnograhpic research study because I felt I *had* to help other people through my experiences. I believe you can never give up. No matter how crazy you're told you are. Listen to your body. After all, you know it best. Just don't wear running shoes, a track suit or make-up to the ER; they'll think you're healthy if you do.

Summary

The use of autoethnography is a valuable way to "hear" a story that has deep and powerful meaning and has the potential to provide enlightenment and heightened understanding to others who are experiencing similar challenges. It is a reflexive process where the researcher consciously enmeshes themselves into the research as the analyzer and the study participant. It is a method that allows for social and cultural constructivist examination of life events with the general aim of providing trustworthiness and authenticity. The narratives provide a context for viewing the challenges faced in Business, Education, and Healthcare today. Of the 17 vignettes, vignette one was the most salient expression of my interest in completing this dissertation wherein I realized not everyone led with hope. The others provided examples of my story of what hope meant to me in the Business, Education, and Healthcare Leadership Areas of my life.

Chapter 2 is a review of the literature from positive psychology and organizational studies relevant to these challenges in Business, Education, and Healthcare Leadership Areas. These challenges include communicating clearly, creating a positive work environment, feeling trusted and valued, and having support.

CHAPTER 2

LITERATURE REVIEW

Chapter 1 presented vignettes of the study author's life and discussed the study's purpose, operational definitions, and research question. This chapter includes a concise review of current literature regarding the three elements that framed this study: the construct of hope from positive psychology, the research approach of autoethnography, and the explanatory theories of hope and servant leadership. This framework played a central role in developing the model of hope-based action, which I will present in Chapter 4. Hope literature was situated in the field of positive psychology, and servant leadership literature was situated in the field of organizational leadership. The concepts of hope and servant leadership will be explained in greater detail in terms of their applications to Business, Education, and Healthcare Leadership Areas.

Creswell (2009) described the three elements for framing qualitative research that guided this literature review process. First, frame the literature from the perspective of the research problem and phenomena. Second, present the literature as a review and as a method for confirming the appropriateness of the data analysis. Third, present the literature throughout the study so it becomes a basis for comparing and contrasting findings of identified themes from the narratives of the qualitative study.

I found that the process for literature reviews in autoethnographic research was not well-described in qualitative methodology literature. In some qualitative research approaches, the literature may be reviewed either simultaneously throughout the research period or only after the research is completed. Streubert and Carpenter (1999) suggested that the review of literature in qualitative research should be completed after the

qualitative data has been collected and analyzed and after the emerging themes have been identified. The researchers posited that completing the literature review following data analysis prevented the premature identification of themes and ideas that are likely to influence how the data is considered and constructed in the data analysis process. They further suggested that completing the review of literature after theme identification allowed the researcher to then analyze the data in the context of what was already known and understood about the study phenomena. Furthermore, the researcher could then make critical links between the meaning found in the narratives and the ideas in the current literature.

For this study, the review of literature was primarily conducted after the narratives were completed and analyzed. As such, the literature was used as a method for discovering deeper meaning in the personal narratives and for making clear connections between narrative themes and the current literature. The main theories and concepts from the literature will be included in Chapter 4 to address (a) how narrative data lead me to better understand the concept of "leading from the heart" and (b) how efficacious leadership in Business, Education, and Healthcare could evolve from embracing hope-based action and making it actionable in everyday life.

Before I began this study, I had a mental construct of what it meant to have hope and what it meant to even look at all these ideas. Then, through the process of looking at the participants' and my own experiences along with the literature, my lens was formed. From a constructivist point of view, I explored how hope-based action in Business, Education, and Healthcare settings had

impacted my life, and I then illustrated how hope-based actions had been central throughout the other aspects of my life.

Autoethnography Defined

Chang (2008) defined autoethnography as "as a qualitative research method that utilized ethnographic methods to bring cultural interpretation to the autobiographical data of researchers with the intent of understanding self and its connection to others" (p. 56). Ethnography is more than merely reporting on a culture, and autoethnography is more than reporting a chronology of life experiences (Foltz & Griffin, 1996). Ellis (2004) suggested that autoethnography "overlap[ed] art and science" and "[was] part *auto* or self and part *ethnos* or culture" (p. 32). Hoppes, Hamilton and Robinson (2007) defined autoethnography as "…a tool to find meaning and purpose in the midst of life's challenges by placing the writer in dual roles of researcher and research participant" (p. 135). Chang (2008) discussed the fact that, "…virtually any aspect of one's life can become a research focus" (p. 49), and that data are at your fingertips from the very start, since "…the source is the researchers themselves" (p. 52).

After reading autoethnograhpic dissertations from several U.S. colleges and universities, I concluded that no two formats were alike. The differences among autoethnograhpic approaches could be explained by the absence of rigid rules. Instead, autoethnographies are "flexible, reflexive, and reflective of life as lived" (Ellis, 2009, p. 16). Ellis, Adams, and Bochner (2011) defined several types of autoethnographies: *Indigenous/native ethnographers* "construct their own personal and cultural stories"; *narrative ethnographies* are "texts presented in the

form of stories that incorporate the ethnographer's experiences into the ethnographic description and analysis of others"*; reflexive, dyadic interviews* center "on the participant and her or his story, [yet] the words, thoughts, and feelings of the researcher also are considered*"; reflexive ethnographies* reflect the "ways a researcher changes as a result of doing fieldwork"*; layered accounts* "focus on the authors' experience alongside data, abstract analysis, and relevant literature"*; interactive interviews* are "collaborative endeavors between researchers and participants [and are] research activities… [that] probe together…issues that transpire, in conversation, about particular topics…" *community autoethnographies* "use the personal experience of researchers-in-collaboration to illustrate how a community manifests particular social/cultural issues"*;* and *co-constructed narratives* are "joint activity structures in co-constructed research projects. Often told about or around an epiphany*; personal narratives* are "stories told about authors who view themselves as the phenomenon and write evocative narratives specifically focus[ing] on their academic, research, and personal lives" (pp. 278-280).

As demonstrated by the many approaches listed above, autoethnography provides not only variety, but also several benefits (Chang, 2008). Specifically, autoethnography is a tool for self-understanding, a process for understanding others, and a method for transforming both researchers and readers (Chang, 2008). Ellis (2009) suggested that autographic research allows researchers the opportunity to examine their lives through shared events and stories, through

misfortunes and fortunes, and through the personal sociocultural worlds they create.

According to Ellis (2009),

> Autoethnography offers the potential to expand scholarship about human experience. At the same time, it can assist us in our pursuit of happiness and living fully; provide companionship and coping strategies for dealing with personal disappointments, traumas, and losses; and help us understand, reframe, and live through collective natural and human-made disasters that increasingly seem to be part of our lives…seek to understand our lives, become more aware of what we think and feel, and live a more ethical and caring existence. (pp. 16-17)

The range in definitions includes a cultural interpretation, art and science, and a tool. The intent of conducting an autoethnography ranges from connecting to self and others to finding happiness, meaning, and purpose when challenged. Similarly, I defined *autoethnography* as a process of self-discovery that leads to answers and even one's truth.

Hope

Helland and Winston (2005) found that "…leaders have the ability to enhance and raise the hopes of their followers and that hopeful thinking on the part of leaders generates hopeful thinking in followers" (p. 50). "Hopefulness" was a term used by Mansfield (2008), CEO and President of Methodist Healthcare System in North Texas, believed that leaders who led with high hope and positive psychology could improve their followers' job retention and satisfaction. Frederickson (2009a), a professor of positive psychology at the University of North Carolina, claimed that:

> Without hope, our dire forecasts might constrain us to motionless despair. Yet with hope, we become energized to do as much as we can to solve our current dilemmas, to make a good life for ourselves and others. (para. 5)

Frederickson (2009a) believed:

> Deep within the core of hope is the belief that things can change. No matter how awful or uncertain they are at the moment, things can turn out better. Possibilities exist. Hope sustains you. It keeps you from collapsing into despair. It motivates you to tap into your own capabilities and inventiveness to turn things around. It inspires you to plan for a better future. (p. 43)

Frederickson (2009b) defined hope as emotion-based, activated by dire circumstances, and that anything is possible.

Snyder's Theory of Hope as Willpower and Waypower

While Frederickson (2009b) described hope as emotion-based, Snyder described hope as a cognitive-based, positive motivational state or mental state of mind resulting from both willpower and waypower (Snyder, 1989; Snyder, 2000; Snyder et al., 1991). Neither willpower nor waypower alone were sufficient; both had to be used together (Snyder, 2000). Snyder et al. (1991) used motivation theory and the concepts of goal direction and planning to define hope. Snyder, Lopez, and Pedrotti (2011) believed that goals could be short-term, long-term, approachable, or preventive (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000), easy, difficult, and that groups can attain goals together (Snyder, Rand, King, Feldman, & Woodward, 2002). Those who exhibited higher hope in education, healthcare, and sports had more positive results (Snyder, 2004). He elaborated on his motivational-cognitive definition by adding the pathways and agency thinking aspects. (Snyder, 1994; 2000).

Snyder (1999) introduced the concept of expectation and its positive influence on thinking, health, athleticism, and life management. In fact, he asserted that both thinking and cultural climate could influence behavior (Snyder, 2000). He added that perceiving

the glass half full instead of half empty indicated a high-hope individual. Conversely, perceiving the glass half empty indicated a low-hope individual.

Snyder et al. (2011) distinguished high-hope and low-hope individuals. High-hopers have had success with goals and low-hopers have not. When both pursued future goals, they based their goal pursuits on their past histories (Snyder, Lopez, Teramoto Pedrotti, 2011). He further explained that high-hopers tended to be positive and low-hopers tended to be negative (Snyder, 2000). Both carried their goal histories into the workplace.

Hope in Business, Education, Healthcare

Business. High-hope bosses enjoy socializing with their employees in and out of work (Snyder et al., 2011). Rego and Cuhna (2009) investigated the type of workers that high-hope bosses may want in their workplace, the traits to look for when hiring, and the skills to develop in their current employees. Rego also noted that happy workers were creative workers. Keers (2007) reported on a case study from a UK mobile communications company, O2, and how, by using [Appreciative Inquiry] approaches their employee engagement and satisfaction improved. "Instead of focusing on the negatives, the company decided to focus on the positives…" (p. 10). Starting with 10 employees, and then eventually 200, over a 4-5 month time frame, employees were surveyed about what they liked about working at the O2 company. Results were positive and placed into several themes:

1. Making a difference
2. Great relationships

3. Managing with a human touch
4. Relishing challenges
5. A great place to work
6. It's the little things that count (p. 10)

Education. When writing about teaching, Snyder (2005) stated that, "…learning reflects an expansion of our students'---not only with new and additional information (variously called the "facts"), but also with the confidence to become a life-long problem-identifier and problem-solver" (p. 80). Similarly, a study conducted on college students, by Feldman and Drencher (2011) found that a single 90 minute intervention session could increase short-term hope and could provide increased levels of goal progress. They also found this short intervention could "…help a stressed generation of college students find greater direction" (p. 756). In another study on students, this time on middle schoolers, Marques, Lopez and Pais-Reberio (2011) found, "…that an intervention designed to foster hope in [them] can produce psychological benefits, by increasing hope, life satisfaction and self-worth (p. 150). Markola and Holland (2005) reported on a Lexington Massachusetts School District 2-day retreat attended by 31 teachers and staff. Apparently, over the course of 19 years, the school district has had 17 superintendents; thus, teachers and staff were not overly excited to attend. However, according to Bill Hurley, the interim superintendent, who'd been in the superintendent's office for 13 years, the retreat appeared successful:

> The strategies used …enabled our administrative staff to begin a process of renewal, hope, mutual trust and collaboration…Revisiting the memories of successful efforts has provided not only hope in this endeavor, but a joy

> in remembering what is best in all of us. (Markola and Holland, 2005, p. 30)

Healthcare. In 2007, Ayers conducted a study revolving around the topics of cancer and hope. He found that many health care providers lack certain communication skills --not even feeling hopeful themselves-- about their patients' situation or outcomes. Furthermore, he found that a cancer patient having "A partnership in 'like-minded thinking' between the individual with cancer and a caring other can realistically sustain hope" (p. 77). Razeghi (2006) posed an example that Dr. Buchholz, an oncologist, made from an observation about a conversation:

> As I was eating breakfast one morning I overheard two oncologists discussing the papers they were to present that day. One was complaining bitterly: "You know, I just don't understand it. We used the same drugs, the same dosage, the same schedule, and the same entry criteria. Yet I got a 22 percent response rate and you got a 74 percent. That's unheard of for metastatic lung cancer. How do you do it?" Bob responded, "We're using Etoproside, Platinol, Oncovin, and Hydroxyurea. You call yours EPOH. I tell my patients I'm giving them HOPE. Sure, I tell them this is experimental, and we go over the long list of side effects together. But I emphasize that we have a chance. As dismal as the statistics are for non-small cell, there are always a few percent that do really well. (p. 17)

The term "hope-based" was used in a study conducted in Hong Kong by Ho et al. (2012) in which they were trying to develop a hope-based intervention for patients who had genetic links to the colon cancer mutation, which is also known as hereditary colorectal cancer (HCRC). Ho et al. observed that health care professionals had begun to recognize that maintaining hope in patients with serious illnesses played a significant role in their overall physical and mental health. Previous studies found that patients who have the HCRC link are more likely to have psychological problems. In Ho's study, participants attended a

hope-based intervention program to see if this could help HCRC carriers cope better. Researchers found that the mutation carriers' levels of hope increased while their levels of anxiety decreased. This was an especially interesting study for me since I also have a genetic link to colon cancer, by way of the breast and ovarian cancer mutation, BRCA1. The researchers conclude that, "One of the strengths…of hope theory is that anyone of whatever background, can acquire the skills to improve his/her pathways and agency; and with proper training, a person can regain hopeful attitudes towards life" (p. 550).

Gum and Snyder (2002) studied the construct of hope regarding terminal illness not only to understand what coping entailed, but also to identify coping mechanisms for those suffering from terminal illnesses. The researchers ~~e~~concluded that hope could help "people identify meaningful and realistic desired outcomes, and harness the resources for pursuing those outcomes" (p. 883). Gum and Snyder added that patients who were dying were "likely to use such active coping if they are hopeful that their strategies will be effective in reaching their desired goals" (p. 883). Gum and Snyder did not find in any literature theories of hope being utilized in death and dying; thus, they not only reviewed Snyder's hope theory, but other ones' as well. According to Taylor (2000):

> Given the indirect association of hope to cancer through optimism and active coping, it is important to consider how an individual's hopeful thinking may be linked more directly to health in general to cancer in particular. Based on initial, albeit limited findings to date, it appears that various health benefits accrue to high-hope individuals. (p. 360)

Within the health area, high hope has been found to decrease depression in patients with spinal cord injuries (Elliott, Witty, Herrick, & Hoffman, 1991) and

increase upper and lower extremity functioning in patients with arthritis (Laird, 1991).

Leadership

Leaders can be found in almost any life situation. They can be found in the home, in healthcare, in workplaces, in classrooms, on sports teams, and in civic organizations. Truly, the list can go on forever. Leadership is defined in many diverse ways, just as there are many different people who have ever endeavored to define it (Burke, 2008; Wren, 1995). Burke (2008) pointed out that definitions of leadership can vary with individuals' perceptions of a leader, experiences in life, and the particular audience. Comparably, Wren (1995) affirmed, "when defining leadership there is no one right answer" (p. 42). Correspondingly, one's values system may very well have something to do with it (Nahavandi, 2009).

Munson (1921)-asserted that leadership is "The creative and directive force of morale" (p. 412). In alignment with Munson's definition, Drucker (1974), in his seminal classic, *Management*, contends, "Leadership is lifting a person's vision to higher sights, the raising of a person's performance to a higher standard, the building of a personality beyond its normal limitations" (p. 288). De Pree (2004) even offers a biblically inspired definition of leadership when he compares leadership to that of a jazz band-- suggesting to "…think about a leader, in the words of the gospel writer, Luke, as 'one who serves'" (p. 12). Conversely, Burns (2003), in his book, *Transforming Leadership,* allows one to think about leadership's flip side, "'Bad' leadership implies *no* leadership" (p. 2).

Likewise, Bennis (2007) supports Burns sentiments when he writes, "…the only person who practices leadership alone in a room is the psychotic" (p. 3). Wren (1995)

states, “The personality of the leader will affect the kinds of behaviors most often used” (p. 98). This can go either way, toward hope or fear and even despair. Wren & Swatez (1995) posited, “Despite its inherent complexity, those who seek an understanding of the nature of leadership and leadership processes are well rewarded by the insights generated thereby” (p. 245).

Wren (1995) believed what distinguishes leaders among people, and particularly effective ones, are traits. Mapes (2007) concluded that “Leaders communicate their vision” (p. 7). These views are supported by Ackoff (1999) who explained leadership vision as a state of mind that inspires creativity. Complementary to Mapes’ view was Covey’s (2005) belief that leaders had four traits: vision, discipline, passion, and conscience, as explained below:

- Vision is “a future state with the mind’s eye…represent[ing] desire, dreams, hopes, goals, and plans;”
- Discipline is “executing, making it happen, doing whatever it takes to realize that vision”;
- Passion “comes from the heart and is manifest as optimism, excitement, emotional connection, and determination,”
- and “conscience, this inner light, is universal and independent of religion, culture, geography, nationality or race…moral law within…the voice of God to his children” (pp. 4-5)

Servant Leadership

Greenleaf (1977) developed his servant leadership approach as a simple concept: Servant, or service, came first. Servant leadership was an approach, not a theory (Northouse, 2013). Anyone could become a servant leader, and those who served did so because they wanted to serve (Spears, 2009). On the other hand, leaders who wanted to lead without first serving may have simply wanted power or material gain (Greenleaf, 1977). One of the most interesting descriptions of servant leadership came from De

Pree's (1992) analogy of a jazz band to explain servant leadership. The jazz band deals with unpredictability, and the servant leader draws out the individual talent of each band member.

Based on Spears' (2009) study of Greenleaf's published and unpublished writings, the servant leader has 10 characteristics:

1. Listening
2. Empathy
3. Healing
4. Awareness
5. Persuasion
6. Conceptualization
7. Foresight
8. Stewardship
9. Commitment to the growth of the people
10. Building community (pp. 2-4)

Yet, Spears noted that these 10 characteristics were not the only characteristics that could make a servant leader. Other hallmarks included a servant leader whose words were congruent with their actions (Lad & Luechauer, 1998), who kept gratitude and the Golden Rule at the core of their leadership (Baker & O'Malley, 2008), whose motive to serve was driven by spirit (Greenleaf, 1998), and who tended to be "a person of faith," who laid a foundation of trust and respect in the community through listening for understanding and through empathy and acceptance (Farnsworth, 2007). . According to San Facon and Spears (2010), servant leaders "embrac[e] a Triple Bottom Line (sustaining people, profits, and the planet)" that helped people "heal, grow, and thrive through mutual caring and trust." (p. 21). DeGraaf, Tilley and Neal (2001) explained that listening to others not only represented a servant leader attribute, but also represented the product of listening, which was a mindset of caring. Beazley and Begss (2002) believed that servant leadership was found in the activities of everyday living. Farnsworth (2007)

suggested, based on Greenleaf's servant leadership philosophy, that every leader should strive for improvement at both organizational and personal levels so that others would become servant leaders.

In terms of servant leadership, Patterson (2003, 2006) was the only author who mentioned fear-based leaders; he talked about fear-based and love-based being at opposite ends of the continuum. Daft (2007) discussed the idea of leading with love as opposed to leading with fear, and he declared that the day for love in organizations had arrived while the days of leading with fear should be in the past. For leaders, fear is manifested in arrogance, selfishness, deception, unfairness, and disrespect; love is manifested in generating dignity, respect, and honor (Patterson, 2006).

Greenleaf (1977) stated that the world may view servant leaders as naïve and may not adapt to traditional hierarchal organizational leadership pyramids. He also explains that servant leaders are benevolent and therefore take action based on their belief system. Additionally, that when they take risk, they assume the best.

Northouse (2013) explained that servant leaders desire to invest in their people. Similarly, Greenleaf (1998) believes that servant leaders share their "strengths" with their people versus other leaders who are more interested in power and are therefore not as willing to share their "strengths". (p. 282).

Business. There have been multiple conceptions of Greenleaf's servant leadership approach. Farnsworth (2007) believed servant leaders were persons of

faith, good communicators, and engaged. Northouse (2013) described how servant leadership works:

> It begins when leaders commit themselves to putting their subordinates first, being honest with them, and treating them fairly. Servant leaders make it a priority to listen to their followers and develop strong long-term relationships with them. This allows leaders to understand the abilities, needs, and goals of followers, which, in turn, allows these subordinates to achieve their full potential. (p. 233)

Northouse's servant leadership blueprint was important because anyone who wanted to become a servant leader had a guide to follow. Additionally, Northouse's suggestions are the foundation of servant leadership. Greenleaf (1998) believed that when "people first" did not exist, *"'strong'* subordinate executives" who were servant leaders could make positive differences among their followers even if their organization's senior leadership was more rigid; he referred to this as "the 'umbrella' effect. Yet, he stated that these subordinate executives "must be really strong in terms of toughness, conviction, and tenacity" (p. 52).

Conversely, Greenleaf (1998) explained that many organizations embodied servant leadership so much so that it became a company philosophy or mission statement. In fact, he stated that many organizational consultants were conducting training and development on the topic of servant leadership and showing how companies could profit under this type of leadership. Given that servant leaders are found at all levels of organizations, hiring managers need only select the right people, who in turn will carry out the mission (Spears, 1995). Greenleaf (1998) and Spears (1998) believed that influencing company employees and even an organization's surrounding community in a positive way

should be first keys instead of company profit. Similarly, Spears (1998) believed that servant leadership was more about group consensus that, like Greenleaf, impacted organizational and community attitudes in a positive way. This style contrasts "the old top-down form of leadership" to servant leadership, which some believe is like, "turning the hierarchical pyramid upside down" (p. 7). According to Greenleaf (1998), "The ultimate model of servant is one whose service is rendered in one's own personal time for which one is not paid" (p. 155).

Education. Nichols (2011) believed that servant leaders in the classroom are more than teachers. They serve first through compassion and by choice. Greenleaf (1996) states that there are colleges and universities who employ servant leaders "who had the talent and dedication to service to give…help to students" (p. 172). He believes more servant leaders, at these institutions, need to step-up-to-the-plate even if they do not have the support to do so. For example, DeGraaf, Tilley and Neal (2001) provided one professor's implementation of Greenleaf's purpose as a servant leader educator: A sign hanging in the professor's office states, Make Me Understand, which conveyed his intention to listen and communicate.

Nichols (2011) posited that servant leader educators need to encourage students to take risks without fear. He explains that teacher leadership is caring, having "unconditional positive regard" and "positive relationships and rapport" (p. 20). Nichols (2011) further believed that school climate needed to focus on safety rather than fear and assess individual students instead of using standardized testing. According to Farnsworth (2007), since leadership is service, those in higher positions have a duty to serve those they lead.

Healthcare. Neill and Saunders (2008), who conducted a study of nurses in a large VA hospital, provide examples of nursing leadership. Applying each of the 10 characteristics of servant leadership they found that "The application of [them] requires a significant investment of leader resources" that, overall, they can not only "…unleash the true potential within [an] organization…", but "…can create a workplace in which each member of the organization is valued and committed to personal and patient satisfaction" (p. 399).

Greenleaf (2003) believed that the word "healing" meant to make a person "whole" (p. 60). Even though he did not talk about servant leadership specific to healthcare, he did refer to the healing effect of servant leadership in his discussion of organizations. The healing effect was one of Greenleaf's 10 characteristics of a servant leader. Similarly, Spears and Lawrence (2004) believed that when servant leaders understood "matters of the heart" of an organization, they could be healing, not only to the organization, but also to the community. A leader who communicated through "listen[ing] and empathiz[ing]" even during a "crisis" reflected the "true heart of the organization" (pp. 140-141).

Research Approach

Autoethnography, which is used across practice disciplines, requires researchers to be the participant, the storyteller, and the analyst of those stories (McIlveen, 2008). Whereas the purpose of an autobiography is to catalog life events, the purpose of an autoethnography is to use it as a method of critical inquiry that has roots in qualitative research methods and is also guided by theoretical constructs.

In autoethnographic studies data analysis can prove challenging as the roles of participant and analyst/researcher are often enmeshed with each other. Data collection can be a lengthy process in autoethnography when the personal narrative and meaning are being contemplated and revised. The process also requires that the researcher is in a state of continually reflecting, analyzing, and adjusting the research during this time. Each chosen narrative must be carefully organized and labeled to promote ease throughout the ongoing analysis (Creswell, 2009).

Morrow (2005) introduced a process that outlines how rigor can be maintained in qualitative research and to further ensure there is quality and trustworthiness in the data analysis processes. She outlines the following concept that can be used in all types of qualitative autoethnographic research: 1) there should be faithfulness to the author's experiences, 2) the author has some level of transformative learning through the narration and analyses of the data, and 3) the themes and stories should inform the reader(s) of experiences and new perspectives on the studied phenomenon (Lindamood & Hannah, n.d.; Morrow, 2005;). The theoretical underpinnings of these qualitative ethical considerations were central in the development of this research and the processes used in the literature review.

Conceptual Framework

The conceptual framework used to guide my study includes Snyder's hope theory (1994), Greenleaf's (1977) servant leadership approach, and the qualitative ethnographic method of autoethnography. I looked for recurrent themes not only from my own data stories and sources, but from the cultural guide interviews I conducted for the purpose of validating some of my selected themes. I then worked to analyze my stories in

conjunction with the stories of others, connect them back to my life story and then to analyze them in terms of how I create a breadth and depth of understanding and meaning from the data collected (Ellis, 2004). I looked at the qualities of a servant leader in relation to hope theory in the three areas of Business, Education, and Healthcare. Figure 4 provides a visual conception of my framework. In this conceptual model, the tenants of hope-theory and servant leadership approach come together through my autoethnography to produce a basis for hope-based action.

The purpose of this study was to demonstrate how hope-based action intersects with a culture of hope. Theoretically, I explained hope-based and servant leadership from the literature. Additionally, I used the aforementioned lenses through which to view what hope meant in my own experiences.

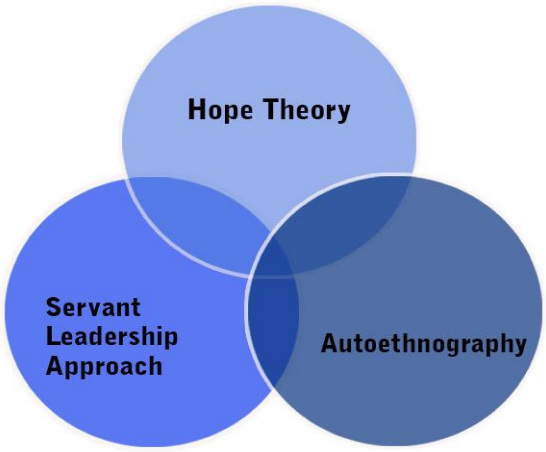

Figure 4. Conceptual Framework.

Relevance of this Study to Workforce Educational Leadership

Gray and Herr (1998) state that, "Workforce education is a professional endeavor" (p. 22). In their article *Leadership Strategies for an Engaged Workforce*, Serrano and Reichard (2011) believe, "Given the apparent benefits of having engaged employees, guidance is needed for practitioners who are training or coaching leaders as well as for leaders themselves, on specific evidence-based strategies to increase employees' engagement levels" (p. 177). Serrano and Reichard (2011) indicate, "Leaders play a key role in producing a work environment that allows employees to feel energized and have opportunities to demonstrate involvement" (p.180).

According to Gray and Herr (1998), "…there are two missions of workforce education. One is to promote individual opportunity; the other, though not necessarily the second in importance, is to promote economic growth by solving human performance problems and thereby increasing productivity" (p. 21). Serrano and Reichard (2011) point out that, "…the academic and applied evidence suggests that engaged employees not only provide organizational benefits such as increased commitment to their respective organizations and increased productivity, but also can personally benefit from being engaged (i.e., satisfaction and health benefits)" (p. 177).

Summary

Hope theory and servant leadership approach are the foundation of what I attempted to understand. Autoethnography is the lens I used to make those concepts come through. It is through this process that I have endeavored to understand hope-based-theory and servant leadership approach.

I concur with Snyder (1994) that thoughts and environment impact behavior. Frederickson (2009b) described desperation and dire circumstances activating hope, whereas Snyder saw cognitive processes in terms of language activating hope. For example, how people speak to themselves and how others speak to them, as well, can influence whether hope is activated.

Chapter 3 will describe the data collection and data analysis techniques used to link the literature review with the analysis that follow in Chapter 4 and conclusions in Chapter 5.

CHAPTER 3

METHODOLOGY

Research Design

Chapter 1 introduced the qualitative methodology of autoethnography and included a collection of the researcher's autobiographical vignettes. Also provided were the purpose of the study, operational definitions, and research question. Chapter 2 provided a review of the literature on autoethnography, hope theory, and the servant leadership approach, which provided the theories and ideas upon which I could understand my data and develop the model presented in Chapter 4. Chapter 3 describes the autoethnographic research design that I employed to gather and analyze the information and data for this study. Specifically, this chapter provides details about the rationale of the study, participants, setting, researcher's role, data collection, data analysis, and study rigor. It also discusses a rationale for using an autoethnograhpic research design.

Methodological Frame

Autoethnography is a research method that has roots in ancient storytelling, finding meaning in the stories, and introspection of self (Ellis & Bochner, 2000). Regardless of how the stories were created and how they were differently labeled, all envelop the spirit and nature of qualitative "narrative inquiry" (Clandinin & Connelly, 2000). It is clear from the literature that some stories are more culturally oriented and some that are more autobiographical in nature. For purposes of this study, the intent was to create a sociocultural context for viewing how my discovery of hope-based action could be a catalyst to improve practices and policies in business, education, and healthcare.

The underpinning of autoethnography is to discover and enhance cultural understanding through the use of analysis of autobiographical experiences. As such, researchers must use a process that allows the mining of personal stories, data assimilation, data interpretation, and finally, a written artifact that can be shared with others. Data is collected using multiple sources such as self-observation, participation, and interviews. Verifying the extracted themes involves triangulating sources and contents.

Rationale for Qualitative Ethnographic Method

Autoethnography was defined by Chang (2008) as "a…method that utilizes ethnographic methods to bring cultural interpretation to the autobiographical data of researchers with the intent of understanding self and its connection to others" (p. 56). Yet, in order to truly understand autoethnography, it is important to first understand qualitative ethnography, which Spradley (1980) defined as "the work of describing a culture" and, "…learning from people" (p. 3). Merriam (2009) explained, "Qualitative researchers are interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to the experiences" (p. 5).

The use of qualitative exploratory, interpretive, and reflexive autoethnography provided a framework to study hope-based action on a truly personal level. The breadth and depth of the self-discovery processes required in ethnography provided a context for examining life and lived experiences from a multi-contextual viewpoint. This spherical and holistic viewpoint allowed me to consider how I found meaning in personal stories from different phases of my life; the effects these life experiences had on others and for myself, and, finally, how I interpreted my feelings, increased knowledge, and findings to

the larger society as a whole (Hesse-Biber & Leavy, 2006). Further, the spherical and holistic viewpoint provided the backdrop to examine hope-based action and its significance in the workplace and particularly in Business, Education, and Healthcare Leadership Areas.

After my diagnosis in June 2012 of endothelial ischemic microvascular pattern coronary heart dysfunction, I felt compelled to write an autoethnography. Ellis (2009) described an autoethnographer as "…the person at the intersection of the personal and the cultural, thinking and observing as an ethnography and writing and describing as a storyteller" (p. 13). Prior to my diagnosis, when so many doctors –especially cardiologists-- could not determine what was wrong with me, I was afraid (and perhaps they were also) that I might not make it. Many of my goals and priorities changed. Bochner and Ellis (2006) explained that autoethnographies captured people in the midst of negotiating their struggles; I realized I was negotiating a mass of data, and because I was already an autoethnographer, I decided to gather together, into an autoethnography, my oral and written field notes, journals, columns, stories, interviews, medical records, quotes, emails, videos, artifacts, photos, cards and letters, and observations. This is also what drove my method decision.

Concepts and Terms Important to the Study

Interpretive

The qualitative interpretive paradigm approach and strategy guided my study since I constructed not only my own reality, but my participants as well. According to Merriam (2009), "Interpretive research…assumes that reality is socially constructed, that is, there is no single, observable reality. Rather, there are multiple realities, or interpretations, of a single event. Researchers do not 'find' knowledge, they construct it"

(pp. 8-9). Similarly, Creswell (2007) acknowledges, "In this [interpretive] worldview, individuals seek understanding of the world in which they live and work" (p. 20).

Exploratory

My overall qualitative approach is an exploratory one because "…that accepts the value of context and setting, and that searches for a deeper understanding of the participants' lived experiences of the phenomenon under study" (Marshall & Rossman, 2011, p. 92). Analyzing my participant interviews allowed me to explore just what it means to lead from the heart and whether hope-based action had anything to do with it.

Personal Narrative

When viewed through narrative, the significance of past events can be understood as fluid (Crites, 1971). Ellis (2009) informs that, "The power of…stories…lay in their ability to elicit 'raw' experiences from readers, which in turn offered a way to convey such experiences to others" (p. 111). Merriam (2009) gives stories credibility saying they:

> Have become a popular source of data in qualitative research. The key to this type of qualitative research is the use of stories as data, and more specific, first-person accounts of experience told in story form having a beginning, middle, and end. Other terms for these stories of experience are biography, life history, oral history, autoethnography, and autobiography. (p. 32)

Reflexivity

The qualitative strategy I chose is reflexivity, explained by Merriam (2009) as one strategy that can be used to give study credibility. According to Creswell (2007), "How we write is a reflection of our own interpretation based on the cultural, social, gender, class, and personal politics that we bring to research" (p. 179). Reflexivity fit my study because I could see the "human as instrument" role that I filled (Lincoln & Guba, 2000,

p. 183). To me, autoethnography *is* reflexivity because being *the* researcher and main participant; I am my own "human" instrument.

Participants

Sampling

When describing purposeful sampling, Creswell (2013) stated, "the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study" (p. 156). The initial purposeful sample of nine participants was selected from Business, Education, and Healthcare Leadership Areas (i.e., three from each). The participants were leaders who significantly impacted my life and created a "culture of hope;" to which they could offer the richest detail. Creswell (2013) asserted that "ethnographers rely on their judgment to select members of the subculture or unit based on their research questions" (p. 155). I personally knew and purposefully selected all nine participants. Table 1 displays how I identified the participants from my cultural circle.

Table 1

Research Study Participants

Business	Education	Healthcare
B 1	E 1	HC 1
B 2	E 2	HC 2
B 3	E 3	HC 3

Though chosen specifically from one of the three areas, some of the participants shared experiences that fell into additional Leadership Areas. For example, if I chose one participant because they were in Healthcare and impacted me from that

Leadership Area, they also may have chosen to speak about their experiences in the Business and Education areas, and sometimes one of the other Leadership Areas became more dominant.

Profiles

B1 is a 30-something white male, marketing executive at an online shoe retailer located in the Western United States who has an undergraduate business degree. He has been with his company for roughly seven years. He helped move me into my residence on one very hot, three-digit day. As he was getting something out of my car, he noticed a few of Tony Hsieh's *Delivering Happiness* books in my backseat.

> "Why do you have those?"
> "Oh, I think I'm doing my dissertation on Zappos."
> "Really? I work there."
> "Really?"
> "Yeah."
> "*Omigosh*, I love it there!"

He then proceeded to tell me that he would help me in any way he could. He treated me with respect, showed interest, and offered to help me succeed. We are also of the same faith. I have observed his words and action and find him to be one of the most humble men I have ever met.

B2 is a fifty-something white male and one of my former bishops of a ward in my church located in the Pacific Northwest. He is also a successful businessman and chiropractor, even mine. B2 would often be seen in his waiting room waving to patients, saying hello, or playing with children. He would typically greet me with a welcoming handshake or a pat on my shoulder, saying, "Cynthia, how are you?! So great to see you!" as I would walk down the hall to one of his treatment rooms. And then he would proceed to ask me all about myself, my family, and anything else to do with my life. It

was as if he had a memory bank of "Cynthia Kimball" facts and could immediately pull them out of his reserve. Yet, he also did that, as best I could tell, for every other patient. The whole time I visited with B2, because that is what it was, "a visit", he would be laughing, cracking appropriate jokes, smiling, being super happy and positive, and complimenting me. And, he would adjust my back, unbeknown to me, in the process.

B3 was a 40-something, white male entrepreneur from a rural Western town who has some college. I was impressed with his moral compass and integrity. One time, about six years ago, B3 even provided me an opportunity to write a weekly column for his newspaper. Even though I would make mistake after mistake, did not have an editor, and was (and still am) a green journalist, he never said a word. Yet, he would frequently call me "champ" or "superwoman". When I tried to thank him for the opportunity he provided me, he said:

> You have already paid it forward to me many times over". In fact, he said, "So many times the personal experiences you chose to share were right on the money with what I needed to hear …and…I hope you realize that the [writing] service you provided to me was not just a personal blessing…But an asset to the flavor of the product I offered…For the communities…Thank you for sharing your light.

I still write weekly columns for that paper even though he no longer owns it.

E1 was a 60-something white female artist, career counselor, teacher, trainer, and then real estate agent who resided in the Pacific Northwest. We met while working at different junior colleges that contracted us out to a large aerospace company as career counselors and trainers (see Appendix B). She is a woman who has been through adversity after adversity yet still embraces them, smiles and moves forward. E1's been a positive light and good friend for over a decade.

E2 is a 60-something white female two-year college vice president with a Ph.D. She was once my academic vice president at a technical college. I do not believe I have ever seen her without a smile on her face. Her nickname conveys light. She was also kind to me, and always encouraged me in my endeavors, even though she was not my direct boss. I have always thought I would like to lead, with hope, as she does day in and day out.

E3 is a 70-something Native American Indian from the Western United States with a master's level education. When I worked at a technical college, we worked together to bring degree programs to a Native American Tribal College that was on the reservation where he was employed. I have never met anyone who wanted to make change to a situation, people, etc., most people would overlook.

HC1 is a 60-something white male education chief at a large government hospital located in the Western United States. He has a master's degree level education. When I first interviewed for an education department internship with him, I did not feel comfortable. As a matter of fact, I was scared of him and did not think I would be selected. Yet, once I got to know him, I found him to be a giant teddy bear.

HC2 is a 50-something Jewish OB-GYN from a large East Coast city. I first met him when I was in his area conducting HBOC education. A mutual friend, knowing of my interest to write a book, connected me to him. Coincidently, HC2 spoke nationally about HBOC. From the first moment I saw him, he was glowing, smiling and beaming with kindness.

HC3 is a 40-something Japanese American white male psychologist from the Pacific Northwest. He is active in his Christian church. He puts his family first. He is in

demand as a psychologist and has been mine. He helped me through my HBOC preventive surgeries and aftermath. He also helped me figure out who I am.

Researcher Role

The quality of a study's sample is a common concern in both qualitative and quantitative research. Most quantitative researchers strive for a random sampling of study participants; however, in qualitative, autoethnographic research, the researcher takes the role of researcher of one's self (Hesse-Bieber & Leavy, 2006). As such, sampling seeks to explore themes and concepts through the lens of personal experiences and to examine these experiences in relation to the self-discovery process. In an autoethnograhpic approach, emerging ideas and feelings drive the selection of new personal narrative sources. Self-sampling can prove problematic if the researcher does not remain true to the qualitative methods processes (Munhall, 2007). In such cases, the researcher must attempt to think broadly prior to the study in order to ensure the narrative data were derived using the predetermined process as a method of maintaining the integrity of the autoethnographic methodology. The goal of autoethnographic study, then, is narrowed; rather than reaching sampling saturation, the goal is to reach data saturation in theme identification. Saturation is accepted when the concepts that can be extracted from the personal narrative are sufficient to produce a theme where meaning can be discovered and a rich and deep understanding of the thematic phenomenon is realized.

Setting

The settings and locations for my study are based on my life pivot points. This autoethnography is set in businesses, healthcare clinics, doctor's offices, and hospitals as well as educational institutions (i.e., community and technical

colleges, colleges and universities, a military education center) in Japan and the U.S. states of North Carolina, Washington, Utah, Nevada, California, Minnesota, and Montana. This study begins in the spring of 1994 when I was living in Okinawa, Japan as a U.S. Army wife and was diagnosed with breast cancer. In the present day (2014), I am a Teaching and Learning doctoral student at the University of Nevada, Las Vegas.

Data Collection

As the researcher and main participant, I used document and interview data from several sources: (a) my personal oral field notes, written field notes and school papers, journals, columns, stories, interviews, medical records, quotes, emails, videos, artifacts, photos, cards, letters, and observations and (b) cultural guide interviews. Examples of data can be found in Appendices C, D, E, F, G, and H.

Marshall and Rossman (2011) believed "a research design…can stipulate phenomenological in-depth interviewing as the sole method of data collection" (p. 7). These participant-leaders who I interviewed were selected for their experience providing me with a culture of hope. Data collection and analysis were guided by Snyder's hope theory (1994), Greenleaf's (1977) servant leadership approach, and the qualitative methodology of autoethnography.

Participants were formally contacted by way of a participant letter providing information on the study, why they were selected, instructions, a consent form, and a list of five interview questions (See Appendix C). Approximately 10 days later, I contacted each one personally (either by e-mail or phone) and scheduled an interview. Each participant used the questions provided and was interviewed at their convenience either in

person or by telephone. Although my participants had a limited role, they helped validate my findings. They were also told the study was designed to define what constituted hope-based action. They were told I would be asking them questions pertaining to their perception of hope-based action as well as the perception of others in Business, Education and Healthcare Leadership Areas; this because they had impacted me in one of those Leadership Areas or healthcare personally as what I have identified as a "cultural guide". For the sake of consistency, I asked my participants the same five questions: What are some instances in which you perceived someone provided you hope? What do you believe was the impact on you of the actions that provided you hope? What are some instances in which you perceived you provided hope for others? What was your motivation for providing hope for others? What do you perceived are the results of these actions? Follow-up questions, such as, "Can you tell me more about that?" or, "How so," were asked to illicit more information. At the end of each interview, I reflected on what I learned from interacting with each cultural guide who encouraged me from each domain. Table 2 illustrates the timeline of my study.

Table 2

Research Study Timeline

Time	Action
January 2013	Defend dissertation proposal
February – October 2013	Seek and gain IRB approval Contact and orient participants Distribute consent forms with questions Collect and analyze data Fold participant interviews into autoethnography
November 2013 – April 2014	Complete study Defend dissertation

Data Analysis

Analysis methods from ethnography (domain analyses) and grounded theory methods (descriptive, comparative and contrast, selective) were used. In addition, Computer Assisted Qualitative Data Analysis Software (CAQDAS), ATLAS.ti, facilitated data management as well as analysis and interpretation (Lewins & Silver, 2007). Snyder's hope theory (1994), Greenleaf's (1977) servant leadership approach, and autoethnography methodology provided the theoretical lens through which I analyzed all of my data.

Merriam (2009) believed "the practical goal of data analysis is to find *answers* to your research questions. These answers are also called categories or themes or findings" (p. 176). The process that I used for data analysis followed patterns that helped me discover meaning in my stories. This process was more spherical than linear and allowed for themes and meaning to be derived from the complexity found in the stories. Chapter 4

will describe how the data were organized, managed, coded, and analyzed to identify themes and findings.

Methodological Rigor

From my qualitative and quantitative courses, I learned that trustworthiness is the foundation of a study and that, without it, it has no credibility. According to Marshall and Rossman (2011), "Because qualitative research proposals are at times unfamiliar to reviewers, the logic supporting the choice of the proposed methods must be sound" (p. 7). For example, I considered Kvale's (1996) suggestions for interviews with enhanced validity: tell convincing stories, theorize, adhere to high standards for researchers, seek negative cases, open interpretations to discussion, and aim for findings that have an impact on the social context surrounding the research.

While conducting these validating interviews, this researcher established a process that supported a nonjudgmental and trusting collegial relationship during the interviews. The interviews began with establishing rapport by utilizing general conversation. The interview followed a pattern of general, familiar themes that had been extracted from the personal narrative and these lead to more specific questions. Whiting (2008) suggested that the qualitative researcher start the interview with descriptive information that is more familiar to the participant allowing each participant to relax and get into the flow of the interview. The questions for the semi-structured interview were written as open-ended and non-threatening in nature. Interview participants who consented to audio recording had full knowledge of when conversations were being audio recorded during the data collection process.

It is challenging to protect the anonymity of participants in qualitative research (LoBiondo-Wood & Harber, 2006). The research is often presented with direct quotes from participants to support emerging themes and theory. Although all identifiers are removed, this researcher was aware that any remarks may still make the participant vulnerable to exposure. Likewise, this is an area, where the researcher is also vulnerable because of the personal nature of the information that is being shared in the personal narrative.

This researcher strived to preserve the anonymity of the participants, and purposefully described this risk to participants as part of informed consent. Confidentiality was maintained at all times during the research. All personal participant identifiers were removed from written data prior to transcription. During all internet connections, the laptop computer utilized a secure mobile broadband network, also to maintain privacy. All records from the study will be kept at the University of Nevada, Las Vegas, College of Education's Department of Teaching and Learning for up to three years after completion of the study, at which time they will be destroyed.

Research Ethics

Ethical standards were followed. This research proposal was approved by the University of Nevada, Las Vegas, Biomedical Institutional Review Board (IRB) prior to the commencement of the study (See Appendix C). The researchers used all the standard measures that are required for protection of human rights. The protection of human subject rights is one area that differs quite significantly from the more commonly understood method of protecting the participant's right to: 1) freedom from intrinsic risk or injury, 2) the right to privacy and dignity, and 3) the right to anonymity because the

researcher is the participant (LoBiondo-Wood & Harber, 2006). It is important to note that in the research analysis and validation process, other participants gave their informed consent if they helped in any part of the research process, including the interviews that were conducted for data validation purposes. As part of the informed consent, the other participants who were used in the data validation period were informed that they may withdraw from the research at any time during the process without any repercussion. Participants were also made aware of the purpose of the research and how the author would be conducting the autoethnographic study. This enabled them to make informed choices about whether involvement in the study may have affected them. The informed consent also included the study's procedures for data collection and management of all data collected (Munhall, 2007).

The nature of qualitative ethnographic research is not one that would inflict physical risk to person or property, however, this researcher was aware that the data collection methods utilized allowed for direct contact with research participants who were being used to help validate the theme selection and ensuing data analyses. This researcher was also aware of the possible psychological and emotional responses related to the process of data collection and made every effort to restrict the validation interviews to the themes that had been teased out of the personal narrative. Although it was difficult to foresee and respond to the unknown reactions of participants, this researcher took steps to minimize the creation of any embarrassment or anxiety that may have arisen during the validating interview processes.

Autoethnograhpic Ethics

After considerable study of the autoethnographic methodology, I realized that ethical considerations could be a challenge. Ellis (2009) informs that autoethnographies, unlike other forms of qualitative research, even ethnographies, "include others in our life…where we have prior connections with participants or develop relationships with them in the course of our research" (p. 307). And because of this, "…the question of how to honor and respect our relationships with intimate others while being faithful to what we perceive to be the truth of our story is a difficult ethical issue with which a researcher much grapple" (Ellis, 2009, p. 307). Chang (2008) agrees: "Protecting the privacy of others in autoethnograhpic stories is much more difficult than in other studies involving human subjects" (p. 68). In two of Ellis' autobiography books, she still struggled with ethical considerations; Ellis told her students in the autoethnography course she taught at the University of South Florida, "there is no one set of rules to follow" (Ellis, 2009, p. 309). Chang (2008) maintained that readers could often determine who the researcher was writing about solely by knowing the researcher. Ellis (2007) acknowledged that "as researchers, we long to do ethical research that makes a difference. To come close to these goals, we constantly have to consider which questions to ask, which secrets to keep, and which truths are worth telling" (p. 26). Thus, I worked to be careful in respecting my participants in every way possible and upholding the highest ethical standards in honoring each of their identities and interviews.

Summary

Chapter 3 provides the autoethnographic research design and the rationale for using autoethnography in this study. Using autoethnography as the research method for

this study allowed me to make meaning of my journey by making meaning of the how the participants created a culture of hope in their organizations. This chapter also included definitions of key concepts and terms, details about the setting and participants, how this study met the standards for methodological rigor, and the methods used for data collection and analysis. Chapter 4 will describe in greater detail the data analysis process and the resulting themes and findings.

CHAPTER 4

ANALYSIS AND FINDINGS

The research question that guided this study was: What is hope-based action and leading from the heart in Business, Education, and Healthcare? Chapter 1 & Abstract I collected and analyzed interview and document data from Business, Education, and Healthcare leaders whom I personally knew, along with my own personal and published documents concerning my experiences related to hope-based action. In this chapter, I used the analysis techniques introduced in Chapter 3 to interpret the meaning of these experiences.

Data Organization and Management

Once I transcribed participant interviews, I then uploaded them along with the autoethnographic data into ATLAS.ti (Lewins & Silver, 2007). Data analysis consisted of selecting key segments from my life vignettes and from my cultural guides' interview transcripts, then assigning codes to specific text, which linked codes to quotes within a transcript.

According to Creswell (2013), qualitative data analysis can be described in five main strategies. The strategies include preparing and organizing the data, followed by reducing through coding, interpreting, and representing the data. I used ATLAS.ti, a Computer Assisted Qualitative Data AnalysiS (CAQDAS) program to complete these strategies. I uploaded text from the interviews and vignettes into the ATLAS.ti database. I followed Harry, Sturges, and Klinger's (2009) model of three levels of analysis. Data analysis consisted of selecting key segments from my life vignettes and from my cultural

guides' interview transcripts, then assigning codes to specific text, which linked codes to quotes within a transcript.

Analysis of Data

I primarily used ethnographic analysis methods along with ATLAS.ti, a Computer Assisted Qualitative Data Analysis Software (CAQDAS) for data marking and coding and text retrieval, which is based on utilizing grounded theory methods. Although I used a software program based in grounded theory methods, I did not use a grounded theory framework for the research design. The software was used primarily to store and retrieve data, and to identify the initial codes and construction of categories. Through ethnographic analysis methods based on constructing cultural categories (Spradley, 1980), I was able to conceptualize the resulting model that illustrates how to produce hope-based leadership. Using ethnographic domain analyses to examine the culture of hope, I looked for recurrent themes not only from my own data sources, but from the nine cultural guide interviews I conducted. Accordingly, I compared my reflections from the participant interviews with the hope-based action elements emerging from my own data. I also explored how the hope-based, heart-centered leaders created a "culture of hope" and how they defined hope-based action. In other words, I then worked to "analyze…[these] stories of others, [of] which…[I] [then] connect[ed] back to [my] story" to find meaning (Ellis, 2004, pp. 197-198). Merriam (2009) contended that

> data analysis is the process of making sense out of the data. And making sense out of data involves consolidating, reducing, and interpreting what people have said and what the researcher has seen or read—it is the process of making meaning. Data analysis is a complex process that involves moving back and forth between concrete bits of data and abstract concepts, between inductive and deductive reason, between description and interpretation. These meanings or understandings or insights constitute the findings of a study. Findings can be in the form of organized descriptive accounts, themes, or categories that cut across the data, or

> in the form of models and theories that explain the data. Each of these forms reflects different analytical levels, ranging from dealing with the concrete in simple description to high-level abstractions in theory construction. (p. 175)

The three levels of analysis described by Harry, Sturges, and Klinger (2009) was used to analyze my data can be seen in (Figure 5). The first level of analysis was descriptive. This meant attaching a name to represent the category. This Level 1 analysis used inductive techniques working from the specific to the theoretical without preconceived notions of the data. Deductive coding, which was incorporated later in the process, used pre-existing codes or concepts from the literature, such as hope-based action from Snyder's hope theory (1994) and hope-based leadership from Greenleaf's (1977) approach. Level 2 analysis involved comparing and contrasting codes and then grouping common ones together. Level 3 analysis used selective coding to identify themes.

Figure 5. Levels of Analysis and Coding.

Level 1 Analysis: Descriptive

Level 1 analysis was descriptive coding. After I uploaded participant transcripts and my personal data, I read line by line, highlighted chunks of text, and assigned a code to it. Using ATLAS.ti, I could always return to the quote when I looked up that code. These initial codes were derived inductively from quotations within participant transcripts and my personal journals, vignettes, and published writings. Following Merriam's (1998) recommendation, I coded at the smallest level possible.

In-vivo, inductive codes. Descriptive codes from my participant's exact words are *in-vivo* codes. One example of an in-vivo code from a participant representing the Healthcare Leadership Area, HC2, an OB-GYN physician was Makes Me Feel Good. This was in the context of providing hope to his patients.

Theoretical, deductive codes. I also created descriptive codes from concepts in the literature, which are *theoretical* codes and use a deductive approach. For example, one concept from the literature was *hope* from hope-based theory. Snyder (2000) described his earlier work from 1991 in which he regarded hope as "a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy) and (b) pathways (planning to meet goals)" (p. 8). Ho et al. (2012) used the term *hope-based* in their study to design an intervention for patients with HCRC. Even though hope-based action was sparsely covered in the literature, I pulled it from hope-based theory; thus, hope-based action is a theoretical code.

In illustrating culture, Spradley (1980) discusses cultural actions, cultural artifacts, and cultural knowledge. For the purpose of this study, I chose to focus on the actions that people in the cultural setting take, especially when enacting hope. To

examine the notion of hope-based action in a culture of hope, I created a domain that is illustrated in Table 3.

Domain: Culture of Hope. Table 3 shows the Level 1 descriptive elements that comprise a culture of hope from the interview question related to hope-based action. To illustrate how these actions compared across the three Leadership Areas of Business, Education, and Health Care, and among the participants in those leadership areas, I created a contrastive analytic matrix. In Table 3, the first column outlines the *hope-based actions* with the three Leadership Areas (Business, Education, and Health Care) in the remaining columns. I further delineated how many of the participants in each leadership area noted the hope-based actions to determine whether major differences occurred among the Leadership Areas. As it turned out, most codes for hope-based action appeared with the same frequency across Leadership Areas, although participants in different Leadership Areas discussed these similar concepts using slightly different terminology, but with the same meanings. These elements of hope-based that were found across settings were the most general components of hope-based action. Those codes that were not evident across all three Leadership Areas (and were, therefore, Leadership Area specific) were *faith, humility,* and *loyalty.* Details about these leadership area-specific categories will be discussed before the Level 3 Analysis is described.

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Table 3

General and Leadership-Area Specific Hoped-Based Constructs

Business, Education, and Healthcare	Participants n = 10		
	B	**E**	**HC**
Hope-based is …			
Action(s)			
Appreciation/gratitude/appreciative inquiry	4	4	3
Approach(es)/delivery	4	4	3
Body language	3	4	3
Care	4	4	4
Communicators/connectors/relationships	4	4	4
Confidence/Belief	4	4	4
Creativity/synergy	4	4	4
Culture/environment/climate	4	4	3
Empowerment/choice	4	4	3
Encouragement/nudge	4	4	3
Engaged	4	4	3
Expectations/goals	4	4	3
Fair	4	4	3
*Faith/God/Spiritual	4	2	4
Family	4	4	4
Finding good	4	4	4
Forgive/apologize	4	3	3
Happy/fun/humor/joy/laughter	4	3	4
Heart-centered	4	4	3
*Humility/unpretentious	4	2	2
Inspire/motivate	4	4	3
Integrity/honesty	4	4	3
Language	4	4	3
Leader/leadership	4	3	3
*Loyalty	4	3	2
Mentor/coach/train/model/direct/guide	4	4	3
Mission/purpose/calling	4	4	3
Opportunity/possibilities	4	4	3
Patient/understanding	4	4	3
Pay it forward	4	4	3
Positivity/attitude/optimism/strength-based	4	4	3
Q&A/name/information/stay interviews	4	4	4
Recognition/compliment/acknowledge/praise	4	4	3
Respect	4	4	3
Safe	4	4	3
Serve/servant/service	4	4	3
Support	4	4	3
Thoughts	4	3	3
Time/present/invest	4	4	4
Trust	4	4	3
Unselfish	4	3	3
Values	4	3	3

Note. B = Business; E = Education; HC = Healthcare.; * = Leadership Area specific code.
Specific Note. Nine participants plus 1 researcher-participant total; 4 participants from business; 4 participants from education; and 4 participants in healthcare. Researcher had background in all three settings.

Faith. Faith was less likely to be found in the Education area than in Business or Healthcare Leadership Areas. I defined *faith* as spirituality or a belief in something (for me, it was a belief in God), as encompassing hope, and as a person who can do something. For example, from the Healthcare Leadership Area, I have faith to be healed. I also feel that faith can encompass hope. For some of my participants, faith meant spirituality or it meant God. To me faith includes all three: hope, God, and spirituality. The following two quotes from my personal data come from the Healthcare Leadership Area and were included under the element of faith:

> Right now it feels just like needles are like going into my chest, all over my chest, and it just feels like it's burning a little bit (breaths in and out). I wish I knew what was going on, but, you know, this is where you exercise your faith and I've found I have faith and that's helped me get through this…

Another personal dataset from Healthcare I categorized as faith was the following:

> This pulmonologist was telling me I was at high risk for having other nodules in my lungs. I could tell he was really worried.
> "You had breast cancer?"
> "Yes."
> "How old?"
> "31."
> "Chemotherapy?"
> "Yes."
> "What combination?"
> "CAF."
> "Radiation?"
> "Yes."
> "Which side?"
> "Left."

Seeing his body language and hearing his sighs and other verbal noises from hearing my answers to his questions and from his reading my patient history, it appeared he felt there were more nodules in my lungs. For some reason, though, due to this, I couldn't control

the tears. Actually, and embarrassingly, I was like a faucet. They simply wouldn't stop. Yet, at the same time, I felt prompted to ask him something.

> "Dr. W, can I ask you a question?" Slowly, looking up from my paperwork he was scouring through, looking me straight in the eyes he said, "Sure."
> "Are you a man of faith?" Pausing for a moment. He said, "Yes, I am."
> "Thank you. That's all I wanted to know."

However, participants' responses were coded as not having faith if they told me directly they did not have faith, as was the case of E2 from the Education Leadership Area:

> I don't have the faith. I really don't have the faith…I'm not angry at God, I'm just, um, I really, my faith is in the toilet, you know, I'll tell you that, that's the truth…

Humility. Humility was also found less frequently in the Education Leadership Area compared to Healthcare and Business Leadership Areas. I defined *humility* as unpretentiousness. Participant data was included under humility if I observed them to be humble and or if their comments about themselves and their accomplishments were humble.

For example, from the Healthcare Leadership Area, here is my experience with one humble leader from my own data when I was one of two patients to serve on the patient education steering committee of this participant's cancer institute:

> I met H, Sr. and H, Jr. when I was a patient at their cancer institute. Yet, it was "Senior" who affected me during their cancer hospital groundbreaking event. There, patients had an opportunity to meet Mr. H, the institute founder and, also, a four-time cancer survivor, a businessman, an author, and a philanthropist. Even though I had heard he was a very wealthy man, I found him to be humble, loving, essentially Christ like, and one who did not display wealth in his words or actions in anyway. I had even heard that H and his wife, K, were accessible; they were often seen walking the halls of the cancer institute, sitting with patients, even during chemotherapy injections, and eating meals with patients, families and clinicians.

From the Education Leadership Area, one elementary school principal, who was awarded a "prestigious Terrel H. Bell Award for Outstanding School Leadership … by the U.S. Department of Education" (Humphreys, 2009), showed humility towards her staff when I interviewed her for the *Deseret New*: "I wanted every one of my teachers to have the recognition because I knew that they had earned it even more than I." She also displayed humility when she commented, "I have a whole bunch of wonderful people that make me look good. So I'm probably not a great leader, it's just a wonderful group who just does it." B3, one of my Business Leadership Area participants, felt strongly about leaders being humble:

> If you invest significantly in [a] culture, you have to be also humble in your approach and be willing to accept it that when you remove [yourself], when you provide these tools, and you remove yourself from the equation … [you] let them kind of build and grow and develop.

From a business area, Stephen M.R. Covey (2006) contended that humility was a leadership trait; he asked, "So how does humility manifest itself in leadership and life?" (p. 64). Sounding very much like a student of Dale Carnegie (1981) or his father, Stephen R. Covey, he explained:

> A humble person is more concerned about *what* is right than about *being* right, about *acting* on good ideas than *having* the ideas, about *embracing* new truth than *defending* outdated position, about *building the team* than *exalting self*, about *recognizing contribution* than *being recognized* for making it. (Covey, 2006, p. 64)

Similarly, and also from the Business Leadership Area, Hayes and Corner (2011) proclaimed humility to be a vital trait of leadership because followers and leaders were united through a humankind union. Covey and Hayes' as well as Corner's viewpoints may be supported by *Good to Great* bestselling author, Jim

Collins (2001) who noted "good to great" leaders were from another planet; specifically indicating they were "self-effacing, quiet, reserved, even shy…[with] [a] blend of personal humility and professional will" (pp. 12-13). Think Tony Hsieh, think Mother Teresa. Baker and O'Malley (2008), who applaud the work of Collins and feel that humility has largely been brought to light based on his research, and believe if humility does not balance out pride "…people who seek out the spotlight can behave excessively" (pp. 61-62). Unfortunately, in my journey to find out who I was, I believe I was, at times, anything but humble, and I behaved excessively, as Collins described.

Loyalty. The participants' data from the Healthcare Leadership Area was least likely to be coded as loyalty and from the Business Leadership Area was most likely to be coded as loyalty. I defined *loyalty* based on Stephen R. Covey's (1994) being loyal to the absent definition. Covey believed that when people were loyal, they showed true character. Additionally, he believed that one should be loyal to those who were absent, especially when their name and information come up in conversations that he referred to as "the ultimate test of principle-centered leadership" (p. 1). Covey believed being loyal to those who were absent was giving them the benefit of the doubt and assuming the best of them. He also believed that the impact of being loyal to the absent could help create a high trust environment. Participants' interview data were not coded as loyalty if they gossiped or spoke unkindly of others. Yet, here is a phrase I coded from one of my participants, representing the Healthcare Leadership Area, when speaking about his wife:

> You know each day when I go to work, as you well know, you do the same, you get out in the world and you see all this junk, but it's so nice to come home to somebody you can count on. So I think the very most important characteristics in an individual are integrity and loyalty. Those are some pretty incredible things she's able to show for the last 27 years.

Level 2 Comparative Taxonomic Analysis

Level 2 analysis used comparative analysis, resulting in a taxonomy that shows the relationships within the domain (Spradley, 1980). To compare the elements within the Leadership Areas, I grouped them by their properties and dimensions of those properties. I compared and contrasted elements with one another so that I could start grouping them together and looking for relationships among the particular elements. I reduced the original elements based on density (the number of connections to other elements) and groundedness (the number of times it was used). I then further distilled these elements into 5 categories (Figure 6) according to how they impacted me when I first encountered them.

Taxonomic analysis of a Culture of Hope. Figure 6 illustrates the taxonomic grouping of the elements comprising the Culture of Hope Domain into five categories of: *Communication*, *Guidance*, *Mindset*, *Motive*, and *Value*. These categories comprise the characteristics of a leader who is taking hope-based action.

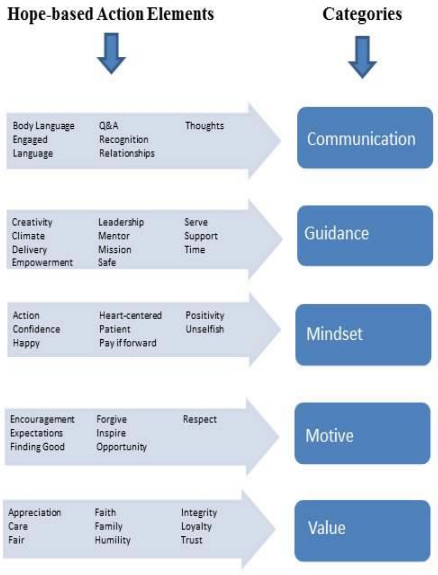

Figure 6. Taxonomy of Hope-Based Actions Related to a Culture of Hope

Essentially, I was looking for the most important categories that linked my experiences with those of my participants.

Examples of elements in the cultural categories in the Culture of Hope. For each of the five cultural categories related to the Culture of Hope, I will describe one element for each category as an example of how the data translated into the element under the specific cultural category. In particular, for *Communication* I will describe the elements of *questions and answers*, for *Guidance* I will use an example of *being a mentor*, for *Mindset* I will use an example that describes *positivity*, for *Motive* I will describe *encouragement*, and for *Value*, I will describe *trust*.

Communication example: Questions and answers. Several quotes from my participants demonstrated the element of *questions and answers* within the cultural

category of *Communication*. One person from my personal data, describing a time when I was a patient in an ER, displayed excellent communication in their questions and answers:

> "You need any Kleenex, you need any Kleenex?" this Mother Theresa like woman said as she limped towards me.
> "Oh, no thank you."
> "Are you cold?"
> "I'm freezing."

Less than five minutes later she proceeded to delicately place a warm blanket on me as though I were her child.

> "Thank you *so* much.
> That's perfect. It's just what I needed. By the way, what's your name?"
> "Roseanne. I'm just the housekeeper."
> "Roseanne, you're not *just* the housekeeper. You're taking excellent care of me!"
> "You sure you don't need any Kleenex or anything else?"

Another time when I was a patient in the ER at a large prestigious mid-Western hospital showed excellent *Communication* and *questions and answers* when he was talking to me, stopping mid-sentence and turning to one of the nurses accompanying him and said, "Hey, I'm sorry, did you have a question?" HC1, also illustrated *Communication* and *questions and answers* from a sweet description of life at his dinner table growing up:

> …we'd always eat at the table. We always had a set down formal dinner at 5:30 sharp. And none of this, we'd listen to the *High Five*, but we wouldn't watch TV. And one of the classic things my parents did … some of the things they'd always do, they'd always ask you how you did and then give you positive reinforcement for whatever it is you did. And that was the other big thing in school they'd always ask us. We'd be eating dinner, and they'd always ask us what we learned in school today. You know, it was the standard question. So we always had to have an answer because if you didn't they would want to know why if you were goofing off or not, so you always had to have something so that was like, unbeknownst to us, both I and my sister, they were reinforcing the positive aspects of learning … that this matters and all that.

Conversely, E3, a tribal educator, representing the Education Leadership Area, illustrated how the elements of *questions and answers* was anything but a hopeful experience:

> When I was a senior in high school. We were getting ready for graduation and during lunch hour one day we were all sitting on the fire escape outside of the school house. And the principal was standing out there, the high school principal, and, we were talking about what we were gonna do. And, [he says] "Are you gonna go to college," or "You gonna go to college," he was going around there, and I said, "Yeah, I wanna go to college," and he looked at me and started to laugh and he says, "CK," he called me CK, "You'll never make it. There's no use in you wasting your time going to college."

Yet, that negative feedback from E3's principal may have motivated him to not only complete a college degree, but more:

> When I saw him a few years later, I was able to say, "Hey, you remember that day?" And he said, "Yes." Well, that was right after I got my master's degree.

Another example comes from my personal data set and from a trainer who was not hopeful in a training class. This example also represents the element of *questions and answers* within the cultural category of *Communication*:

> From the very start of the training, the trainer was not nice to his trainees. He was condescending, made jokes that were belittling and would humiliate you if you asked a question. To him, every question was a stupid one. But if you were brave enough to ask a question and tried to appropriately defend yourself after he humiliated you, your treatment got worse. It was obvious that our body language, fear and lack of questioning spoke of our dissatisfaction with his teaching style, which was not conducive to learning. (Kimball, 2010)

Guidance example: Mentor. Several quotes from my participants will demonstrate the element of *mentor* in the cultural category of *Guidance*. B2, a participant from the Business Leadership Area

> recalled early on in his career, calling up a seasoned chiropractor, who ended up being his mentor actually, and for only $25 a year, could contact him anytime for advice. "Yup, I've been there, done that, this is what you need to do," the seasoned chiropractor told the novice. "…in 45 seconds, the guy gave me the information I needed and that is a powerful source of learning. I [didn't] have to learn on my own."

He also enthusiastically explained how he was able to pay forward that mentorship role:

> My nephew's graduated about a year ago, as a chiropractor, and he is under water and is trying to figure out how he's going to survive and he called me up out of the blue, and I was thinking about him too, probably about two weeks ago, and he had the exact same questions that I had for Dr. Street 20 years ago. And it was so nice to be able to provide to him the inspiration saying, "You're going to make it. Just keep your overhead low, get some of the business concepts and also persevere and work hard and be honest with people. After hearing that you could tell his tone conversation went from desperation to hope to, "Ah, I think I can do this." Again, the motivation is, "If I can do it you can do it. You guys can do, you just have to." I think I answered that question directly, in that case, you know audio, just listening from his voice from panic to hope and possibility that, "Hey he's going to make it."

Not only did B2 have excellent work mentors, and then became one himself, but he also found them in his personal life:

> My dad was a good role in being able to teach you that when you go through adversity that you might have to go through a mourning process, but there was always a light at the end of the tunnel and a silver lining... That was probably my number one impact but later in my life, my wife in particular is probably one of my best examples to understand that there's always a better day coming. Hope is a huge subject, but I feel grateful that I've got people in my life that provide hope in the way that they talk and in the way that they act and I've seen that in both of those individuals in both ways.

From my personal data, one teacher I interviewed for a *Deseret News* article, spoke highly of her principal as a mentor, also demonstrating the element of *mentor* in the cultural category of *Guidance*:

> "She's an awesome lady. She will stop at nothing to help kids learn and she's super supportive as a mentor," even staying late to talk to a teacher for hours. "Her door is always open. You can sit and vent and she offers suggestions. I've really appreciated her as a principal." (Kimball, 2010)

One last example of a participant, E1, from the Education Leadership Area, demonstrated the element of *mentor* in the cultural category of *Guidance*:

> I knew deep down inside it was my mission to influence others in the academic arena so they could obtain and retain employment. And so that their confidence could improve and that the fear of academics would diminish. That was my motivation; that I knew what my mission was. Then people were sent to me that were role models. I watched them and how they did it and I was very moved how they made others' lives better. And that's what I wanted and that's what I want now. All I want is to be an influence on others so that their lives get better. I do not have to be a CEO or president of the United States, or a beauty queen, not to be VP or director, but all I want, before I die, is to influence others so that their lives get better. It's my mission and then the rewards are tremendous. When I'm in my mission and I'm influencing others and their lives get better and I see that they function better than they did when I met them and they go on and say that they obtain and retain employment, that's what influences me. Maybe they search out other things to make their lives better, maybe therapy, maybe read books on self-help, maybe they go on for more school, but they want more; they want more after they've left me. It does not end there.

Mindset example: Positivity. Several quotes from my participants will demonstrate the element of *positivity* in the cultural category of *Mindset*. HC1, a participant from the Healthcare Leadership Area, an educator, described the positive view as, "sounds silly, but it's the old half full glass.…you need to have clear expectations." He also defined hopefulness as optimism and felt, "negative news sells, but …. I think there's a lot more positive stuff going on." HC2, another Healthcare Leadership Area participant, a physician, said he looks at the list of patients he will see every day:

> This person is never happy. And I do not know if it is because they never have hope. I do not know if those roads cross over, but I think that they do, and every time they come into the office they zap the energy out. You know, instead of giving positive energy they're taking away that positive energy, that's the way I look at hope. And there're other people that even in the worst of times, they still give off such a positive feeling. They always see the good in things instead of the bad in things. Overwhelmingly giving hope and receiving hope is, you know, it really makes a big difference. A very, very excellent good difference and I've seen it, again, in 100s of patients that I've taken care of. Giving them hope has been such a positive thing for them and for me. To me, giving it I feel good. And watching them receive it.

B3, a participant who is an entrepreneur represented the Business Leadership Area and provided positive feedback to me when I interviewed him about a column I wrote for his newspaper:

> …you have no idea how you've impacted the people in that community. I saw women who were raising children that those experiences that you had, had just changed them, [that] they look forward to that every single week. [Your columns], like that little ray of hope that you put into that newspaper, was such a blessing to so many ladies and not just ladies, but ladies that I know [who] have specifically come to me and said, "Who is she? She's such a light to me." And you know what, that was a solid piece of my paper that I was so gracious to put in every single week because I knew that people [were] reading it and that they loved what they were getting.

B3's feedback was crucial to me. Prior to that, although B3 did praise me often and assured me of my writing abilities, I still found I had fear and wondered if what I was writing was helpful. Similarly, from the Education Leadership Area, E2, an administrator at a state post-secondary school, illustrated positive thought:

> I really want to see others do well. I want my students to do well. I want my colleagues to do well. I want the people I work with to shine, and I really do mean it and if there's a way I can facilitate that I will. I do, every day. I think it's just part of moving a college forward. Moving a unit forward and, that's where I got thinking about encouragement because I do a lot of [it], but I do it to provide that reaching for something better. It's easy to get mired in day to day details and discourage[ment] or just apath[y] which is probably worse. I think that if we're all not moving to improve processes, you know, improve our students access, then we do get stagnate and that's not good for a department or a unit or a college or a nation for that matter. So, I really, I just want to be a part of that. I want to be known for that in some way, I like doing it; it makes me feel good.

E2's positive outlook was supported by Kowalski and Billings (2008) who suggested classroom instructors ponder how many times questions in their classroom might be phrased more negatively and focus might be on what is not working opposed to positivity and what is working.

Motive example: Encouragement. Several quotes from my participants demonstrated the element of *encouragement* within the cultural category of *Motive*. One In particular comes from the Healthcare Leadership Area, specifically from E3, who stated:

> I've gotta go back to my parents…they never told me, "No you can't do that." If I had an idea or wanted to try something, they would only give me encouragement. And that was probably the biggest thing [they]] gave me the courage and drive to go on and try things I probably wouldn't have if I'd gotten disapproval from them.

Similarly, HC1, representing the Healthcare Leadership Area, demonstrated the element of *encouragement* within the cultural category of *Motive*:

> Encouragement is also what I call hope. To be encouraged the outcome is hope. From day one your parents always encourage you. That's the old American dream; you can be anything you want to be.

Westburg and Martin (2003) found in their four-week study that focusing on hope is better than not focusing on hope. This finding supports the encouragement philosophy of E3 and HC1's parents.

One educator, from the Education Leadership Area, a retired military chaplain turned college professor, although not one of my participants, also demonstrated the element of *encouragement* within the cultural category of *Motive* after my breast cancer treatment and a divorce:

> Cynthia, you over-achieved. Great insight. Tremendous work. Work on making answers shorter. A+ on text. Thanks for hard work, Tom.

I love that he sandwiched feedback amid compliments. Other times he wrote "excellent" or "great reflective notes!" next to a smiley face or "superb" with two exclamation points.

I liked that he was humble enough to use his first name, and most times he signed off with "Tom."

One more example demonstrating the element of *encouragement* within the cultural category of *Motive* was represented by the Healthcare Leadership Area. The example was taken from the time I was waiting to be discharged from one hospital, still with heart symptoms, and not buying my angiogram results told by the cardiologist, "Your breast implants are causing your highly abnormal stress tests." So, I quickly, while on my hospital bed, Googled my symptoms and found the WISE study being done at a major heart center on the West Coast. I immediately shot the lead researcher, Dr. M, a cardiologist, an e-mail. To my surprise, within 10 minutes actually, I received an e-mail from her stating, "You are closest to our Women's Heart Center and may also be eligible for some free testing. I am cc'ing my staff to coordinate with you if desired."

Another example demonstrating the element of *encouragement* within the cultural category of *Motive* is from E1, an educator whose verbal and nonverbal behavior was congruent:

> In [her] presence, you feed good. She is one of those people you crave to be around because there's this positive energy, light and aura … When you leave [E1's] presence, you want to do and be better. Somehow, even her nonverbal behavior instills confidence, not to mention … words like "You can do *anything*" and I believe in you.

One of my participants representing the Healthcare Leadership Area, HC2, an East Coast OB-GYN, demonstrated the element of *encouragement* within the culture category of *Motive* by urging a patient forward until they reached that light of hope. HC2 frequently saw patients who could not become pregnant, and he would say to them:

> "I'm telling you, today, not to even hope. I'm going to tell you that we're going to do this [have a baby], and we're going to be able to go ahead and do it."

Notice the use of the pronoun “we’re”. HC2 also said:

> “The way we were talking about it gave them hope that that would happen and, dozens of people who came back one year later would say, ‘You know, you gave me so much hope that day. I was crying for my miscarriage, but you stood there and said you’ll see, one year later you’re going to have a baby, and it helped me so much.’”

HC2 continued:

> “So hope is an unbelievably strong good thing and I really believe that more people should adopt that in business and family and all the way up and down.

Conversely, an example not demonstrating the category of *encouragement* within the cultural category of *Motive* stems from the education from one instructor who engaged in favoritism:

> Sometimes she would come ill-prepared for class and even tell us so. So she’d call on students who had experience on that particular class topic to essentially teach the class. However, if you were not a favorite, even if you happened to know the topic, you were discounted and overlooked until one of her favorites had the answer. Oh yeah, and if she didn’t like you, she told you so through your grade. One time, throughout [one of my] class project presentations, the professor rolled her eyes to her favorite students and vice-versa as if to say, “Can you believe this?” Her negativity and disgust for me was so thick I could feel it.

Similarly, an example not demonstrating the element of *encouragement* within the cultural category of *Motive*, is from one of my own experiences within the Healthcare Leadership Area:

> The doctor enters. Takes a seat on this round stool with wheels. I then hear him pick up that huge metal device I just noticed and assume he’ll insert it in me. “But he doesn’t know my name! He hasn’t even asked how I am! We don’t have this connection!” I’m mulling over, yet he’s going to enter my lower extremities? And that’s when I blurt out, “Um, excuse me, could you please tell me what you’re doing?” (wondering if I even have the right to ask. “What do I mean, of course I have the right to ask!”)? Looking irritated, both doctor and staff member look at each other, then to me. There is no hand on my leg to reassure me everything will be okay. There’s no, “It’ll only be a second and you’ll be okay.” There’s no, “It's okay, honey, I’m/we’re right here.”

Discouragement prevents a follower from reaching the light of hope. For example, Dr. Drill Sergeant, a cardiologist on call in one ER, missed diagnosing the heart symptoms I was having and scolded me, "There's nothing wrong with your heart…you need to get on with your life." One month later, though, I was correctly diagnosed with endothelial ischemic microvascular pattern coronary heart dysfunction. Frederickson (2009) believes, "Every person who flourishes has warm and trusting relationships with other people, whether it's with a spouse or romantic partner, close friends, family or all of the above" (p. 191). Belschak and Den Hartog (2009) provided the interesting finding and suggestion that "managers should strive to find ways to help subordinates cope with emotions accompanying negative feedback" (p. 289). O'Driscoll & Beehr (1994) believe clear, objective feedback offered in a supportive spirit can foster positive emotions. This literature supports that encouraging feedback can help people cope better, illicit positive feelings and enable trusting relationships to occur as illustrated in B3's example, an entrepreneur representing the Business Leadership Area:

> "Well, this isn't your fault, [B3], this is my fault…I'm so sorry." To which he told me, "She took the pressure off of me. I went through that song and sang it the best that I knew I could. And when I got done, every one of my peers stood up and gave me a standing ovation. And for me, that inspired such incredible hope that I actually had something that I could offer people and bring them joy."

Value example: Trust. Several quotes from my participants demonstrated the element of *trust* within the cultural category of *Value*. The first one comes from B1, a marketing executive representing the Business Leadership Area:

> What we try to do is find people that are really polished already and then we want to make them better. And so we spend a lot of time finding the right person. Somebody that has the core values, that's humble, that's passionate and determined, that's a little weird, a little off, but basically, what we mean by that is that they're willing to make fun of themselves. They do not care so much about their own pride, their own ego. If you get that core chastity built you can add onto it. And that's where you can lay your responsibility on it and you can build on top of a really solid foundation like that. So we find people that have that … we tend to think, "How can I get this person below me into my position as fast as possible? How do I get them to mature, to develop the skills and abilities so that they can take over?" You know, in other organizations that would be foolish, you hoard your information and you hoard your expertise because that's what makes you marketable. That's what makes you successful and that's what you're paid for, paid to do. But in an organization like ours, where we trust and we instill that trust in our leadership, yet when they do develop those people and they're developing themselves at the same time, they're promoted and developed as well. And so you have to have an organization that really honors that, build that trust so that the management feels like it is safe to do that.

Likewise, HC3, a psychologist representing the Healthcare Leadership Area, demonstrated the category of *trust* within the cultural theme of *Value*, and although a rather long example, I feel it imperative to share it in its entirety to get the full meaning and impact of HC3's example of how important trust was to his elementary school teacher:

> And my kindergarten teacher was mediocre at best and I did not really like my first grade teacher, but the second grade teacher was very different and even beyond second grade I never really met another person who was just really caring as she was, at least from my experience. And she did a lot of things, very little things that some of the other teachers just did not really do … I felt that she really paid really individualized attention that was more than just the pleasantries. And I remember not just to me, but she would do this to other students to. So it was just kind of in her nature to pay, especially when you're 6 or 7 years old, to give you attention that would be very encouraging and, I think those are the things I remember, she was very encouraging and also very attentive to when, you know, us students or myself, might be struggling with not knowing what to do with the task or the assignment and would take time to make sure that she tapped into, and this is as an adult looking back, to tap into the anxieties or the worries that I may have had at the time. She would attend to those first before getting back to the actual assignment. That was a very powerful thing that I recall. And you know how some teachers can just encourage you, to keep at it, but this particular teacher would first try to address and recognize and help me or another student with their worries, then get back to the assignment. And that I found was a huge particular different in this particular teacher. You know as far as her teaching skills they were probably about the same as any other teacher, but her presence and her personality and her being were very, very different. And I think looking back on this it was just her nature. She was probably like that at work and away from work. And so that has affected me to this day I could still remember very vividly, not just her name, but even the sound of her voice, where I sat in the classroom, those kinds of things. And, one vivid memory I remember, I do not remember the exact assignment, but it was a project that, whenever a student made effort, regardless of the grade, she would recognize them in public. And I remember my first grade teacher. She would actually shame students in public and I had a friend in first grade who sat in the row to the left of me one desk behind and he got in trouble one day and the teacher just lost it on my friend. And by today's standards it would have been abusive. I think he took a bite of his snack or something during class, and she saw that, so she came over, and actually hit him, and then he started to cry and then, this was like a month into school, so, yeah, I was always, always afraid of that teacher. But that would be public shaming. And this second grade teacher. She did the exact same thing, but the other direction. She did the public recognition or the public praising. And when she would do public praising and it wouldn't be just singled out, she would do that for everybody; it made it so that, at least for me, I was never ever, ever afraid to be in that classroom. Which meant I was never ever afraid to try and even if I goofed, I was never afraid of that.

Having established taxonomic relationships of hope-based actions in a culture of hope, I recognized that the culture of hope is also a philosophical stance taken by the leaders in these hope-based areas. What also became evident in the narratives of the

participants was that one cultural category, *Mindset*, stood out as a way that these participants created a heart-centered setting for themselves and for their constituents. This realization led to further examination of what constituted a heart-centered mindset. To do this, I used Spradley's (1980) structural questions related to the category as represented in Table 4.

Each of the three structural questions concerns enactment of a heart-centered mindset. The first structural question illustrates the elements that were properties of a heart-centered mindset. Once these properties were delineated (safe/trusting, caring, positive, supportive, and empowering), I asked the next structural questions: What are the ways of doing a heart-centered mindset, followed by what are the dimensions of those properties in a heart-centered mindset?

For example, asking, "What are all the ways to be safe and trusting from a heart-centered mindset," one answer could be that making mistakes is acceptable. Then I asked, "What are all the ways to be caring, supportive, and positive through a heart-based mindset?"

Table 4

Analysis of a Heart-Centered Mindset

Domain Analysis Steps			
Semantic relationship:	Inclusion	Means-End	Inclusion
Form:	X is a property of y	X is a way to do y	X is a dimension of y
Question:	What are the properties of a heart-centered mindset?	What are the ways to enact a heart-centered mindset?	What are the properties/dimensions in a heart-centered mindset?
Included terms:	Safe/Trusting Caring Positive Supportive	Making mistakes is okay Attending, following, and reflecting verbally and nonverbally	Determine extent of mistakes Assess listening skills
	Empowering	Having positive regard Believing in others competence	Look for evidence of respect for all
	IDENTIFY NEEDS	IMPLEMENT APPROACHES	MONITOR THE IMPACT

Note. Source is Spradley (1980).

The analysis revealed the elements of attending, following, and reflecting verbally and nonverbally, which leads to having positive regard and believing in others' competence. The final structural question, which examines the dimensions of those properties of a heart-centered mindset, results in a leader who determines the extent of the mistakes, assess the skills, and then finds a way to show respect for all.

Level 3 Analysis – Thematic Development

In Level 3 Analysis, according to Harry, Sturges, and Klinger (2009), the primary task is to ask which themes are embedded in the conceptual categories. The researchers explained Level 3 as being the thematic level describing the "underlying message or stories" (p. 5). A Level 3 analysis requires the researcher to reduce the data to manageable levels to find patterns and themes. In this study, levels 1, 2, and 3 tie in together because I started describing them in Level 1, then reduced them by comparing and contrasting them in Level 2, and finally interpreted the data to find themes in Level 3. Hope-based, heart-centered action is what can intersect all three Leadership Areas. My narratives are the interlocking cases. They all have something in common with the other.

A hope-based philosophy at the center of hope-based culture is comprised of five categories of *Communication, Guidance, Mindset, Motive,* and *Value*. The category of mindset was further examined as being the basis of a heart-centered leader and stems from the elements of being trusting, caring, positive, and supportive, resulting in empowerment of the constituents. In the cases I examined, these heart/hope-based leaders took the time to identify the needs of their constituents before they attempted to implement approaches for them to be successful, and then they monitored the impact of those approaches. Therefore, the overarching cultural theme is that a Hope-based philosophy, with a Heart-centered mindset that results in a theme of Heart-based hope as a model of leadership that results in empowerment, positive regard, and respectful impact.

The result of combining the hope-based philosophy with a heart-based mindset resulted in three components of what I termed the Heart-based Hope Model of

Leadership (H2L). The following example from the Business Leadership Area illustrates how this model can be enacted.

An example from B1, a marketing executive from a large e-tailor, from the Business Leadership Area, regarding the domain analysis of a heart-centered culture, shows clearly each property of this type of culture (safe/trusting, caring, positive, supportive, and empowering) in the following story (although rather long, I felt it necessary to include due to it capturing all properties of a heart-centered culture):

> …one of the things that is so unique about Zappos is the leadership from the very ground up is built on this of fail forward fast mentality that success is bread through continual failure and persistence through that failure and I am certainly one of the larger beneficiaries of that core value.

Covey (2006) found, in *The Speed Trust*, that, "Smart leaders create an environment that encourages appropriate risk-taking, an environment that makes it safe to make mistakes" (p. 182). B1 continued:

> You know, about four years ago, we were adjusting our marketing mix and, one of the larger channels within the mix was the affiliate program. And these affiliates, they tend to cost more. They're a large part of the business and so, as a manager in this group or a director, my responsibility is always to lower the cost and adjust the mix so that I can maximize the return against it. And I identified an area that I could go ahead and make those adjustments and one of those areas was some movement between two different channels, and so I introduced some terms against the affiliate program that would allow that traffic to be picked up through another channel. And so we introduced the terms and then over the course of about a month or a month and a half or so, our sales dropped, pretty significantly. So we lost probably between 10 to 15 million dollars. And during this kind of transition, our, CEO and CFO called me in and asked, "What happened? How did we do this?" And I'd been with the company for three years by that time and so I wasn't; I knew the culture, but at the same time, it's a pretty big mistake to make. So, I went into the room kinda thinking, "I could lose my job here," but they just sat down and calmly asked me, "Well, what is it that we did?" and "Why were the reasons we made the decision?"

Notice the adjective "calmly" and the use of the pronoun "we". According to Belschak and Den Hartog (2009), "Managers may be better off framing their feedback to subordinates in a positive rather than a negative manner whenever possible as this stimulates positive affect, which comes with decreased turnover intentions and increased employees commitment and OCB [Organizational Citizenship Behavior]" (p. 298).

B1 continued:

> And I went through and white boarded out the explanation and how we came to the decision and what, based on the data we had, it was the best decision we could make, but that we failed and as a result, we rolled back and to my somewhat surprise, though I'd had other actions with them in the past, but I was still somewhat surprised, they, both T and A kind of looked at me and said, "Well, sounds like we learned a lot." And I said, "Yeah, absolutely."

Notice the pronoun "we" once more even though B1 made a 10-15 million dollar mistake. As the literature shows, "How managers act…can and does affect the talent of the organization. Talented people will not flourish in an environment that does not encourage them, and they will not grow when their managers take them for granted, do not challenge them, or have a low regard for them" (Rothwell et al, 2010, pp. 11-12). B1 continued, "And then they started to talk about what it is that 'we're' going to do to fix the problem." Once more, notice leadership's use of the pronoun, "we're". According to Van Dierendonck and Patterson (2010):

> In the context of leadership, Winston (2002) seems to offer a most compelling insight into the nature of love within leadership. He encourages leaders to see followers as hired hearts instead of hired hands; this admonition is born out of *agápao* love. *Agápao* love is a moral love, meaning that the leader should do the right thing, at the right time and for the right reasons. Patterson (2003) calls this love the cornerstone of the servant-follower relationship, fostering a deep connection between leaders and followers, a connection that is not only deep but also strong. Leading with fear and leading with love appear to be at opposite ends of a continuum (Patterson, 2006, p. 68).

According to Athens (2008):

> What does love have to do with leadership? … I'm going to tell you I think it has everything to do with it. I'm going to tell you that I don't think you can be an extraordinary leader unless you love your people sincerely. Let me repeat that. I don't think you can be an extraordinary leader unless you love your people sincerely. (p. 4)

Themes and Key Findings

The Heart-Based Hope Model of Leadership (H2L)

I examined the actions that constituted a culture of hope and then identified the overarching categories: *Communication, Guidance*, *Mindset, Motive*, and *Value* (as seen in Figure 6). What I found is that hope-based actions alone are not sufficient to arrive at a Heart-Based Hope Model of Leadership (H2L); heart is the basis for hope; an action-based model to enact a culture of heart-based hope. Heart is the basis for hope and the H2L Model places heart at the center. Heart-based hope begins with leading from the heart with a heart-centered mindset to get to hope. In other words, the cultural components, categories, and elements are operationalized by the H2L Model. The five cultural categories (*Communication, Guidance*, *Mindset*, *Motive*, and *Value*) transport leaders from hope-based action to a heart-based culture. The H2L Model components (Identify Needs, Implement Approaches, and Monitor the Impacts) operationalize all the cultural elements and the categories. The heart-centered is the vehicle to get to hope-based and gets leaders to the heart-based hope (see Figure 7).

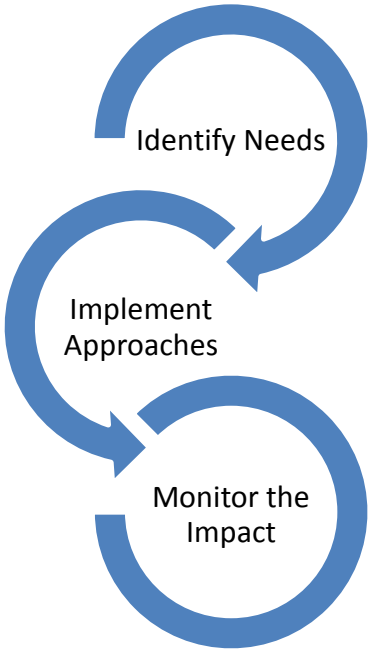

Figure 7. The Heart-Based Hope Model of Leadership (H2L).

The model will be discussed further in Chapter 5.

Data analyses suggested three findings based on the three components (in parentheses after the finding).

> Component 1. Even culture-of-hope leaders have some fear-based behaviors and hope-based cultural guide/leader is needed most when we are suffering, scared, confused, unsure, belittled, bullied, or ignored. (Identify Needs)
>
> Component 2. Hope-based actions can be learned (Implement Approaches)
>
> Component 3. Hope-based action comes through leading from the heart (Monitor the Impact).

The term heart-based was not found in peer reviewed literature. However, Daskal (2014) reported from an interview with author Jesse Lyn Stoner, Stoner's thoughts on heart-based leadership:

> The heart has to do with making genuine human connections. I don't think you can really listen to another unless you see and respect them as fellow human beings. As leaders, we need to remember that organizations do not exist without people. You can know where the organization needs to go, but you can't get there without the people. You can have the right strategies, but they cannot be implemented without the people. People are not *part* of the organization, they *are* the organization. We need to stop thinking of people as human resources and remember they are human beings. We become unbalanced when we are so task-oriented, goal-oriented or focused on the enterprise that we forget that each individual matters.

Furthermore, the founder of the Institute of HeartMath, Childre (2014), believed that equilibrium between mind and emotions while experiencing life events could be achieved by using the intuition of the heart, which he referred to as heart-based living. He envisioned the influence of heart-based living as beginning with individuals and expanding to the world.

I realized from my participant data that each one of them identified needs in their constituents, implemented various hope-based approaches, and monitored the impact of their actions, These were leaders who led from the heart. Heart came first and putting another before themselves was not only natural, but who they were. Their love for their constituents was more important, sometimes, than the task at hand. They were servant leaders who loved their constituents over power, prestige and materialism. That, because they led from the heart, and they did so through hope-based actions.

Finding 1: Identify Needs. The Heart-Based Hope Model of Leadership (H2L) Model begins with identifying needs. Recognizing the need means finding what an individual requires to succeed/be successful. Many organizational consultants will conduct a training needs assessment prior to conducting training; This could be in the form of observing employees, interviewing them face-to-face, or emailing an online survey.

Table 5

Training Needs Assessment

Assessment Element	Identify Need	Implement Approaches	Monitor the Impact
Appreciation/gratitude/appreciate inquiry			
Approach(es)/delivery			
Body language			
Care			
Communicators/connectors/relationships			
Confidence/belief			
Creativity/synergy			
Culture/environment/climate			
Empowerment/choice			
Encouragement/nudge			
Engaged			
Expectations/goals			
Fair			
Faith/God/spiritual			
Family			
Finding good			
Forgive/apologize			
Happy/fun/humor/joy/laughter			
Heart-centered			
Humility/unpretentious			
Inspire/motivate			
Integrity/honesty			
Language			
Leader/leadership			
Loyalty			
Mentor/coach/train/model/direct/guide			
Mission/purpose/calling			
Opportunity/possibilities			
Patient/understanding			
Pay it forward			
Positivity/attitude/optimism/strength-based			
Q&A/name/information/stay interview			
Recognition/compliment/acknowledge/praise			
Respect			
Safe			
Serve/servant/service			
Support			
Thoughts			
Time/present/invest			
Trust			
Unselfish			
Values			

Once I conducted a systematic search for elements associated with the categories of hope-based heart-centered leadership, I identified the components of the Heart-Based Hope Model of Leadership (H2L). If applying my needs assessment (see Table 5) into a rigid, autocratic top-down culture, XYZ Company (pseudonym) where one of the participants had been employed for several months, I would consider the following questions when assessing that organization through observation and interviews:

1. *What are the needs for … in a hope-based heart-centered culture?*
2. *What are the approaches for … in a hope-based heart-centered culture?*
3. *What are the impacts of … in a hope-based heart-centered culture?*

For instance, what is the need for feeling trusted in a hope-based heart-centered culture? In XYZ Company, there was little or no trust. It was a culture where people could not speak freely for fear of being caught; employees often looked over their shoulders to make sure no one heard them. Most times, conversations were held off-site and employees hoped they would not find any of the "higher-ups" or "tattletales" at the same eating establishment. A feeling of entitlement was rampant throughout the senior team. In fact, employees who were new, had to "earn" the right to talk and spend time with the senior team. Most times, employee's correspondence to them went unanswered. Micromanaging and favoritism were rampant. Empowerment was non-existent except for the senior team's favorite employees. If an employee did well, but was disliked, their favorable evaluations disappeared, their work was discounted and their heart-centered cheerleading squad was non-existent except for those "underground". Additionally, if an employee had more education or experience than their supervisor, the supervisor would likely feel threatened and would undermine the employees' efforts and reputation. The only path for advancement in XYZ Company was open only to compliant, non-assertive

employees—the "yes-man" kind. Your name and reputation were not safe at this company. There was little or no loyalty whatsoever. This culture had "fear" written all over its walls. Thus, the need for trust in this company was extremely high. According to Priyadarshini and Dave (2012):

> Pre-training refers to the training needs assessment phase. It is the most critical activity and the base for the whole training and development process. It is the means to find out who needs training, what kind of training is needed, when and where training is needed and so on. 'Training need is the gap between what is going on now and what should go on. It is the gap between the present level of performance and the standard level of performance of the job' (Singh and Pirera, 1990). The needs identification process assists trainers in making sure that they have matched a training programme to a training problem. (p. 198)

By identifying needs, one can know what steps to take to fulfill that need. Steinbrecher and Bennett (2003) believe that, "heart-centered leadership requires paying attention to the particular or idiosyncratic needs and desires of any individual associate" (p. 76). Here is an example illustrating the component of Identifying Needs by E3, representing the Education Leadership Area:

> I would see a need out there, whether it's a void or something that needs to be done and I would try to address it and set up a new program to work on that need whether I did it myself personally or whether I provided the engine or I was the spark plug to get other people to do things about it. And, I got a certain amount of satisfaction out of that, personal satisfaction, it gave me, it gave me kind of a feeling of, "Well, maybe I was on this earth for a reason," you know? And that reason is to help other people, help them improve their lives. And that was my motivation and then the satisfaction of seeing things come to fruition.

Another participant, E2, from the Education Leadership Area, observed an employee and from that observation found a need in a toxic employee and in her new work culture. This specific example identifies every component of the H2L Model.

The two additional components besides Identifying Needs are Implement Approaches and Monitor the Impact. E2's example also illustrates the component of Identifying Needs:

> Where I am right now, there's an employee I met in the first couple of weeks and my immediate thing was, "Omigosh, who hired her and why is she here?" She was so toxic. And I, of course, I'm not going to do anything in the first few weeks, but I did express my concerns to the supervisor and the HR Department and said, 'I'm just kind of going to monitor for a little bit, but I'm not going to let it get too out of hand because she's pretty awful to other people.'

Hsieh (2010) disclosed, "The role of the manager is to remove obstacles and enable his/her direct reports to succeed. This means the best leaders are servant leaders. They serve those they lead," (p. 177). B3 concurs:

> I think leadership is basically another form of service and what we tend to do is we try to listen and understand what the organization is and we kind of submit ourselves to the needs of those that are below us.

Finding 2: Implement Approaches. The approaches are those taken after a needs assessment has been conducted. Steinbrecher and Bennett (2003) believe that as a leader, "You have a sense of the person as an individual and try to meet the person, wherever he or she is, whatever needs he or she may have. You lead by encouragement and inspiration, not by fear and control" (p. 76). E2 illustrated the component of implementing approaches:

> And in a couple of months I did sit down with her and a supervisor with a professional improvement plan and a pretty hard stick and carrot. And the stick was I wasn't planning on renewing her contract unless I saw a lot of improvement. And I don't do that very often, but the carrot was, 'We'll hire you a coach, we believe in your skills, we know your technical skills are excellent, we want you to stay and we're here for you.'

Mapes (2007) highlighted that leaders need to have a vision and goal to take followers for the ride they might not otherwise go on. He posed a simple question that

clarified his vision philosophy, “Ask yourself, what would move someone to take a journey that he, or she, doesn't want to take?” (Mapes, 2007, p. 7). Cooperrider (2012) believes that people get power when strengths are focused.

Kaye and Jordan-Evans (2005) laid out 26 strategies, one for every letter of the alphabet, for keeping employees. One relationship strategy, in particular, was simply tagged “ASK” (also known as “stay” interviews) --is probably their signature technique [whereby] leaders just …ask…employees why they stay or what would keep them…” (p. 5). In stay interviews, leaders are asking questions to genuinely get to know their people. Kaye and Jordan-Evans found this strategy produced positive outcomes such as, “…feel[ing] cared about, valued, and important” (p. 7). They also emphasized, “It doesn’t matter so much where, when, or how you ask---just ASK!” (p. 15).

As seen in the above example, a personal/life coach was selected to help the employee transition into the type of employee her employer needed her to be. Yet, more importantly, it was for her to be successful as a person. If she were successful as a person, she could do anything. Rothwell (2010) suggested:

> Coaching can be done in a series of steps … Alternatively, a manager may use only one or several steps in a longer coaching model. Think about what one or more steps you could take to coach your workers every day. Make a list of action steps. (p. 110)

Serrano and Reichard (2011) believed that “given the apparent benefits of having engaged employees, guidance is needed for practitioners who are training or coaching leaders as well as for leaders themselves, on specific evidence-based strategies to increase employees' engagement levels” (p. 177).

E2, the Education Leadership Area participant continued:

> And we also offered her some time off to think about what she wanted to do. And it would be perfectly okay if she did not want to continue with the college if that was her choice, but that was not what we wanted. And it was one heck of a conversation and I meant every word of it.

Cooperrider (2012) stated that the relationships within organizations were linked by an unlimited number of strengths. Consequently, people would respond to research that aimed to measure their individual uniqueness. Most importantly, Cooperrider stressed, anyone can conduct an appreciative inquiry. Kouzes and Posner (2012) believed:

> Exemplary leaders elicit high performance because they strongly believe in the abilities of their constituents to achieve even the most challenging goals. That's because positive expectations profoundly influence not only your constituents' aspirations but also, often unconsciously, how you behave toward them. Your beliefs about people are broadcast in ways you may not even be aware of. You give off cues that say to people either "I know you can do it" or "There's no way you'll ever be able to do that." You can't realize the highest level of performance unless you let people know in word and deed that you are confident that they can attain it." (p. 276)

Finding 3: Monitor the Impact. Here is an example of the component of Monitor the Impact as told to me by E2:

> And, she's doing great now. It took her probably a month and she came back and asked if she could talk to me and I said, 'Absolutely, come on in.' And she said, 'I hated you for the last month.' And I said, 'I know, I know (kind of sheepishly chuckling), I know what you were going through, and I'm sorry, but, I know.'

The component of monitor the impact continued in this one employee as E2 proudly explained:

> And then she says, "I wanna do it. I wanna." And then we got her the coach and then she has her occasional moments, but she has literally turned her life around … She's doing great. She's losing weight, she has a boyfriend, her colleagues don't hate her anymore.

E2 ended this story with a few thoughts, "providing that hope I think gives us the courage to talk about the elephants in the room and get through it and know that there's something out there. I think it's all intertwined."

Kouzes and Posner (2012) even created a list of specific approaches

leaders

can take to Encourage the Heart:

- Make sure people know what is expected of them.
- Maintain high expectations about what individuals and teams can accomplish.
- Communicate your positive expectations clearly and regularly.
- Let people know that you believe in them, not just in words, but also through actions.
- Create an environment that makes it comfortable to receive and give feedback-including to you.
- Link recognition and rewards with performance outcomes so that only those who meet or exceed the standards receive them.
- Find out the types of encouragement that make the most difference to others. Don't assume you know. Ask. Take time to inquire and observe.
- Connect with people in person. Stop by and visit them in their workplaces.
- Be creative when it comes to recognition. Be spontaneous. Have fun.
- Make saying thank you a natural part of your everyday behavior.
- Don't take anyone for granted. (pp. 298-299)

Examples of identifying needs, implementing approaches, and monitoring the impact. Anderson (2012) stated, "Leadership is a relationship" (p. 15). Leadership is relationship as is demonstrated in the next example, from B1, the marketing executive. Notice his use of the H2L Model illustrating each one of its components: Identify Needs, Implement Approaches and Monitor the Impact:

Identify Needs (Business)

> So there's a distance between the building that we are leasing, while the main campus is being renovated, and the parking garage that is next to the main campus. It's about a 10 minute walk. And in that 10 minute walk there are a lot of different, you know, interesting personalities as our people walk past. And we have a lot of employees that they get heckled and we've had some close encounters as people have tried to get into their cars and call after, chase them and just make it very uncomfortable. We invest a lot in our employees, in their happiness and in their well-being. Our belief is if they're more happy, they're more productive. And so when these types of things happen it becomes an issue for us as leaders to make sure that they, going back to Maslow's Hierarchy, that those bottom rungs are satisfied so that they can get to the upper rungs. And so one of the things I had the opportunity to do was solve some of those needs from a local level. No one across the organization was saying, "You need to do this."

Implement Approaches (Business)

> We recognized that we had a need and we went and found a way to solve it and so we ended up paying for everyone's parking in the building next door so that they didn't feel like they needed to walk across that street and worry about their own personal safety. We took care of all of the lunches so that people didn't feel like they needed to leave and go; that they could still interact with the community, there are ways to do that, but you do that as a group and you don't necessarily need to go one off where you're kind of vulnerable. So the important thing is that we found ways to satisfy the safety requirements and the needs of the employees.

Monitor the Impact (Business)

> And the employees recognize that this was above and beyond what they would normally get and so they are far more productive and much more engaged and it provides a much happier working environment for them. Beyond that, that's just a lower level [Maslow's Hierarchy of Needs] so they can get more productive and they feel like they can appreciate being at work.

One more example of a participant, H3 exactly, also illustrates the H2L Model categories of Identifying Needs, Implementing Approaches, and Monitoring the Impact:

Identify Needs (Education)

I was working with a young kiddo, who, he was, five at the time. And he was struggling very badly because his father did not live with him and would make many promises that would get this young boy's hopes up. And then would be disappointed because there wouldn't be follow through or never really consistently did what he said he would do. You know, "I'll come get you and we'll go do stuff" and then the father never showed up, that kind of thing. And it was causing this young guy a lot of distress.

Implement Approaches (Education)

So one day we, using some experiential stuff, I taught him something and realized that in order to help him move through this he would have to have some type of hope in himself to deal with some real life situations that he couldn't control. And so what happened with some experiential exercises and things, I gave him this little phrase that was consistent with this exercise experience that I had created for him. And the verbal phrase was, "It may be hard to believe, but it is truth."

Monitor the Impact *(Education)*

And, sometime later, I was working with him and his mom then described that she was having some frustration… it might have been… some frustration herself with this boy's father….She smiled… "You know," referring to her son, and he was right there too, and as she said this, a huge smile came on his face. She then explained that her son had stood up in this scene that happened at home, smiled big, put both hands on his hips, tilted his head a little bit, smiled at his mom and said, "Mom, it may be hard to believe, but it is true." And what they're referring to was that it may be hard for them to believe or accept, … but it is true….Once he was able to grasp that concept, he was able to actually be self-powered… to individually handle disappointment regarding his dad. That happened to get him, prior to this… in a funk that would last for days. And he actually got quite depressed and his behavior went south for a while…He learned something that I believe if he understood and learned it would actually forever help him move through this; with this issue with his dad and I believe that it did … The concept had become a part of him now….In a way it's kind of like how we talked about in teaching that you really know you understand the concept if you can teach it to somebody else. And for me, I taught it, I knew I knew the concept and I taught it to him. It was so wonderful to see him now become the teacher to his mom. Or certainly he used it on his mom so he was applying it and he knew when to apply it and how to apply it and that it was working for him. And I guess some evidence, in some ways, would be, I did not need to see him anymore.

Kouzes and Posner (2012) believe when a leader has confidence in their constituents, anything is possible as has been demonstrated in the latter participant examples.

Summary

In Chapter 4, I described how I organized and managed my data and the processes I used to analyze the data. I began with descriptive coding, and then looked for comparisons, contrasts, and relationships among the codes. During this phase, five cultural categories were coalesced from the elements of a culture of hope: *Communication*, *Guidance*, *Mindset*, *Motive*, and *Value*. In the final analysis phase, I searched for patterns to find the major components. The major components related to a culture of heart-based hope are: 1) Identify the Need, 2) Implement Approaches, and 3) Monitor) the Impact. These became the three major components of my Heart-Based Hope Model of Leadership (H2L). I provided an example of applying my model, specifically through a needs assessment that I created (see Table 5), in a culture that was not a heart-hope based one.

Additionally, three findings became evident: 1. Even culture-of-hope leaders have some fear-based behaviors and that a hope-based cultural guide/leader is needed most when we are suffering, scared, confused, unsure, belittled, bullied, or ignored (IDENTIFY NEEDS), 2. Hope-based actions can be learned (IMPLEMENT APPROACHES), and 3. Hope-based action comes through leading from the heart (MONITOR THE IMPACT).

In Chapter 5, I will discuss the implications of my results, limitations of my study and recommendations for future research. Additionally the H2L Model will be discussed

further (i.e., how it can be utilized and played out in an applied setting for training purposes).

CHAPTER 5

DISCUSSION AND CONCLUSIONS

Chapter 5 will briefly review the conceptual interpretation of the action elements, categories, major findings, and components from Chapter 4. This chapter will also examine the study's limitations as well as provide conclusions to the study and recommendations for future research.

Summary of the Study

The overarching purpose of this autoethnograhpic study was to define hope-based action, the behaviors, perceptions, and feelings that constitute it, by analyzing the connections between the leadership practices of my nine culture-of-hope guides and my responses to life events. The analysis was guided by the theory of hope from positive psychology and the servant-leadership approach from organizational studies. A secondary goal was to explore the connections between hope-based and leading from the heart, and to demonstrate how making these connections could be life altering. Findings will be of interest to workforce researchers and practitioners in Business, Education, and Healthcare fields.

In chapter 1 provided a discussion of the study's purpose, operational definitions, conceptual framework, and the research question. Also, in order to provide a context for the study, selected vignettes were provided. Chapter 2 provided a brief review of current literature on autoethnography, hope theory, and servant leadership approach. In chapter 3 I provided detailed discussion of autoethnography and the research design. Also presented were the study rationale, participant information, the setting, the researcher's role in the study, the data collection process, and procedures for analyzing the data.

Chapter 4 provided an initial analysis of the data using a coding process through ATLAS ti. and Harry, Sturges, and Klinger's (2009) three level coding process. The coding further led to using domain analysis of data from Spradley (1980) in order to identify a culture of hope through hope-base analysis.

Initially forty-two elements were discovered. These were further distilled down to the five cultural categories based upon Greenleaf's servant leadership approach and Snyder's hope theory. These five cultural categories were: *Communication, Guidance, Mindset, Motive,* and *Value*. A model was then developed by the author as a vehicle to further understand and explain the results of the study. This Heart-based Hope Model of Leadership (H2L) included the following three cultural components: 1) Identify the Needs, 2) Implement Approaches, 3) Monitor Findings. This H2L Model was developed by combining heart-based culture with hope-based actions as is illustrated in Figure 7.

Discussion

Many of the Heart-based Hope Model of Leadership (H2L) constructs were similar to what was found in the literature; especially in common with the literature on Snyder's hope theory and Greenleaf's servant leadership approach. I will discuss each briefly and then I will further explain my H2L Model that could possibly be used to assess individual or group leadership development within teams or organizations.

The key outcome of this study was the author's ability to develop the H2L Model from the research findings. This was developed as a way of understanding the data and included the following components: Identifying Needs, Implementing Approaches, and Monitoring the Impact. These components were derived from the literature and combined heart-based culture and hope-based actions as discovered in the Chapter 4 analysis process.

Snyder's theory of hope emphasized pathways (waypower) and agency (willpower) and context, which was similar to the H2L Model emphasizing action. Snyder's theory also corresponded to the H2L Model's Approach component in that hope theorists believe that high-hope individuals can take negative situations and turn them into positive opportunities, thus realizing successful goals or the opportunity to re-goal when necessary.

According to Snyder, one outcome of hope theory is a better society. The H2L Model, as developed, provides a way of identifying needs of individuals and organizations. The potential for the model is to use it as a tool to identify hope and positive impact in cultures. Needs analysis was not addressed in Snyder's hope theory.

Greenleaf's servant leadership approach possessed similar elements to those found in this study. For instance, Greenleaf believed that a leader should serve first and lead second. He also believed that servants should care about their followers. Referring to Figure 6, *serve* is an element under the *Guidance* category. Likewise, the element of *care* resides in the *Value* category in the same taxonomy. Greenleaf also believed that *trust* was a significant factor to servant leadership. The element of *trust* falls under the *Value* category within the taxonomy.

The H2L Model was developed to better explain the relationship between action elements and categories, which I have labeled the taxonomy of hope. Greenleaf believed the following were outcomes of servant leadership: healing, growth of people, and positive change. Each of these could be regarded as outcomes of my H2L Model which I have labeled as Monitor the Impact. As discussed above, Greenleaf's servant leadership approach discusses several leadership characteristics, which I have identified as hope-

based action elements (see Figure 6) in my study. Using my H2L Model, these could be placed within the Implement Approach and Monitor the Impact components. However, similar to Snyder's hope theory, Greenleaf did not include any significant needs analysis in his approach. Once again, the H2L Model places Identifying Needs as its first component.

The Heart-based Hope Model of Leadership (H2L)

The Heart-based Hope Model of Leadership (H2L) (see Figure 8) has three major components: 1) Identify Needs, 2) Implement Approaches and 3) Monitor the Impact.

The first component is designed to identify the leadership needs of individuals or groups in regard to heart-based hope categories discovered in the study. As can be seen in the figure, these five categories resulted from a distillation of the forty-two hope-based actions originally coded through the ethnographic methodology utilized in this study.

Using an item analysis of the coded hope-based actions from the needs assessment, the second component identifies what approach will be implemented for each of the categories. Once the needs assessment results are analyzed and the gaps found, the leader can Implement Approaches that can best fill the identified gaps. They may simply require building better rapport between leaders and constituents. This could be in the form of an informal or formal interview or what Kaye and Jordan (2005) refer to as "stay interviews". The model is designed to be customized for Business, Education, and Healthcare Leadership Areas.

As can be seen in the Culture of Heart-based Hope figure (Figure 8), the needs assessment contains forty-two hope-based action elements that can lead to a heart-centered culture. This H2L Model can be used by any group and even be linked to

professional development training of an individual, team or organization. For example, an external or internal consultant can conduct a needs assessment. So too can any leader or employee of an organization. As stated, it can be conducted by observation, interview, or survey. Upon completion of the needs assessment the best approaches can be determined to address those needs. The hope-based concerns may be identified in any combination of the five Categories (*Communication*, *Guidance*, *Mindset*, *Motive*, or *Value*), or may be a combination of the two.

The three H2L components—Identify Needs, Implement Approaches, and Monitor the Impact—are the vehicle to get to heart-hope-based action. The Five Categories are what can lead to a culture of heart-based hope.

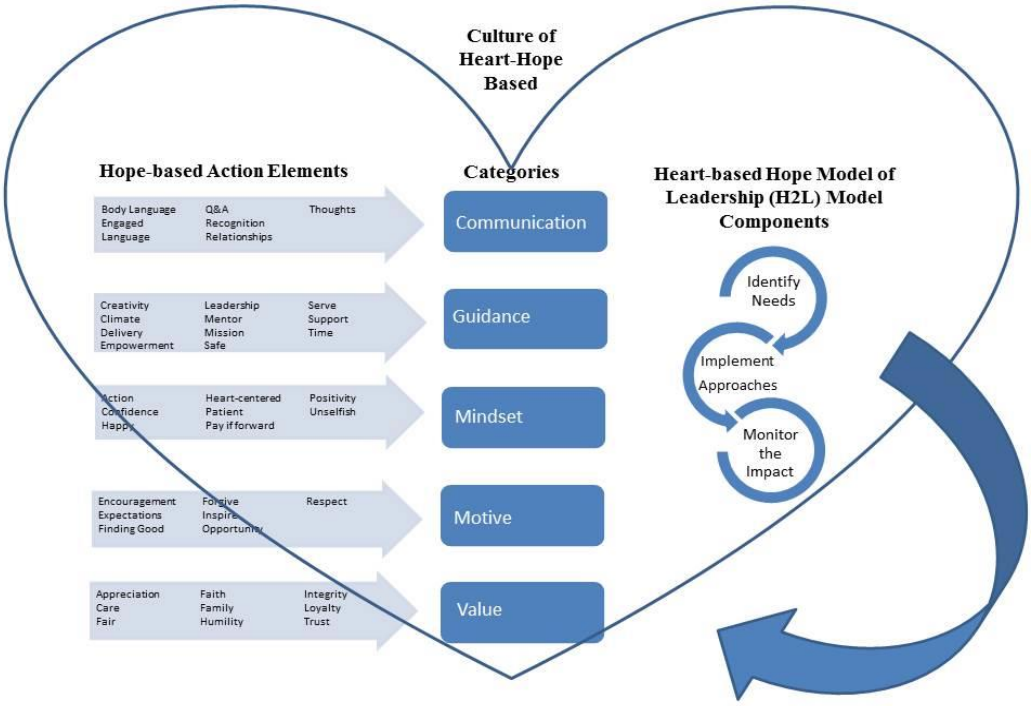

Figure 8. Culture of Heart-Based Hope.

The H2L Model is action-based. It requires an individual or group of individuals to not only be hope-based, but to enact heart-based actions, categories and components discovered through this study. If an organization is not heart-based, then a hope-based culture may never develop.

Defining Hope-Based Action and Behaviors

Before I began this study I had a mental construct of what it meant to have hope, what it meant to even look at all these things. When I was 12, I had my first experience with hope through my sixth grade teacher, and I knew at that point what I liked and who I wanted to become. As illustrated through my vignettes, the experiences throughout my lifetime have helped to further shape my understanding of what it means to be hope-based. This study has been the next chapter in understanding my hope-based development as effected by my experiences with others. Through this study, the review of literature, the study of my nine cultural guides, and a reflective process, I have been able to better understand and share how hope-based actions in Business, Education, and Healthcare have impacted my life. By the development of the H2L Model, I was able to identify hope-based actions that had an impact on me over the last twenty years and now want to use that knowledge and those insights to have that same impact on others.

In this autoethnograhpic study, the individual cases define who I was at those particular times in my past. Taken together they help explain who I have become. Within each one of the Leadership Areas (i.e., the Business, Education and Healthcare), I encountered people who, in their own way, kept hope alive not only for me, but for people they touched. For example, in Healthcare, the specific study participants kept hope alive through hope-based patient care, even when tests were involved or invasive

medical procedures were necessary. The Business leaders in this study provided hope-based cultures by creating an environment of trust, belief, service, and humility. My Educational culture of hope guides did it by being caring, encouraging, heart-centered, positive, and helping me move forward no matter what crisis, whether it was academic or non-school related at the time.

Yet, what is consistent of the three Leadership Areas is the hope-based action of each of my study participants. This is where, in a sense, I encountered a "culture of hope" as presented in my anecdotal records which note their specific ways of approaching people, their usage of language, rituals, and their hope-based leadership actions.

The most important finding was the discovery of an overarching hope-based, heart-based theme resonating within the belief system of each of my participants. Though each Leadership Area (Business, Education, and Healthcare) may be thought of as different, the heart-based hope actions of the participants in each Leadership Area studied were found to be quite similar. The ability to identify only forty-two hope-based actions are testimony to this similarity. Based upon the interviews with my hope-based leaders, one might expect their work climates to be creative, engaged, encouraging, respectful, appreciative, trusting, supportive, and empowering. These are just a few examples of the forty-two hope-based actions that the participants used to create their climate of heart-based hope.

In fact, one of their hope-based cultures might even look like this one I described from this *Deseret News* piece:

> In the best offices, your name is known, and so are things about you, your family and your health. There is eye contact and your questions are answered. You don't feel rushed. You also feel a good energy in that office. You notice that healthcare professionals treat their staff like they matter and have say. They do the same with you. You observe that passion to do the right thing is more important than a paycheck. You witness loyal, trust, integrity, fun, love, respect, smiles, empowerment, creativity, and innovation. You've had such positive and memorable experience in this office even though you've had an invasive exam that you can't wait until your next appointment. You also can't wait to tell everyone you know about your memorable experiences. (Kimball, 2010)

Or, from another piece I wrote for the *Deseret News*, a hope-based culture might be led by a leader who does the following:

> Recognizes each employee; sincerely asks them about their goals and their family; buys pizza for all; compliments each one personally; works to be fair and does not do personal family outings with his employees unless he can include all of them. (Kimball, 2010)

E2, one of my participants from the Educational Leadership Area, illustrates perfectly how a hope-based operates:

> …so part of providing hope, and then again there are times when I need to sit down with a person and say, "What you're doing here is getting in your way of being successful and how can we together work on improving whatever that is?" And a recent, an odd way of providing hope, is to hold the mirror up and say, "Is this really how you want to interact or to be because it's not working?"

From this individual I discovered that hope and action could co-exist and produce high ordered synergism when merged together. I found similar positive energy from each of my cultural guides. It is this energy that became the catalyst for the Heart-Based Hope Model of Leadership (H2L) I developed as a result of this study.

Implications for Business, Education, and Healthcare

The results of this study may have practical implications for Business, Education, and Healthcare leaders-who want to develop heart-based leadership skills through hope-based action as culture-of-hope guides. These guides could ultimately influence other's

happiness, purpose, and human wellness, as opposed to being fear-based (i.e., favoritism, belittling or cut-throat).

With loving hope-based, heart-based approaches, connections, and experiences, I personally felt more empowered, loved and purposeful. I worked to remain positive, sometimes even happy, throughout the times when it was difficult to be so. Thus, through this study I have developed a model which can be used to develop cultural happiness in others.

Limitations of the Study

One of the limitations of this study, since it was autoethnographical, provided that I was both researcher and participant in the study. As such, my analysis and interpretations could have been influenced by my perceptions thus influencing my findings.

A second limitation is that some of those I interviewed, who know me well and have played a significant part in my life, were aware of my personal feelings regarding hope-based action and leadership. This may have influenced their responses.

Recommendations for Future Research

Further investigation on hope and its relationships should be conducted with a quantitative, meta-analysis study. Qualitative research is a springboard to help create a focus for quantitative studies. For example, the forty-two hope-based actions identified in this study could be further studied with a larger sample using statistical analysis methods. A mixed methods design could utilize this type of survey and also pull in people to conduct in-depth interviews and interventions.

Since my study only included a purposeful sample of hope-based leaders, perhaps a study should be conducted on non-fear-based leaders.

Also since my study was limited to Business, Education, and Healthcare Leadership Areas, it is recommended that similar studies be conducted in other areas.

Finally, since different cultures have different expectations and sense of what hope-based action is, it would be interesting to conduct this study in other cultures as well.

Conclusions

Using my model I extended Snyder's theory and Greenleaf's approach model by developing my H2L Model which specifically included the Identifying the Needs component. The needs component was not provided in either Snyder or Greenleaf's work.

Through refection brought about by this study I have discovered that there are hope-based leaders you can teach how to be hope-based and that individuals can learn on their own. I know this because upon reflection, I see that I once was fear-based and now choose to be hope-based in everything I do.

This study was an exploration of how my journey has been impacted by others in my sphere of influence, especially my cultural and social circles. It also explored how business, education, and healthcare leaders played a significant role in using hope-based actions to lead to positive and life-changing transitions for me. It is about my incredible journey and how a person can be positively affected when hope is made actionable through the behaviors of others. It is an amalgamation of my reflections on what I have learned from my discovery of what hope-based action is, how that led to the development of a principle of leading from the heart, and how and why this examination has the

potential to change not only individual lives, but to demonstrate its applicability to Business, Education, and Healthcare groups and organizations.

Life takes us on journeys. That has certainly been the case with me. If someone would have told me, as a teenager/young adult, "You're going to get breast cancer, test positive for a breast and ovarian cancer mutation (BRCA1), have a lumpectomy, chemotherapy, radiation, double mastectomy, hysterectomy, oophorectomy, and test positive for endothelial ischemic microvascular pattern heart dysfunction, I would have emphatically replied, "There is no way. There is just no way." But the truth is, we have no way of knowing what life holds for each of us. But through this study I have discovered that the actions of heart-based hope leaders, as those described in my study, can have great effect on the success of students, employees and can even influence the outcomes of patients. Therefore, in this study, I wrote about hope-based action affecting my mood, thinking, and even my treatment outcomes. After all, I believe, hope is not based a bottom line, a grade, or a diagnosis. It is, rather, based on the heart and the hope of the people in your life.

APPENDIX A

FEAR-BASED LEADER IN EDUCATION

Deseret News

Every 1 Counts: Teach students joy — not misery

By Cynthia Kimball

Published: Monday, July 26 2010 3:00 p.m. MDT

Not long ago I was in a training class.

From the very start, the trainer was not nice to his trainees. He was condescending, made jokes that were belittling and would humiliate you if you asked a question.

To him, every question was a stupid one. But if you were brave enough to ask a question and tried to appropriately defend yourself after he humiliated you, your treatment got worse.

It was obvious that our body language, fear and lack of questioning spoke of our dissatisfaction with his teaching style, which was not conducive to learning.

How does someone like that become a teacher? Who observed his teaching? How did he slip through the cracks?

What's unfortunate about people like this man is his negative impact on people like you and me.

He reminds me of what the late child psychologist Dr. Haim Ginott once said.

"I've come to the frightening conclusion that I am the decisive element in the classroom. It's my daily mood that makes the weather. As a teacher, I possess a tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanized or de-humanized."

When I think back on effective teachers I've had, Mrs. Schulenburg, my fifth-grade teacher, stands out the most.

I'm not sure if it was because she wore a smile on her face or because she had a passion for reaching and teaching her students no matter what.

Or maybe, it was because she found the good that you did and emphasized it, especially when you didn't get the concept.

"You can get this. I know you can. Just like you did this," she might have said while pointing to a concept you aced.

Mrs. Schulenburg was positive in her tone, body language and voice.

Every 1 Counts Teach students joy — not misery _ Deseret News.txt

APPENDIX B

HOPE-BASED LEADER, WORKFORCE EDUCATION

Deseret News

Every 1 Counts: Never forget how you made them feel

By Cynthia Kimball

Published: Tuesday, Feb. 15 2011 2:36 p.m. MST

Her name is Judith and she's a teacher, trainer and leader. To this day when I think of her, I smile.

She buys some of her clothes and household furnishings at thrift stores.

She wears colorful pantsuits from pastels to neon.

Her signature lipstick is bright red.

Her smile is always large and infectious. Sometime her teeth even wear that bright red lipstick.

Her hair, jet black, also sports a streak of fuchsia.

In Judith's presence, you feel good. She is one of those people you crave to be around because there's this positive energy, light and aura.

There are no games, bullying, favoritism, toxic behavior, pretentiousness, feelings of entitlement or power trips. That stuff is not in her being or vocabulary. Actually, she wouldn't know what to do with any of those.

Nor are there demeaning responses or questions or even tone of voice. Stupid question? *Never*.

There is no making you feel small and enjoying it; only tall and enjoying it.

Her time is your time. And if it's limited in the least bit, she will make time and then wondrously and unbeknownst to you, work to make your weak things strong.

When you leave Judith's presence, you want to do and be better. Somehow, even her nonverbal behavior instills confidence, not to mention her words like "You can do *anything*" and I believe in you." Judith's verbal and nonverbal behavior is congruent; she's essentially speaking the same language through both mediums. For example, you never have to worry from day to day if you are going to be the "good" or "bad" guy.

Judith is loyal beyond measure. If you share something with her --even if you didn't ask her to keep it in confidence-- she'll do it anyway because she believes in doing the right thing.

She is genuine, kind and loves you --the Christ-like kind-- even if

Every 1 Counts Never forget how you made them feel _ Deseret News.txt

APPENDIX C

IRB-APPROVED CONSENT FORM; PARTICIPANT LETTER

UNLV
UNIVERSITY OF NEVADA LAS VEGAS

INFORMED CONSENT

Department of Workforce Educational Leadership

TITLE OF STUDY: Leading from the heart: A matter of life or death

INVESTIGATOR(S): Dr. Clifford McClain & Cynthia Kimball

For questions or concerns about the study, you may contact Dr. Clifford McClain at **250-8136** or Cynthia Kimball at **280-1873.**

For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact **the UNLV Office of Research Integrity – Human Subjects at 702-895-2794, toll free at 877-895-2794 or via email at IRB@unlv.edu.**

Purpose of the Study
You are invited to participate in a research study. The purpose of this study is to define what constitutes hope-based action. This research study will ask questions pertaining to your perception of hope-based action as well as the perception of others in business, education and healthcare domains.

Participants
I am asking you to participate in this study because you have impacted me either in business, education or healthcare personally or through your writings, as what I have identified as a "cultural guide". I will personally interview you either in person or by telephone for about 45-50 minutes asking you five questions about hope-based action based on your experiences. Here is a sample question: What are some instances in which you perceived someone provided you hope?

Procedures
By retuning this consent form to me (self-addressed stamped envelope enclosed), I will then be contacting you to arrange either a telephone or in person interview. The interview should take no more that 45- 50 minutes and will be audio taped.

Benefits of Participation
If you so choose, I will share an executive summary and results with you that you may find helpful in your future practice and endeavors.

Risks of Participation
There are risks involved in all research studies. However, this study should include only minimal risks. Though every effort will be used to maintain confidentiality, there may be some risk of reader identification of participation.

Approved by the UNLV IRB. Protocol #1301-4352M
Received: 01-31-13 Approved: 02-05-13Expiration: 02-04-14

TITLE OF STUDY: Leading from the heart: A matter of life or death?

Cost /Compensation
There will be no financial cost to you to participate in this study. Your only cost will be in time which will be approximately 45-50 minutes. You cannot be compensated for your time.

Confidentiality
All information gathered in this study will be kept as confidential as possible. Every effort will be made for the written or oral materials to keep from linking you to this study. No direct reference will be made in written or oral materials that could link you to the study, using your name or company; however, readers may infer. All records will be stored in a locked facility at UNLV for 3 years after completion of the study. After the storage time, the raw data will be destroyed.

Voluntary Participation
Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with UNLV. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Participant Consent:
I have read the above information and agree to participate in this study. I have been able to ask questions about the research study. I am at least 18 years of age. Please make a copy of this form and return a signed copy using the envelope enclosed.

A copy of this form has been given to me.

Signature of Participant _____ Date _____

Participant Name (Please Print) _____

Audio/Video Taping:

I agree to be audio or video taped for the purpose of this research study.

Signature of Participant _____ Date _____

Participant Name (Please Print) _____

Approved by the UNLV IRB. Protocol #1301-4352M
Received: 01-31-13 Approved: 02-05-13Expiration: 02-04-14

UNLV | TEACHING & LEARNING

UNIVERSITY OF NEVADA, LAS VEGAS

February 2013

Dear Participant:

Thank you for your participation in my autoethnographic research study, "Leading from the heart: A matter of life or death". The purpose of this study is to define what constitutes hope-based action. I am asking you to participate in this study because you have impacted me personally or through your writings, as what I have identified as a "cultural guide".

The tenets of hope theory and servant leadership theory, using an autoethnograhpic methodology, will be used to analyze what hope-based actions are, how they have impacted my personal life, how others perceive their own notions of hope-based actions, and to explore how a model of hope-based action may be developed to guide leaders.

I will personally contact you to schedule an interview within 10 days of the receipt of this letter, and subsequently interview you at your convenience (approximately 45-50 minutes) using the questions provided (see attached), either in person or by telephone.

At the end of each interview, I will reflect upon what I have learned from interacting with each "cultural guide". I will compare these findings to hope-based action emergent themes from a leader and teacher pilot study I conducted. I will also explore how the hope-based action leaders create can lead to a "culture of hope."

Thank you so much for your valuable time and for your participation. Should you have any questions prior to my call, feel free to contact me by cell at 702-280-1873 or simply email me at kimball1@unlv.nevada.edu. You can also contact my doctoral advisor, Dr. Clifford McClain, at 702-250-8136 or email to mcclainc@unlv.nevada.edu.

Respectfully,

Cynthia Kimball

Cynthia Kimball, Researcher
Doctoral Student, Workforce Educational Leadership
College of Education
The University of Nevada, Las Vegas
4505 S. Maryland Parkway, Box 453005
Las Vegas, NV 89154-3005
CTPE Website: http://tl.unlv.edu/content/careertech
Email: kimball1@unlv.nevada.edu
Cell Phone: 702-280-1873

Leading from the heart: A matter of life or death
Interview Questions

1. Provide instances in which you perecived someone provided you hope?

2. What do you believe was the impact on you of the actions that provided you hope?

3. What are some instances in which you perceived you provided hope for others?

4. What was your motivation for providing hope for others?

5. What do you perceive are the results of these actions?

APPENDIX D

THE KIMBALL SISTERS CASE STUDY

A Family Confronts Hereditary Breast and Ovarian Cancer: *The Kimball Sisters*

Name: Cynthia Kimball
***BRCA* status:** Positive for mutation in *BRCA1*
1st cancer diagnosis: Breast cancer
Age at first diagnosis: 30
Age at *BRCA* diagnosis: 38
Family cancer history: Sisters, aunt, and paternal grandmother had breast cancer.

Name: Kristy Kimball
***BRCA* status:** Positive for mutation in *BRCA1*
1st cancer diagnosis: Breast cancer
Age at first diagnosis: 33
Age at *BRCA* diagnosis: 35
Family cancer history: Sisters, aunt, and paternal grandmother had breast cancer.

Three Sisters in Their 30s Diagnosed with Breast Cancer

Cancer sometimes runs in families, as the Kimball sisters know all too well. Cynthia Kimball was diagnosed with invasive grade III ductal carcinoma in 1994. She underwent a lumpectomy along with chemotherapy and radiation, and all seemed well.

Then, five years later, her sister Kristy was diagnosed with breast cancer, followed two years later by another sister, Wendi. All three sisters were in their 30s when they were diagnosed.

1994 — Cynthia's breast cancer diagnosis, lumpectomy

1999 — Kristy's breast cancer diagnosis, bilateral mastectomy

2001 — Wendi's breast cancer diagnosis

2002 — *BRCA1* mutation identified; Wendi and Cynthia undergo mastectomies; Cynthia, Kristy, and Wendi have hysterectomies, oophorectomies

2003 — Sisters Tammy and Jennifer diagnosed with mutations in *BRCA1*

2004 — Sisters started the Kimball Family Foundation to raise awareness

2005 — Tammy has a prophylactic bilateral mastectomy

MYRIAD.

The Kimball Sisters: Paternally Inherited HBOC Risk

A Paternally Inherited *BRCA1* Mutation

After Kristy's diagnosis, the Kimballs wanted to know, "why is this happening to us?" To find out, the Kimballs' oncologist suggested BRAC*Analysis*®, a test for hereditary breast and ovarian cancer (HBOC). Based on their family history of breast cancer, the sisters were good candidates for the test. Cynthia, Kristy, and Wendi, their younger sisters Tammy and Jennifer, and their mother Shelby were all tested.

The test results indicated that all five sisters had a mutation in the *BRCA1* gene, one of two genes associated with HBOC. Their mother, Shelby, however, was negative for the mutation, indicating that the sisters had inherited the mutation from their father.

"People often overlook their father's side of the family when talking about breast cancer," said Cynthia. As they explored their family history, they learned that their paternal grandmother and a paternal aunt had also been diagnosed with breast cancer.

Prophylactic Surgery and Screening to Reduce HBOC Risk

Wendi learned about her *BRCA* status at the time of her cancer diagnosis, so she decided to undergo a bilateral mastectomy as a precaution against contralateral cancer (*BRCA1* mutations increase the risk of developing another primary breast cancer). Cynthia also opted for a prophylactic bilateral mastectomy to reduce her risk of new or recurrent cancer. Kristy had already elected to have a double mastectomy after her diagnosis. The three sisters were also advised to have prophylactic bilateral salpingo-oophorectomies to reduce their risk for ovarian and fallopian tube cancers. They chose to undergo complete hysterectomies, although this is not mandated by current treatment guidelines.

One of their younger sisters, Tammy, had a prophylactic bilateral mastectomy, while Jennifer is using active surveillance—clinical breast exams, mammograms and breast MRIs—until after she has started a family, when she will consider surgical measures. The sisters are also vigilant about other cancer risks, and undergo regular screening for colon cancer and melanoma.

According to Kristy, Jennifer and Tammy are the biggest beneficiaries of the BRAC*Analysis*® results. "They haven't been diagnosed with breast cancer, and now they have the knowledge to reduce their chances of ever developing breast or ovarian cancer."

Raising Awareness About HBOC

The sisters started the Kimball Family Foundation in 2004 to raise awareness about HBOC and to help fund cancer research. They point out that having a *BRCA* mutation doesn't necessarily mean you'll get cancer, nor does the absence of a mutation mean you won't get cancer.

"We just want people to know what their risk is, and that there are things they can do to reduce that risk," say Cynthia and Kristy.

The Kimball Sisters Red Flags:

- ● Breast cancer before age of 50
- ○ Ovarian cancer at any age
- ○ Both breast and ovarian cancer in an individual or family
- ● 2 or more breast cancers in an individual or family, one under age 50
- ○ Male breast cancer
- ○ Bilateral breast cancer
- ○ Women of Ashkenazi Jewish descent with breast or ovarian cancer at any age
- ● A previously identified *BRCA* mutation

BRAC*Analysis*®

BRAC CS3 09/09

APPENDIX E

BRCA RESULTS

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***BRACAnalysis*™**

Comprehensive BRCA1-BRCA2 Gene Sequence Analysis Result

Robin Bennett, MS University of Washington Medical Center Medical Genetics Box 357720 Seattle, WA 98195 7720	SPECIMEN Specimen Type: Blood Draw Date: Nov 18, 1999 Accession Date: Nov 19, 1999 Report Date: Dec 08, 1999	PATIENT Name: Cynthia Date of Birth: Patient ID: Gender: Female Accession #: Requisition #:
Physician: Hanlee Ji, MD		

Test Result

Gene Analyzed	Specific Genetic Variant
BRCA1	None Detected
BRCA2	None Detected

Interpretation

NO MUTATION DETECTED

No deleterious mutation was found in BRCA1 or BRCA2 in this individual. This test is designed to identify mutations in 23 exons and approximately 800 adjacent intronic base pairs of BRCA1 as well as 26 exons and approximately 950 adjacent intronic base pairs of BRCA2 (a total of over 17,600 base pairs analyzed). There are uncommon genetic abnormalities in BRCA1 and BRCA2 that this test will not detect. This result, however, rules out the majority of abnormalities believed to be responsible for hereditary susceptibility to breast and ovarian cancer (Ford D et al., Am J Human Genetics 62:676-689, 1998).

Authorized Signature:

Brian E. Ward, Ph.D.
Laboratory Director

Thomas S. Frank, M.D.
Medical Director

These test results should only be used in conjunction with the patient's clinical history and any previous analysis of appropriate family members. It is strongly recommended that these results be communicated to the patient in a setting that includes appropriate counseling. The accompanying Technical Specifications summary describes the analysis, method, performance characteristics, nomenclature, and interpretive criteria of this test. This test may be considered investigational by some states. This test was developed and its performance characteristics determined by Myriad Genetic Laboratories. It has not been reviewed by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

MYRIAD GENETIC LABORATORIES, INC. • 320 WAKARA WAY, SALT LAKE CITY, UTAH 84108 • (801) 584-1100 • FAX (801) 584-3615

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BRCA1-BRCA2
Specific Mutation Analysis

Robin Bennett, MS
University of Washington Medical Center
Division of Medical Genetics
1959 NE Pacific Street
CHDD Bldg Room 411 Box 357720
Seattle, WA 98195 7720

SPECIMEN	
Specimen Type:	Blood
Draw Date:	Sep 27, 2002
Accession Date:	Sep 30, 2002
Report Date:	Oct 11, 2002

PATIENT	
Name:	Cynthia
Date of Birth:	
Patient ID:	
Gender:	Female
Accession #:	
Requisition #:	

Physician: Wendy Raskind, MD

Test Result

Gene Analyzed	Specific Mutation	Test Result
BRCA1	exon 13 del 3.835kb	Negative
BRCA1	exon 13 ins 6kb	Negative
BRCA1	exon 22 del 510bp	Negative
BRCA1	exon 8-9 del 7.1kb	Negative
BRCA1	exon 14-20 del 26kb	Positive

Interpretation

POSITIVE FOR A DELETERIOUS MUTATION

The results of this analysis are consistent with the germline BRCA1 mutation exon 14-20 del 26kb, resulting in a deletion of exons 14-20. Although the exact risk of breast and ovarian cancer conferred by this specific mutation has not been determined, studies in high-risk families indicate that deleterious mutations in BRCA1 may confer as much as an 87% risk of breast cancer and a 44% risk of ovarian cancer by age 70 in women (Lancet 343:692-695, 1994). Mutations in BRCA1 have been reported to confer a 20% risk of a second breast cancer within five years of the first (Lancet 351:316-321, 1998), as well as a ten-fold increase in the risk of subsequent ovarian cancer (J Clin Oncol 16:2417-2425, 1998). This mutation may also confer an increased (albeit low) risk of male breast cancer (Am J Hum Genet 62:676-689, 1998), as well as some other cancers. The implications of BRCA1 mutations for the medical management of men, however, have not yet been established. Each first degree relative of this individual has a one-in-two chance of having this mutation.

Please contact Myriad Professional Support at 1-800-469-7423 to discuss any questions regarding this result.

Authorized Signature:

Thomas S. Frank, M.D.
Medical Director

Brian P. Mullaney, M.D., Ph.D.
Associate Medical Director

Brian E. Ward, Ph.D.
Laboratory Director

Myriad Genetic Laboratories, Inc. • 320 Wakara Way, Salt Lake City, Utah 84108 • (801) 584-3600 • Fax (801) 584-3640

APPENDIX F

HOPE-BASED LEADER, BUSINESS

Deseret News

Every 1 Counts: Never forget how you made them feel

By Cynthia Kimball

Published: Tuesday, Feb. 15 2011 2:36 p.m. MST

Her name is Judith and she's a teacher, trainer and leader. To this day when I think of her, I smile.

She buys some of her clothes and household furnishings at thrift stores.

She wears colorful pantsuits from pastels to neon.

Her signature lipstick is bright red.

Her smile is always large and infectious. Sometime her teeth even wear that bright red lipstick.

Her hair, jet black, also sports a streak of fuchsia.

In Judith's presence, you feel good. She is one of those people you crave to be around because there's this positive energy, light and aura.

There are no games, bullying, favoritism, toxic behavior, pretentiousness, feelings of entitlement or power trips. That stuff is not in her being or vocabulary. Actually, she wouldn't know what to do with any of those.

Nor are there demeaning responses or questions or even tone of voice. Stupid question? *Never*.

There is no making you feel small and enjoying it; only tall and enjoying it.

Her time is your time. And if it's limited in the least bit, she will make time and then wondrously and unbeknownst to you, work to make your weak things strong.

When you leave Judith's presence, you want to do and be better. Somehow, even her nonverbal behavior instills confidence, not to mention her words like "You can do *anything*" and I believe in you." Judith's verbal and nonverbal behavior is congruent; she's essentially speaking the same language through both mediums. For example, you never have to worry from day to day if you are going to be the "good" or "bad" guy.

Judith is loyal beyond measure. If you share something with her --even if you didn't ask her to keep it in confidence-- she'll do it anyway because she believes in doing the right thing.

She is genuine, kind and loves you --the Christ-like kind-- even if

Every 1 Counts Never forget how you made them feel _ Deseret News.txt

she's only known you for a few minutes.

American poet Maya Angelou (2010) said, "People will forget what you said, people will forget what you did, but people will never forget how you made them feel."

To Judith and people like her, thank you. Your impact is immeasurable.

We truly will never forget how you made us feel. Nor will generations to come.

Cynthia Kimball is a professional speaker, trainer and doctoral student in workforce education leadership. Her column, "Every1Counts," appears weekly on deseretnews.com and in Deseret News. She can be reached at kimball@every1counts.net.

Deseret News

Every 1 Counts: There's a difference between managing, leading

By Cynthia Kimball

Published: Sunday, Nov. 7 2010 3:29 p.m. MST

So you've got this leader who is best friends with two of his employees.

They drink beers together. They visit each others' homes. They continuously text each other. Their families even do things together.

Bring in the seven other employees this leader supervises.

They don't drink beers with him. They don't visit his home or vice-versa. They don't text each other. And no, their families don't do things together either.

Here's the problem — or at least one of the problems.

This so-called leader shares personal and sometimes confidential information about the seven with his two buddies who are on the same level as the other seven.

So now this leader has created discord in his office. Not only has he singled out favorites, but he has shared personal and confidential information.

As a result, the two buddies walk around with a feeling of entitlement, whisper under their breath and roll their eyes at the other seven like they are in second or third class on the Titanic.

So, it's no surprise that there are power struggles, lack of trust, disloyalty and a "who cares" attitude.

Someone walking in off the street might think it's a harmonious and healthy work environment. There is sometimes laughter, there are staff pictures, there is occasional food set out like a pot luck, but just like in many family reunions, underneath the lipstick and plastered-on smiles, there is hurt, pain, disappointment, sadness, avoidance, shock, bitterness, jealousy and negativity.

Did this "manager" create discord in this workplace?

It is highly likely.

Contrast to another leader I know who recognizes each employee, sincerely asks them about their goals and their family, buys pizza in-house for all, compliments each one personally, works to be fair and does not do personal family outings with his employees unless he can include all of them.

The first "manager" might think that the "seven" are the reason for the discord when in actuality he is.

Examine how you treat your employees and why you give special privileges to some and not to others.

Work to acknowledge those you haven't.

Be fair to all.

Work to get to genuinely know people, even their names

It may take some time before your culture changes, but hey, you've got to start somewhere.

Might as well be with you.

Cynthia Kimball is a professional speaker and trainer. She writes a column for weeklies in southern Utah and is a southern Utah correspondent for Deseret News. She can be reached at kimball@every1counts.net <mailto:kimball@every1counts.net>. Her column, "Every1Counts," appears on deseretnews.com <http://deseretnews.com> bi-monthly.

APPENDIX G

HOPE-BASED LEADER, HEALTHCARE

Deseret News

Every 1 Counts: Good bedside manner helps everyone

By Cynthia Kimball

Published: Sunday, Oct. 10 2010 4:29 p.m. MDT

Bedside manner. You either have it or you don't. And bedside manner is not just health-care related, although you ought to have it if you are in health care.

I am currently on the East Coast speaking at various functions related to breast cancer for breast cancer awareness month.

And since I'm speaking in various health-care professionals' offices and even at a Bra-ha-ha event where health-care professionals will be present, I thought I would share what some of the best offices do to make staff and patients count and, of course, about the offices from "H-E-double hockey sticks."

In the best offices, your name is known, and so are things about you" your family and your health.

There is eye contact and your questions get answered. You don't feel rushed. You also feel a good energy in the office. You notice that the health-care professionals treat their staff like they matter and have say.

They do the same with you. You observe that passion to do the right thing is more important than a paycheck. You witness loyalty, trust, integrity, fun, love, respect, smiles, empowerment, creativity and innovation.

You've had such positive and memorable experience in this office even though you've had an invasive exam that you can't wait until your next appointment. You also can't wait to tell everyone you know about your experiences.

On the flip side at some offices you might see pretentiousness, cancerous behaviors, such as favoritism, special privileges, reprimanding staff in public, condescending and demeaning communication, bullying, gossip, sarcasm, cursing, disloyalty, harassment, affairs and staff walking on eggshells.

You might observe high turnover of staff. You might feel that you can cut the stress in the practice with a knife. You see that a paycheck is more important that doing the right thing.

Your health-care professional may continually look at his watch or the clock when you are in the examination room with him.

You leave and wonder why you keep going. You don't feel good about

Every 1 Counts Good bedside manner helps everyone _ Deseret News.txt

yourself or your appointment. You feel sick just thinking about the experience. You want to tell your family and friends how horrible it was.

I know one physician who allows patients to e-mail him. He also gives out his cell number.

I've e-mailed one of my doctors, one I've known for 16 years. When I e-mail him a question, usually, within minutes, he briefly responds. Sometimes he will return an e-mail with a phone call.

One time when I was doing a presentation about cancer mutations at one physician's office, he shut down his practice for lunch and included the entire staff to hear my story.

He also asked his staff what their thoughts were. I couldn't believe how much he respected his staff.

He explained to me that each staff member is vital to his practice and therefore he provides the same training opportunities to all.

He does whatever it takes to take care of his staff. Being in his practice that day and experiencing his bedside manner told me a lot about how he interacts with his patients.

If you are in the health-care field, or any field for that matter, know that it's not all about you. It's about your staff and taking care of them.

Do that and they will take care of your patients or customers. Be known for taking such good care of staff and patients that perspective employees and patients are adding their names to a waitlist just to get in your door so that they, too, can have positive and memorable experiences. Now that is practicing good medicine.

Cynthia Kimball is a professional speaker and trainer. She writes a column for weeklies' in southern Utah and is a southern Utah correspondent for Deseret News. She can be reached at kimball@every1counts.net <mailto:kimball@every1counts.net>. Her column, "Every1Counts," appears on deseretnews.com <http://deseretnews.com> bi-monthly.

APPENDIX H

HOPE-BASED LEADER, EDUCATION

Deseret News

Enoch Elementary school principal leaves giant imprint

By Cynthia Kimball Humphreys For the Deseret News

Published: Thursday, Nov. 26 2009 12:00 a.m. MST

When Cedar City's Enoch Elementary School principal, Lenora Roundy, was awarded, the prestigious Terrel H. Bell Award for Outstanding School Leadership earlier this month by the U.S. Department of Education, along with seven other principals nationwide, she was extremely honored, but cried and was even a bit sad. "I wanted every one of my teachers to have the recognition because I knew that they had earned it even more than I."

"What it means" Roundy continued, "is I have a whole bunch of wonderful people that make me look good. So I'm probably not a great leader it's just a wonderful group who just does it."

"She's an awesome lady," says Enoch Elementary 5th grade teacher, Melinda Huntsman. "She will stop at nothing to help kids learn and she's super supportive as a mentor," even staying late to talk to a teacher for hours. "Her door is always open."

Growing up in what used to be rural Iron County, Roundy dreamed of being a teacher. "Oh, I was going to be a teacher as long as I can remember," she says. Her father was a principal and a teacher and she was on a mission to follow his leadership footprints. So, too, was brother, Hal Adams, of Moab, who won last year's Utah's Teacher of the Year.

And Roundy's no stranger to leadership herself — first rearing seven children as a stay-at-home-mom. Most of her children are now either doctors or the equivalent of — who is on her seventh year as principal at Enoch. Prior to that tenure, she was principal at Escalante High School in Garfield County and has also worked the classroom as a teacher. Total years as an educator? Twenty four, not counting the mom stint. "I've taught everyone from kindergarten to seniors in high school," she says with gratitude and a smile.

"It's been really valuable to have that wealth of information in one person," says Huntsman.

"I've learned one thing," Roundy asserts when talking about the fact that 50 percent of her students come from low-income families, "that we can succeed if we just love the kids and teach them they will learn."

She adds passionately, "Our children are hungry to learn and just bright and beautiful."

Top-notch leaders create positive environments where people get along. It's no different at Enoch Elementary. "My teachers are each other's best friends," asserts Roundy. "You can't fail under those circumstances."

Enoch Elementary school principal leaves giant imprint _ Deseret News.txt

"Her door is always open," says Huntsman. "You can sit and vent and she offers suggestions. I've really appreciated her as a principal."

"We're just like any family and community. We have our happy times, our successes and our failures, but failure here is just like stepping stones; they don't stop anyone for too long."

"Every person in our school is so important. We're a working community."

And who says leadership doesn't start in the home or leave footprints? Don't tell this to Roundy. After all, she's walking proof.

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VITA

Cynthia Jeanne Kimball

Local Address:
Department of Teaching and Learning
University of Nevada Las Vegas
4505 S. Maryland Parkway Box 453005
Las Vegas, NV 89154-3005

Degrees:

Bachelor of Arts, English, 1989
University of North Carolina at Chapel Hill, Chapel Hill

Master of Education, Curriculum and Instruction, 2006
American InterContinental University, Hoffman Estates, IL

Presentations:

Kimball, C., McClain, C. & Gordon, H. (2013, September). *A methodological approach to autoethnography research: Implications for public health.* Abstract presented at the Nevada Public Health Association Conference, Reno, NV.

Presentations:

Kimball, C. (2014, January). *Improving Patient Outcomes Through Hope-Based*. Presented at the Personalized Medicine World Conference, Mountain View, CA.

McClain, C., Kimball, C., & Bezard, C. (2013, July). *A New Vision for ACTE Teacher-Leadership: Three Distinctive Perspectives*. Presented at the Nevada Association for Career and Technical Education Conference, Lake Tahoe, NV.

McClain, C. and Kimball, C. (2013, April). *Creating Your Cultural Foundation: If You Build It They Will Come.* Presented at the Association for Career and Technical Education Region (ACTE) V Conference, Salt Lake City, UT.

Kimball, C. (2012, September). *Understanding Hereditary Breast and Ovarian Cancer*. Presented at the Living Beyond Breast Cancer Conference, Philadelphia, PA.

McClain, C. & Kimball, C. (2012, July). *Career and Technical Education: What's Hope Got to Do With It?* Presented at the Colorado Association for Career and Technical Education Conference, Pueblo, CO.

McClain, C. and Kimball, C. (2012, April). *How to Engage Your CTE Classrooms the Zappos Way: Through Hope-Based Leadership.* Presented at the Association for Career and Technical Education (ACTE) Region V Conference, Jackson Hole, WY.

McClain, C. and Kimball, C. (2012, January). *Teaching "Above the Line": Hope-based vs. Fear-based Teaching and Leading.* Presented at the Clark County School District Career and Technical Education Leadership Conference, Las Vegas, NV.

Kimball, C. (2012, October). *Hereditary Breast and Ovarian Cancer Education*. Presented at the ACOG District II Conference, Manhattan, NY.

Wyatt, G. and Kimball, C. (2011, August). *Ready, Set, Go!* Presented for Nevada Operation Military Kids, Elko, NV.

Kimball, C. (2011, June). *Tell Me About Yourself: How to Engage Your Workforce.* Presented at Utah Courts Leadership Conference, Park City, UT.

Kimball, C. (2011, March). *BRCA Baby*. Presented at The Innovation Revolution: How Genetic Testing is Improving Health and the Economy Results for Life Congressional Policy Briefing, Capitol Hill, Washington, D.C.

Kimball, C. (2011, February). *Teach Students Joy—Not Misery*. Presented at the Science Education Council of Ohio Professional Development Conference, Akron, OH.

Kimball, C. (2010, October). *Empower Yourself with Knowledge*. Presented at the Ben and Esther Rosenbloom Owings Mills Jewish Community Center, Owings Mills, MD.

Kimball, C. (2010, October) *Empower Yourself with Knowledge*. Presented at the Harry and Jeanette Weinberg Park Heights Jewish Community Center, Baltimore, MD.

Kimball, C. (2010, September). *"Calling all Customers!" Customer Service Training*. Presented for the City of Mesquite and the Mesquite Chamber of Commerce, Mesquite, NV.

Kimball, C. (2010, September). *Leaders4Life*. Presented at the Girl Scouts of Southern Nevada Leadership Summit, Las Vegas, NV.

Kimball, C. (2010, September). *Cancer Coping Strategies for the Minority Woman*. Presented at the Southern Nevada Black Nurses Association (SNBNA) Conference, Las Vegas, NV.

Kimball, C. (2009, November). *You Matter No Matter What*. Leaders for Life (L4L). Presented at the Safety Solutions Coalition Youth Conference, Cedar City, UT.

Kimball, C. (2009, October). *BRCA Baby*. Presented at the Bra-ha-ha, Breast Health Day, Chesapeake, VA.

Kimball, C. (2009, October). *BRCA Baby*. Presented at the Kingsbrook Jewish Medical Center Genetic Symposium, Brooklyn, NY.

Dissertation Title:

An Autoethnography of Heart-based Hope Leadership: A Matter of Life or Death

Dissertation Examination Committee:

Chairperson, Clifford R. McClain, Ph.D.
Committee Member, Howard R. D. Gordon, Ph.D.
Committee Member, Travis A. Olson, Ph.D.
Graduate College Representative, LeAnn G. Putney, Ph.D.