Leadership styles of three Hispanic-American women in health science

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LEADERSHIP STYLES OF THREE
HISPANIC AMERICAN WOMEN
IN HEALTH SCIENCE

by

Kristel H. Pankau

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Education
in
Instructional and Curricular Studies

Department of Instructional and Curricular Studies
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August 1996
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ABSTRACT

Case study methodology was utilized to explore and describe leadership styles of selected Hispanic American women in management positions in the field of health science. A non-probability, stratified sample of convenience was used to process and determine final selection of three participants. At the time of the study all participants held full-time management positions for no less than four consecutive years. Participants ranged in age from thirty-five to fifty years.

The study also investigated the influence of personal biography, including, factors which fostered and constrained leadership in the women selected. Data were collected from questionnaire responses, interviews, and observations at professional sites in urban and rural areas of the western United States.

The results from the cases investigated indicated the following:
(1) The leadership styles of the women were a blend of proven leadership and management techniques. (2) A foundation of mutual respect, consistency, and the ability to lead by example were evident in each case. (3) Personal biography strongly influenced the development of leadership
styles and centered around family support. (4) Factors which fostered the development of leadership were also cultivated by family patronage along with a high level of persistence demonstrated by each participant. (5) The combination of being Hispanic and female proved to be a major obstacle toward the development of leadership. (6) To further constrain the development of leadership each participant was confronted with having to adapt to a less than friendly environment in pursuit of career goals. (7) In two out of three cases, there were apparently inherent role expectations by the husbands of the participants to be strictly wife and mother, and not pursue a career.

Findings provided provocative food-for-thought in revealing proven definitive guidelines and suggestions for effective leadership of three Hispanic American women in management positions in the field of health science. These guidelines and suggestions may be of value not only to other Hispanic American women aspiring to positions of leadership in the field of health science, but may very well cross-over into other disciplines and be beneficial to both men and women in or seeking leadership positions.
DEDICATION

To Ken, a special friend and teacher.
ACKNOWLEDGEMENTS

Maria Meyerson, Ph.D.

I am greatly indebted to my graduate (doctoral) program coordinator for giving me the opportunity of this huge endeavor.

Marianne Tortorici, Ed.D.

I am deeply indebted to my former professor, mentor, and supervisor who became my friend and colleague. She pursued me to pursue graduate studies and teaching. I thank her for this direction.

Mildred McClain, M.Ed.

I want to thank my good friend and colleague for our friendship and many discussions we had about our professions, radiology and education.

Doctoral Committee:


Finally, I owe the greatest debt to my doctoral committee who patiently encouraged and advised me throughout this long endeavor. Few will be able to appreciate or understand how difficult times can get for a doctoral student but somehow you made the accomplishment easier to achieve, for this I am grateful.
# TABLE OF CONTENTS

**ABSTRACT** ................................................................. iii  
**DEDICATION** ............................................................ v  
**ACKNOWLEDGEMENTS** .................................................. vi  
**CHAPTER 1 INTRODUCTION** ............................................ 1  
  - Goals and Objectives ............................................. 4  
  - Statement of the Problem ....................................... 5  
  - Research Design .................................................. 5  
  - Theoretical Framework ......................................... 7  
  - Limitations of the Study ....................................... 8  
  - Delimitations of the Study .................................... 8  
  - Significance of the Study ..................................... 10  
  - Definition of Terms ........................................... 11  
  - Organization of the Study .................................... 14  
**CHAPTER 2 REVIEW OF RELATED LITERATURE** ....................... 16  
  - Introduction ..................................................... 16  
  - Leadership Perspectives ...................................... 17  
    - Definitions ................................................... 17  
    - Assumptions and Myths ...................................... 19  
  - Leadership Styles .............................................. 22  
    - Contingency Approach to Leadership ....................... 22  
    - Behavioral Approach to Leadership ......................... 23  
  - Historical Development of Leadership Theory ............. 26  
    - "Great Person" Theory ....................................... 26  
    - Traitist Theory .............................................. 28  
    - Life Cycle Theory and Situational Leadership .......... 30  
    - Social System Theory and Organizational Behavior ....... 32  
  - Hispanic Americans ............................................. 34  
    - Demographics .................................................. 34  
    - Education and Family ....................................... 35  
    - Occupational Aspirations and Attainment ................. 37  
  - Societal Trends and Linkage Among Hispanic Women ....... 46  
    - Leadership Training Programs for Hispanic Women ..... 46  
  - Summary of Review of Literature ............................. 48  
**CHAPTER 3 METHODOLOGY AND PROCEDURES** ........................ 54  
  - Restatement of the Problem .................................... 54
<table>
<thead>
<tr>
<th>Research Design</th>
<th>55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Selection</td>
<td>56</td>
</tr>
<tr>
<td>Theoretical Sensitivity</td>
<td>58</td>
</tr>
<tr>
<td>Data Collection and Analysis</td>
<td>59</td>
</tr>
<tr>
<td>Observations</td>
<td>60</td>
</tr>
<tr>
<td>Interviews</td>
<td>61</td>
</tr>
<tr>
<td>Sequence and Method of Data Collection</td>
<td>62</td>
</tr>
<tr>
<td>Sequence and Method of Data Analysis</td>
<td>63</td>
</tr>
<tr>
<td>Case Study Format</td>
<td>63</td>
</tr>
<tr>
<td>Participant Anonymity</td>
<td>64</td>
</tr>
</tbody>
</table>

### CHAPTER 4 PRESENTATION OF THE FINDINGS

**Case Study One: Rosita**

- **Biographical Sketch**

**Themes of Adversity**
- An Uphill Battle
- Balancing Act

**Themes of Consistency**
- While on the Floor
- The Routine

**Themes of Competency**
- The Leadership Role
- Mutual Respect: A Necessity

**Summary of Case Study One - Rosita**

**Case Study Two: Maria**

- **Biographical Sketch**

**Themes of Adversity**
- An Uphill Battle
- Balancing Act

**Themes of Consistency**
- While on the Floor
- The Routine

**Themes of Competency**
- The Leadership Role
- Mutual Respect: A Necessity

**Summary of Case Study Two - Maria**

**Case Study Three: Ana**

- **Biographical Sketch**

**Themes of Adversity**
- An Uphill Battle
- Balancing Act

**Themes of Consistency**
- While on the Floor
- The Routine

**Themes of Competency**
- The Leadership Role
- Mutual Respect: A Necessity

**Summary of Case Study Three - Ana**

**Research Questions and Findings**

### CHAPTER 5 DISCUSSION, CONCLUSIONS, AND IMPLICATIONS

**Overview**

viii

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CHAPTER 1

INTRODUCTION

The increase of women into the labor force has been called the single most outstanding phenomenon of the twentieth century (Ginzburg, 1976). This participation has slowly resulted in increasing numbers of women assuming management positions and leadership roles in many American organizations (Hefferman, 1992). A reformation in leadership is occurring across the United States. This prolonged reformation has begun to unlock the full potential of both men and women in the American work force as the composition of managerial ranks are slowly revised (Dittman, 1992).

After two decades, affirmative action policies which sought to remedy the plight of Hispanic women and other minorities in this country have proven to be of marginal effect. There is token evidence that some progress has been made as more women are entering non-traditional careers such as medicine, law, and science research. There have been attempts in achieving equity for women in management and leadership positions with the establishment and growth of minority mentoring programs. However, there still appears to
be a strong lack of fundamental commitment to gender equity in the American workplace, especially for women seeking leadership positions.

Research has been conducted on leadership characteristics of both men and women (Bennis, 1993). Bennis (1993) and Cattan (1990) recognized the growing need for investigating the influence and leadership styles of minority women in the labor market. However, there appears to be a lack of research focusing on leadership styles of minority women in management positions. Furthermore, an extensive review of literature on leadership and minority women revealed limited research which directly examines leadership styles of minority women in the various fields of health science. According to the Bureau of the Census (1992), Hispanics are the fastest growing minority in the United States. The ever-growing Hispanic population in the United States and the increase of women to positions of leadership in the American work force (Baruth & Manning, 1992; Bureau of the Census, 1992) establishes the two components for this study.

According to Cattan (1990), between 1980 and 1989 the number of Hispanic workers in the United States rose dramatically accounting for almost a fifth of the nation's employment growth. The increase of Hispanic women was especially visible into the overall labor force in the 1980's and into the 1990's (Bureau of Labor Statistics,
According to Townsend and O'Neil (1991) two contemporary societal trends, a growing multicultural population along with more women entering the job market and assuming management positions, will most likely increase as we approach the twenty-first century. The most dramatic increase in management positions among minority women will very likely come from Hispanics (Cattan, 1990).

The migration of Hispanics from Mexico, Central and South America, and the Caribbean accounts for the large increase of Hispanic women entering the American job market. Civil wars, economic problems, and poverty in some of these areas have induced Hispanics to migrate to the United States in search of jobs and a better way of life (Cattan, 1990).

Research conducted by Cooney and Ortiz (1989) points to cultural differences in attitudes to explain why Hispanic women have traditionally had marginal opportunities in leadership positions. Cooney and Ortiz point out that traditional attitudes regarding women in leadership roles combined with ethnic stereotypes and perceptions of minority women have made it extremely difficult for Hispanic women to break through the "glass ceiling." Nevertheless, research indicates a slow trend toward Hispanic women entering leadership roles in the job market (Dittman, 1992). This trend is due, in part, to many Hispanic women being more likely to finish higher levels of formal schooling as compared to many of their other minority counterparts.
(Cooney & Ortiz, 1989). According to Cooney & Ortiz, Hispanic women have earned proportionately more two-year and four-year college degrees than Asian American or African American women.

To explore Hispanic women in leadership roles, this research has investigated three selected Hispanic women employed full-time in positions of leadership in the health sciences. The growth and expansion of health science programs in the United States during the past ten years, along with the influx of minority women into various fields of health science, suggest the need for this inquiry.

Goals and Objectives

The overall goal for this study was to examine and describe the phenomenon of minority women in leadership roles. A secondary goal of this study was to attempt to provide direction for future research involving leadership styles of minority women.

The primary objective of this investigation was to examine leadership styles of selected Hispanic American women. In doing so, certain guidelines for developing and implementing leadership styles for Hispanic American women were established. These guidelines offer insights for other Hispanic American women in leadership roles, especially those holding management positions in the field of health science.
Statement of the Problem

This study examined and described leadership styles of selected Hispanic American women in management positions in the field of health science.

The following questions guided the data collection throughout the study and provided a basis for inquiry:

1. What are the leadership styles of the selected Hispanic American women in management positions in the field of health science?

2. How has personal biography influenced the development of leadership styles of the selected Hispanic American women in the field of health science?

3. What factors fostered the development of leadership in the selected Hispanic American women in the field of health science?

4. What factors constrained the development of leadership in the selected Hispanic American women in the field of health science?

Research Design

A multiple case study research design was used in the study. According to Yin (1984), this methodology allows for a high degree of exploration and provides a descriptive process to identify, describe, and report the information collected. Application of multiple case study design
allowed the researcher to examine the dynamics surrounding the leadership styles of the selected Hispanic American women. "The major objective of a case study is to study a unit in-depth in order to understand how that unit functions in its setting" (Fuchs, 1980, p.8).

The aim of my study was to explore the relationship between biography and leadership among the selected Hispanic American women employed full-time in the field of health science. The study examined factors that foster and factors that constrain the development of the selected Hispanic American women as leaders in the health science. Because the study focused on the personal biography and the influence of that biography on the development of their leadership styles, in-depth interviews were needed to explore this relationship. Since biography is personal, distinctive research methods were also needed to help explore, capture, and describe the uniqueness of each individual. Therefore, qualitative methodology was selected for the study, along with a multiple case study research design.

Data are best captured with methods commensurate with qualitative research, specifically, case study research design (Strauss & Corbin, 1990). Qualitative research methods involving multiple observations, field notes, scheduled formal and informal interviews taped and transcribed, reflective journals, and periodic peer debriefings as described by Yin (1989), and Strauss and
Corbin (1990) were utilized in data collection and analysis. Data was triangulated (Mathison, 1988) to enhance validity of the study and to more effectively determine the relationship of biography and leadership styles of the selected Hispanic American women in the field of health science.

Theoretical Framework

The concept of Situational Leadership (Hersey & Blanchard, 1988), provided the theoretical underpinning for the study. In 1969 Paul Hersey and Kenneth H. Blanchard developed the Life Cycle Theory of Leadership. This theory proposed that the leader uses varying degrees and patterns of behavior during the life cycle of the group. The Situational Leadership Theory was developed and refined by Hersey and Blanchard in 1977 from the concepts of the Life Cycle Theory. Hersey and Blanchard (1988) noted "the concepts of leader style are directly integrated with situational demands of a specific environment" (p. 117).

According to Hersey and Blanchard (1988) leadership style is considered effective when the style is appropriate for a given situation and is deemed ineffective when the style is not appropriate for the situation. These researchers conclude that any of the basic leadership styles of autocratic, democratic, or laissez faire can be effective or ineffective, based upon the context of the situation. Hersey and Blanchard further suggest that effectiveness is
considered a matter of degree with any leadership style within a given situation. Research by Hersey and Blanchard (1988) surrounding the Situational Leadership Theory identifies three dominant components in the leadership process: "the leader, the follower, and the situation" (p. 121).

Limitation of the Study

While all research methods may be deemed imperfect, multimethod research is a strategy for overcoming this barrier by "exploiting the fortunate circumstance that, because all methods have flaws, their weaknesses differ, and their varied strengths provide the opportunity to check and compensate for their varied faults" (Brewer & Hunter, 1989, p. 253).

This study makes use of a survey questionnaire developed by the researcher. Among the limitations for using this approach are: data are dependent upon the honesty of those providing the data; data are highly dependent upon the "goodness" of the initial research question; and data are accumulated in vast amounts and can cause the researcher to "miss the forest while observing the trees" (Marshall & Rossman, 1989).

Delimitations of the Study

According to Erickson (1986), to analyze data from qualitative studies is to "generate empirical assertions,
largely through induction and to establish an evidentiary warrant for these assertions by systematically searching and disconfirming as well as confirming data" (p. 146). Erickson explains the collection, sorting, and analysis of data in qualitative research may or may not establish guidelines or patterns in determining definitive conclusions.

The data collected and analyzed for this study involved the efforts of a single researcher. The researcher conducted the study over a one year period at various medical centers and affiliated satellite facilities located in urban and rural areas of the western United States.

One of the delimitations of this study is that the research was confined to one group of respondents (Hispanic women) and may overlook similarities or differences with other minority groups. The group studied was not entirely homogeneous. There are differences between Mexican American and Cuban American women despite the commonalities of language, religion, and family norms. Even these similarities are greatly influenced by historical, economic, and geographical factors. This study did not look at variables which may influence the career mobility patterns of other minority women such as Asian Americans, African Americans, and Native Americans.

The level of position examined in this study may also be considered a delimitation. This study involves three Hispanic women, two nursing supervisors and one radiology
An additional delimitation of the study involved the response effect. According to Borg and Gall (1983) the response effect refers to the tendency for participants to give inaccurate or incorrect responses. Borg and Gall explain that, on occasion, participants may respond in such a way as to avoid possible embarrassment or to appear foolish in the eyes of the researcher. Response effect is often an inherent delimitation of interview data which can be minimized by repeated member checking. Member checking is a process where questions are repeated throughout a study to assure a high degree of continuity in the participants' responses (Spradley, 1979).

An incumbent delimitation of the study involved the researcher's influence on the environment of each participant. It was anticipated that the researcher's presence in certain professional and non-professional settings may influence or alter the otherwise normal behavior of the participant (Borg & Gall, 1989).

Significance of the Study

According to Marshall and Rossman (1989), research must demonstrate it's usefulness in three broad ways. First, it must contribute to knowledge. Second, the relevant policy arenas should find purpose and meaning in the study. And third, the study should be useful to practitioners.

This study has established a foundation of knowledge by
examining the leadership styles of three Hispanic women in the field of health science. Further, it identified factors which may foster and factors which may constrain Hispanic women in their pursuit of leadership positions. The study illuminated the influence and relationship of biography to each of the three respondents with regard to securing and maintaining leadership roles.

Definition of Terms

**Ability** - the knowledge, experience, and skill that an individual or group brings to a particular task or activity (Hersey, 1985, p. 175).

**Attitudes** - disposition to act (Becker et al., 1961); manner, disposition, feeling, and position, with regard to a person or thing; tendency or orientation, especially, of the mind (Webster’s Encyclopedic Unabridged Dictionary of the English Language, 1989, p. 96).

**Autocratic Leadership** - one who leads with absolute power; a dictatorial method of decision making (Lynch, 1993, p. 11).

**Culture** - the acquired knowledge people use to interpret experiences and generate behavior (Spradley, 1980, p. 6).

**Democratic Leadership** - a process of decision making which welcomes and accepts the input of group members toward the accomplishment of a common goal (Hersey, 1985, p. 31).

**Health Science** - a general term which includes a myriad
of health disciplines such as nursing, radiology, physical therapy, respiratory care, occupational health, speech therapy, and laboratory.

**Hispanic American Women** - for the purpose of this study the term Hispanic American Women refers to any female born in the United States with an Hispanic ethnicity, for example, Mexican American and/or Cuban American.

**Laissez Faire Leadership** - a "hands off" approach to leading; decision making by committee; opposite of autocratic leadership style; (Lynch, 1993. p. 14).

**Leadership** - "the behavior of an individual when he/she is directing the activities of a group toward a shared goal" (Bennis & Nanus, 1985, p. 7).

**Leadership Effectiveness** - the extent in which the leader influenced his/her followers to achieve group objectives (Reddin, 1970, p. 89).

**Leadership Style** - the consistent manner in which actions are performed in helping an individual or group maneuver toward shared goals (Haas, 1992, p. 17).

**Management** - for the purpose of this study the terms management and leadership will be synonymous.

**Modality** - a specific discipline within a given field of health science; (Davis, 1989, p. 1138).

**Nursing Services** - for the purpose of this study, different nursing units within the hospital which provide care particular to one type of patient such as medical,
surgical, pediatric (children), geriatric (aged), psychiatric, obstetrical/maternity, intensive/critical and emergency care.

**Professional Working Women** - for the purpose of this study, females who have competence in particular fields or occupations. For example, nursing supervisors in the field of health science.

**Radiological Sciences** - for the purpose of this study, a branch of health science involving modalities in diagnostic imaging and therapy such as cardiovascular-interventional technology, computed tomography, dosimetry, education, magnetic resonance, mammography, management, nuclear medicine, quality assessment, radiation therapy, radiography, and sonography.

**Radiologist (M.D.)** - A physician specializing in radiology which is the branch of medical science dealing with use of x-rays, radioactive substances, and other forms of radiant energy in diagnosis and treatment of disease (*Miller-Keane Encyclopedia & Dictionary of Medicine, Nursing, & Allied Health*, 1992).

**Registered Nurse, R.N.** - a nurse who is licensed by the American Nurses Association (ANA) to practice in one or more states within the definition and roles specified by the nurse practice acts of the states; may be a graduate of a diploma program, community college, or a baccalaureate program (Douglass, 1992, p. 262).
Registered Technologist, R.T. - a practitioner or radiologic technologist certified by the American Registry of Radiologic Technologists (ARRT) responsible for the administration of ionizing radiation to humans/patients for diagnostic or therapeutic purposes (Scope of practice & position description for radiologic technologist by the American Society of Radiologic Technologists, 1987).

Situational Leadership - one who leads and makes decisions based upon existing conditions and environment (Hersey & Blanchard, 1986, p. 42).

Socialization - the process by which people selectively acquire attitudes, values, beliefs, skills, and knowledge of a group of which they wish to become a member (Paterson, 1989 p. 4).

Supervisor - for the purpose of this study the terms supervisor and manager will be synonymous.

Organization of the Study

Chapter one has presented an overview of the research questions for the study as well as the research problem statement. Included in chapter one are goals and objectives, limitations and delimitations, research design, significance of the study, and definition of terms. Chapter two includes an introduction to the review of related literature and a description of the four major categories investigated. A synthesis of the research reviewed, along with its relevance to the topic investigated, were presented in this chapter.
Chapter three describes the methodology and sequence of procedures implemented for participant selection, data collection, and data analysis. The format used for each case study, along with themes and categories, are outlined in this chapter. Chapter four reports the findings in an attempt to answer the questions posed for the study. Chapter five provides a discussion of the findings and implications for future research. Appendices and references complete the document.
CHAPTER 2

REVIEW OF RELATED LITERATURE

Introduction

The literature review on leadership styles of Hispanic American women has been divided into four sections. Leadership perspectives were discussed in the first section of the literature review. This section included definitions, assumptions and myths, along with the more noted styles of leadership. Characteristics of leadership styles were examined to help provide a foundation for understanding differing management approaches that were researched for the study.

The second section of the literature review traced the historical development of leadership theory. Emerging from this section of the literature review was a discussion of leadership theory and its relationship to the conceptual framework of the study.

An in-depth examination of Hispanic Americans, focusing on Hispanic American women, constituted the third section of the literature review. This section reviewed demographics and cultural characteristics associated with Hispanics.
Family values, attitudes on education, and professional aspirations were among the topics examined. The challenges and barriers to success facing Hispanic American women in the American work force were highlighted in this portion of the review.

The fourth and final section of the literature review examined societal trends of Hispanic American women in leadership roles. A discussion of related research involving the linkage among Hispanic American women and women in general aspiring to leadership positions is presented. Concluding the literature review on leadership styles of Hispanic American women is a synthesis of the four sections.

Leadership Perspectives

Definitions

The literature offered an abundance of definitions describing leadership. The most common and perhaps most widely accepted definition of leadership was offered by Hemphill and Coons (1957). They define leadership as "the behavior of an individual when directing the activities of a group toward a shared goal" (p. 7). According to Daresh (1989) and Bennis and Nanus (1985) this definition provided a generic foundation for understanding the purpose of leadership.

Building on the definition of leadership by Hemphill and Coons was this interpretation by Tannenbaum, Webster, and Massarik (1961). They defined leadership as "an
interpersonal influence, exercised in a situation, and
directed through the communication process, toward
attainment of a specific goal or goals" (p. 24).

Some researchers see leadership as being power based.
For example, Janada (1960) defined leadership as "a
particular type of power relationship characterized by a
group member’s perception that another group member has the
right to prescribe behavior patterns for the former
regarding the activity as a group member" (p. 358). Janada’s
explanation of leadership was supported by the following
definition; "an influence process whereby the power of O’s
actions changes P’s behavior and P views the influence
attempt as being legitimate and the change as consistent
with P’s goals" (Kochan, Schmidt, & DeCotis, 1975, p. 285).

Lord and Maher (1991) offered a more corporate and
organizational definition of leadership. They described
leadership as being, "the influential increment over and
above mechanical compliance with the routing directives of
the organization" (p. 528).

According to Daresh (1989) the definitions above
represent a wide range of ideas about leadership and
organizational leadership. He noted that these definitions
all displayed some commonalities. For example, each
definition suggested that the central feature or theme of
leadership was an interpersonal relationship where one
controls, or at least influences, the behavior of another
person. Also, most of the definitions on leadership suggested leader behavior implies some sort of change, that leaders promote movement in the organization or in the behaviors of people in the organization.

Recent research on leadership has emphasized a simple and pervasive observation. Leaders must have followers. The result of this emphasis has been the analysis of a set of behaviors often described in the literature as "followership" (Daresh, 1989, p. 26).

Assumptions and Myths

"Many assume that the world is divided into leaders and followers" (Reibstein, 1990, p. 11). Generally, "leaders are a select few who drive or inspire others to achieve more than they would ordinarily" (Filley & House, 1969, p. 39). The nature of leadership is still a topic of inquiry for researchers from a myriad of historical and academic disciplines.

Many discussions on leadership typically include assumptions and myths which surround the subject. Regardless of the definition one chooses to describe, leadership is an ever-growing issue in organizational management (Bennis & Nanus, 1985). In their study of leadership behavior in a variety of settings Bennis and Nanus developed three assumptions to illustrate the need for leadership at all levels of employment. (1) Organizations are suffering from a "commitment gap": People do not believe in what their
organizations stand for because leaders have not developed a sense of belief in their followers. (2) The level of complexity in modern society is higher than it has ever been before. Predictability and stability are characteristics that are virtually absent from most organizations today. (3) Organizational credibility is disappearing. Generally accepted authority figures are being questioned and challenged more often because so many leaders have disappointed their followers in recent years.

As a result of their research, Bennis and Nanus (1985) suggested that leadership is no longer a simple academic term to be understood by social scientists, but a very real, everyday concept that has meaning for everyone. Studies indicated that this observation was shared by numerous leadership researchers (Daresh, 1989; Yukl, 1987; Lipham & Hoeh, 1974).

In order to have an understanding of leadership styles and characteristics, many researchers agree that certain myths surrounding the dynamics of leaders must be dispelled (Haas, 1992; Nelton, 1991; Hersey, 1985; Reddin, 1970), for example, the myth that leadership is a rare skill. According to Bennis and Nanus (1985), everyone has some potential and opportunities are great for many people to assume formal and informal leadership roles in a variety of settings.

One of the more pervasive arguments regarding leadership flourishes from the belief that leaders are born,
not made. According to Troy and Zellner (1992) the capacities and competencies of leadership can indeed be learned if there is a basic desire to learn them. Acquiring the knowledge and skills for effective leadership is not necessarily easy, but most people have the fundamental capacity to become leaders.

The belief that leaders are charismatic is a myth shared by many according to Bennis and Nanus (1985). Studies conducted by Bennis and Nanus (1993, 1985) strongly indicated that most leaders were quite human and they rarely possessed any magic talents that were unavailable to the rest of mankind. Additional studies conducted by Haas (1992) and Moran (1992) indicated that what we refer to as a charismatic personality is many times the result of leadership and leadership tendencies. Bennis and Nanus (1985) note that "good leaders often gain respect and admiration from their followers because of the way in which they demonstrate leadership qualities" (p. 102).

The literature reveals that myths surrounding leadership are slowly but consistently being eliminated by dedicated researchers in the behavioral and social sciences. However, Bennis (1993) explains that myths and stereotypes regarding leaders and their leadership styles are still a major road block toward understanding and acceptance of the many complexities which embrace leadership.
Leadership Styles

"Leadership styles are best examined when the leader is viewed in terms of specific acts and behaviors rather than by definition or title" (Fiedler & Garcia, 1987, p. 41). Many researchers and theorists relate patterns of behavior to leadership styles and the interactions between behavior and the situation (Blake & Mouton, 1964; Fiedler, 1967; Hersey & Blanchard, 1977). The literature referred to this interaction between behavior and the situation as situational leadership. This study was grounded in the concepts surrounding situational leadership. Simply, leadership styles/behaviors may change according to the given situation (Hersey & Blanchard, 1957).

Two approaches/styles to leadership developed from the concept of situational leadership. The contingency approach and the behavioral approach to leadership offered further insight into leadership behavior.

Contingency Approach to Leadership

The contingency approach to leadership examined the interaction of the dynamics of both the leader and the given situation (Lipham, 1985). The purpose of contingency leadership was to provide potential leaders with constructive methods for assessing various situations and for developing abilities in selecting appropriate leadership behaviors.

According to Owens (1987) contingency leadership
embraces two prevailing axioms. First, "there is no single 'best' leadership style suitable to all situations." Second, "the criterion for leader effectiveness is determined by the success of the organization or group in achieving its goals" (p. 157).

Fiedler (1987) conducted additional research into contingency leadership and its effectiveness. According to Fiedler, the effectiveness of a leader was contingent upon two elements: First, "the leader's motivational structure or leadership style" and second, "the degree to which the leadership situation provided the leader with control and influence over the outcomes" (p. 18).

Behavioral Approach to Leadership

Owens (1987) states, "leadership behaviors demonstrated in one situation were not assumed to be transferable to other situations" (p. 157). The behavioral approach to leadership focused on the distinction between the traits and personal characteristics of leaders and what leaders actually do to accomplish tasks and goals within the group. This approach examined leader behavior as well as the situation (Halpin, 1989).

Hemphill and Coons (1957) developed the first leadership questionnaire to help describe leaders in terms of their behavior. Building on research conducted by Hemphill and Coons, Halpin and Winer (1957) used the Leadership Behavior Description Questionnaire (LBDQ) to
identify two major factors in determining leader behavior. These two dimensions involve the elements of initiating structure and consideration.

Initiating structure referred to the leader's behavior in determining the relationship between oneself and members of the work group. It endeavored to establish a well-defined method of procedure and to expand and maintain channels of communication. Consideration referred to behavior indicative of friendship, mutual trust, respect, and warmth in the relationship between the leader and the group (Halpin & Winer, 1957). According to Lipham (1985) research implementing these two dimensions of leader behavior generally concluded "that leadership high in both initiating structure and consideration was most effective in achieving desired organizational and individual outcomes" (p. 58).

Expanding on Halpin and Winer's two factor dimensions of leadership style/behavior, Blake and Mouton (1967) developed the Managerial Grid. Within this two dimensional grid were positioned five leadership styles or behaviors. One axis of the grid illustrated the leader's concern for people, while the other axis depicted the leader's concern for production. Leaders recognized to be high on both axes were perceived as developing followers dedicated to task completion. Blake and Mouton also determined that leaders high on both axes had fostered positive relationships of trust and respect with their followers.
The Normative Decision Model developed by Vroom and Yetton (1973) linked leadership behavior to contingencies in the situation. This model emphasized how leaders should behave in order to better fit their leadership style to given situational demands (pp. 207-208). The model produced a flow chart consisting of various methods for solving problems involving decision making. For example, should a leader involve group members in the decision making process? The model provides a checklist to help the leader in making his or her decision. Among the criteria to be considered by the leader are areas such as the need for group support, leader's sufficiency of information, the rationale for one solution rather than another, expectancy of conflict among members of the group, and the sharing of organizational goals (p. 188).

Following Vroom and Yetton's 1973 Normative Decision Model, Hersey and Blanchard (1977) developed a Tri-dimensional Leader Effectiveness Model. This model incorporated concepts of leadership style with situational demands of a specific environment to help determine leader effectiveness. Hersey and Blanchard's (1988) research suggested that leader style is considered effective when the behavior/style is appropriate for a given situation and was termed ineffective when the behavior/style is not appropriate for the situation. According to Hersey and Blanchard (1988), "effectiveness is considered a matter of
degree with any leadership style in a particular situation when measured on a continuum extending from extremely effective to extremely ineffective" (p. 114).

Historical Development of Leadership Theory

"Great Person" Theory

According to Daresh (1989) the analysis of historical leadership has been dominated with the concept of the "great person" theory. The "great person" theory is "a psychologically based approach that suggested leadership was determined by the personality of an individual" (p. 14). Daresh further suggested that in order to develop an understanding of the behavioral characteristics of a leader we should look to how a "great person" demonstrated leadership in the past.

The literature offered numerous examples of noted historical figures to illustrate the "great person" theory of leadership. Among these notables are Caesar, Attila the Hun, Field Marshall Erwin Rommel, Helen Keller, and Martin Luther King. One of the most famous practitioners of the "great person" theory was General George Patton. Patton often determined how to deal with a problem by reviewing what was done by famous historical leaders under similar circumstances. It is well documented that General Patton was an avid student of military history and based many of his strategic decisions on those of the past. He often charted a path for the American army and the allied forces during
World War II based on strategies employed by Caesar and Rommel (Daresh, 1989).

The "great person" theory was most widely referred to when examining the dynamics surrounding leadership (Owens, 1987). For example, according to Owens, young children have been repeatedly advised to read and study biographies and autobiographies of famous historical people in order to learn the way in which such people lived their lives and became celebrated leaders. The implication was that if children read and study about such individuals as Helen Keller and Martin Luther King they would grow up with "the potential to become famous, inventive, brave, and have positive leadership characteristics" (p. 23).

Daresh (1989) admits there were drawbacks to the "great person" theory. He noted that even though understanding this theory is relatively simple, it has shortcomings that limit its usefulness as a guide to the development of leadership. For example, most individuals cannot agree on a single "great person" as a role model. Furthermore, Daresh suggested that the exact circumstances of two lives will never be precisely the same. Reading about the life of Abraham Lincoln does not enable us to follow in his footsteps, because so much of Lincoln's life was shaped by conditions which existed in the nineteenth century.

Another limitation of the "great person" theory was that the "person" has historically been defined in male
terms. The net effect of this sexism has been that women who aspire to leadership roles have been forced in most cases to find male role models (Shakeshaft, 1987). "Ultimately, this ignores natural differences between the ways that men and women might function most effectively in leadership positions" (p. 87).

Leadership researchers such as Daresh (1989), Owens (1987), and Shakeshaft (1987) agreed that perhaps the greatest drawback of the "great person" theory is that it may greatly limit the creative behavior of present leaders. For example, instead of asking "What would Caesar have done under these circumstances?" the modern leader might more profitably explore new ways of facing a problem. Daresh, Owens, and Shakeshaft concluded that by relying exclusively on the past behaviors of others for guidance, people in leadership roles will rarely bring about effective change so often needed in contemporary, dynamic organizations.

**Traitist Theory**

The "great person" theory suggested that we study individual leaders. A related theory suggested that to understand how leaders behave, we should examine several individuals to determine common characteristics or traits. This approach to examining leadership style was referred to in the literature as the traitist theory. An example of the traitist theory might note that leaders of successful corporations are generally tall, graduates of Ivy League
universities, and drive big cars. Therefore, the traitist theory would tend to support the notion that the way to get to the top of a major company would be to enroll at Yale, buy a Cadillac, and, if possible, grow a few inches (Daresh, 1989).

According to Daresh (1989), the traitist theory to the study of leadership style was appealingly simple and straightforward. This theory suggested that those in management positions who want to be perceived as effective leaders might constructively spend time finding out which of their predecessors were viewed as effective. Then, after identifying effective leadership traits found in all those individuals, apply them to one's own behavior. Daresh explained that "dressing for success" may sometimes produce an executive and thus make trait analysis a reasonable strategy. However, there are some obvious drawbacks.

For one thing, traits analyzed in this theory were frequently characteristics over which we have little control. Take for example, the height of an individual. The lives of Abraham Lincoln and Lyndon Johnson might reinforce the notion that physical height has a relationship to leadership ability, but how then does one explain the military leadership of Napoleon? None of the three "great persons" listed above had control over their height (Daresh, 1989; Owens, 1987).

In conclusion, the traitist leadership theory is
limited in scope and objectivity because of the several biases that past leadership reflects. For example, if we were to select future presidents on the basis of characteristics or traits of past presidents, they would all be white males (Shakeshaft, 1987).

**Life Cycle Theory and Situational Leadership**

The life cycle theory developed by Hersey and Blanchard (1969) moves from the psychological approaches of the "great person" and traitist theories of leadership to a more practical approach in understanding the complexities often surrounding leader behavior. This theory proposed that the leader uses varying degrees of structuring and considerate behavior during the life cycle of the group. The concepts of this theory were refined by Hersey and Blanchard in 1988 directly resulting in the Situational Leadership Style of behavior. The concept of Situational Leadership which grounds this study was based on the following precepts: " 1) an interplay among the amount of guidance and direction a leader gives, 2) the amount of socioemotional support a leader provides, and 3) the readiness level that followers exhibit in performing a specific task function" (Hersey & Blanchard, 1988, p. 170).

Hersey and Blanchard (1988) were quick to point out that situational leadership was not limited to a hierarchical relationship in terms of leader and follower and could easily apply to any potential leader or follower.
Hersey and Blanchard also note that situational leadership was not proposed as necessarily being the best leadership style. They contend that "leadership style is dependent upon the situation within which the leader attempts to influence the group" (p. 171).

Perhaps the most critical factor in determining the success and/or degree of effectiveness in situational leadership was the readiness level of the group. According to Hersey and Blanchard (1988) readiness is defined as "the extent to which a follower has the ability and willingness to accomplish a specific task" (p. 174).

Hersey and Blanchard (1988) identified two dominant components of the readiness factor: 1) Ability is the knowledge, experience, and skill that an individual or group brings to a particular task or activity. 2) Willingness is the extent to which an individual or group has the confidence, commitment, and motivation to accomplish a specific task (p. 175). According to Hersey and Blanchard, Situational Leadership implies that the leader assists followers or an individual to grow in readiness as far as they are willing and able.

Situational leadership dictates that any time the readiness factor of followers change, either increase or decrease, leadership style adjusts accordingly. For example, should the readiness level of the group increase, the effective situational leader would increase his or her
socioemotional support and become more relationship oriented, and less task directed. Ultimately, when the group achieves peak levels of readiness, the leader may then respond by decreasing both task-oriented behavior, as well as relationship-oriented behavior. At this stage in the situational leadership process group autonomy was recommended rather than socioemotional support (Hersey & Blanchard, 1988).

Hersey and Blanchard (1988) concluded that determining an effective leadership style was based primarily on how the individual or group ability and readiness level accepts influence. Simply stated, "The key to effective leadership is determining the readiness level and matching an appropriate leadership style (p. 183).

Social System Theory and Organizational Behavior

Jacob W. Getzels and Egon G. Guba (1957) offered a two dimensional approach in their description of organizations as a social system (the so-called "Getzels-Guba model"). The first dimension of Getzels and Guba's social system model involved the organization and/or institution also known as the nomothetic dimension. This dimension included the roles, expectations and goals of the institution as part of a social system.

The second dimension of the Getzels-Guba model involved the personal dimension sometimes referred to as the idiographic dimension. This dimension incorporates
individuals, personalities and need-dispositions, whose interactions comprise what Getzels and Guba call "social behavior".

The basic premise of the Getzels-Guba model is to show a dynamic interrelationship between institutional requirements and the idiosyncratic needs of individual participants. The shaping of the institutional role, the development of a climate within the social system, and the very personality of participants all dynamically interact with one another. Organizational behavior can be viewed as a product of this interaction (Owens, 1987).

According to Getzels and Guba (1957), effective leadership can only be attained when there is a strong congruence between the organizational (nomothetic) dimension and the personal (idiographic) dimension within a social system. The following illustrates the Getzels-Guba model.

Figure 1. Jacob W. Getzels and Egon G. Guba model of the organization as a social system. Adapted from Getzels and Guba, "Social Behavior and the Administrative Process," The School Review, 65 (Winter 1957), 423 by permission of Prentice-Hall Publishers, Englewood Cliffs, N.J.
Hispanic Americans

Demographics

Hispanics comprise the fastest growing minority group in the United States, with a growth rate of five times the national average (National Council of La Raza, 1992). Shortly after the beginning of the twenty-first century Hispanics are expected to make up the largest ethnic minority in the continental United States (Vega, 1990). Between 1980 and 1990, the Hispanic population in the United States grew by fifty-three percent, representing a total population of over twenty-two million (U.S. Bureau of the Census, 1990).

There are three major Hispanic groups in the United States: Mexican Americans, Puerto Ricans, and Cuban Americans. Mexican Americans are the largest Hispanic group in the United States, and this group is growing faster than are Cubans and Puerto Ricans. The rapid growth rate of Hispanics in America is due primarily to massive immigration and to a high birthrate (U.S. Bureau of the Census, Current Population Reports, 1992).

According to Banks (1991) it is misleading to consider Hispanics one ethnic group. Even though the various Hispanic groups share a past influence from Spain and the Spanish language, there are tremendous historical, racial, and cultural differences between and among them. For example, most Mexican Americans are mestizos, whereas some Cuban

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Americans and Puerto Ricans are Black. Some Mexican Americans are native to the United States; others, as well as some other Hispanics, arrived in the United States quite recently.


In 1991 approximately twenty-nine percent of Hispanics were living below the poverty level, compared to fifteen percent for the total population. The poverty rates for different Hispanic groups vary. Forty-one percent of Puerto Ricans in the United States were living under the poverty level, followed by Mexican Americans and Cuban Americans (U.S. Bureau of the Census, Statistical Abstract of U.S. Incomes, 1992).

Education and Family

As the Hispanic population grows in the United States it brings with it serious socioeconomic problems, with a contributing factor being low education attainment. Approximately fifty percent of Hispanics do not graduate from high school, thereby limiting their career choices (Vega, 1990). According to Vega, many Hispanics in the United States marry in their teens and immediately begin
families. This tendency adds to an already high dropout rate among Hispanics, especially Hispanic women.

The National Council of LaRaza (1992) reports that Mexican American women are among the least likely to attain formal education degrees as compared to Cuban Americans, Puerto Ricans, and other Hispanic minorities in the United States, be they men or women.

However, the lack of parental concern and family values regarding children and their education is a common misconception (Garza-Lubek & Chavkin, 1988). This misconception is fueled by the exceedingly high Hispanic dropout rate. On the contrary, research literature strongly suggests that Hispanic families play a significant role in the decisions made by their children. In fact, according to Vega (1990) "familism" (either face-to-face interaction or supporting behavior) is "more typical of Hispanic families than of non-Hispanic families" (p. 88).

Vega (1990) states, "family is the dominant source of advice and help in all generations of Hispanics" (p.88). He concludes, it is likely the role of family suggests, "that family values and attitudes play a significant role in educational and occupational decisions made by young Hispanic men and women" (p. 90). The National Council of LaRaza (1992) supported Vega’s contention and has all but dismissed the notion that Hispanic parents are not concerned about their children’s education.

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Occupational Aspirations and Attainment

According to Warren (1984), the low status of the Hispanic in the American workforce can be attributed to at least three major factors: (1) lack of English proficiency, (2) marginal level of education, and (3) the inherent discrimination resulting from these two factors. McKay (1986) strongly supported the belief that the language barrier faced by many Hispanics in America was the primary cause of low status employment. According to McKay, lower-paid, lower-skilled jobs are held by more Hispanics, especially by Hispanic women, than other ethnic group minorities. McKay's research suggested that "Hispanics are only about half as likely as non-Hispanics to hold managerial or professional jobs and instead work as operatives" (p. 9). However, the number of Hispanic women in the labor force, including those in management positions, continues to increase at a rate faster than that of other women (Coker, 1989).

According to Banks (1991) many low status jobs held by Hispanic Americans, especially Mexican Americans, developed during World War II. Agribusiness leaders in the United States desperately needed unskilled labor to harvest crops to help in the war effort. In July 1942, an agreement was signed between Mexico and the United States arranging for Mexican citizens to work within United States borders. Although this agreement helped reduce some of the extreme
conditions experienced by earlier Mexican immigrants, their wages, and working and living conditions were often depressing. In 1947, this agreement came to an end. When it terminated, the number of undocumented immigrants crossing the United States border skyrocketed. It was this series of events which led to unskilled labor becoming synonymous with a large portion of the Mexican work force in the United States.

Banks (1991) also pointed out that the chronic economic and population problems in many Hispanic countries has forced large numbers of undocumented Hispanic immigrants to enter the United States each year. Over the years these illegal immigrants have little choice but to take low status jobs. Should they have children born in the United States, many times the children will work in a similar job.

Among the more disheartening current trends facing the occupational aspirations and achievements of Hispanics in the United States job market in the 1990’s are: (1) a widening disparity of income among Hispanic workers compared to non-Hispanic workers, (2) cutbacks in federally funded job-training programs for minorities, and (3) the unstable nature of jobs available to Hispanics and other minorities (National Council of LaRaza, 1993).

"The dark cloud of discrimination in the United States still looms as the single greatest deterrent toward Hispanics securing positive and rewarding career
opportunities" (Vega, 1990, p. 114). However, Vega was quick to point out, "that enlightened interpretation of affirmative action policies, along with stricter enforcement of equal employment guidelines by watchdog organizations such as the Equal Employment Opportunity Commission (EEOC), has begun to neutralize the disparities often associated with hiring practices in the United States" (p. 115).

Gabriel and Williams (1991) lend support to Vega’s views regarding discrimination toward Hispanics in the labor market. Gabriel and Williams conducted a ten year longitudinal study which examined occupational discrimination toward Hispanics and Blacks in the 1980’s. The study utilized a multinomial logit model to construct hypothetical occupational distribution of Hispanic and Black males and females, based upon estimated male and female occupational structures obtained from the National Longitudinal Survey Youth Cohort. Comparison of the hypothetical distributions with actual distributions allowed the researchers to estimate the extent to which Hispanic and Black men and women face different processes for occupational attainment than whites. From their findings the researchers suggested that "for all minority cohorts examined in this paper, occupational distributions improved steadily when adjusted to the white occupational structure" (p. 43).

According to Gabriel and Williams (1991) the problem of
occupational attainment for Hispanics and Blacks was most acute in acquiring craft and management positions in the labor market. Noted in the study was a distinct disparity of Hispanic and Black women in attaining management or management related positions when compared to white women. Gabriel and Williams suggested that "policy measures designed to decrease occupational segregation among the minorities studied, such as Executive Orders regarding Affirmative Action or Title VII of the Civil Rights Act, have had a marginal affect" (p. 44). Based upon their research, they also suggested that Blacks were still the most occupationally discriminated against minority in the United States.

"The future for Hispanic American men and women in the United States labor force will continue to present important challenges" (Banks, 1991, p. 329). According to Banks, the need to increase the educational status of Hispanic youth, to close the income gap between Hispanics and Anglos, and to increase political representation at all levels of government will be among the many challenges faced by Hispanic Americans in the years ahead.

Hispanic Americans are the fastest growing minority in the United States. The contributions of Mexican Americans, Puerto Ricans, and Cuban Americans have been a viable and beneficial addition to United States society. This pattern is expected to continue (Baruth & Manning, 1992).
Hispanic Women: Barriers to Leadership Success

According to Nieves-Squires (1991), many Hispanic women feel caught between two cultures and feel they must respond to both traditional values and modern demands. Hispanic women face sexism, racism, and painful ethnic conflicts generated by socialization expectations and cultural conditioning. Minority groups and women in general are often viewed as marginal: "not one of us", "outsiders", or "the other" (p. 19).

Minority women report the presence of "double discrimination": being both female and racially or ethnically different. In general, being a female exposes a set of attitudes and stereotyping. For example, studies have reported that women are more likely than men to be interrupted during staff meetings. Men in general, receive more attention and feedback than women during the decision making process (Nieves-Squires, 1991).

Comments made by men were more likely to be listened to and responded to than comments made by women. Qualities and characteristics so highly valued for management positions such as leadership ability and intellectual competence were associated with males, specifically white males (Nieves-Squires, 1991). The same leadership abilities in Hispanic women were often denied or viewed as an exception. Often, when an Hispanic woman receives praise for her accomplishments, it is expressed in terms of her being
different from other Hispanics, the implication being that Hispanics in general are not expected to achieve and that she is different (better) than her peers. This judgement singles-out the individual Hispanic woman who succeeds and may cause her to view herself as separate from the minority group.

For Hispanic women, a major cause of stress which often leads to a lack of interest in pursuing leadership roles is culture conflict. Melendez and Petrovich (1989) point out that many attitudes and values of the white collar culture often associated with leadership roles are at odds with the character of Hispanic interpersonal relationships, forms of communications, and sex-role expectations. This is particularly demanding for Hispanic females who must deal with different cultural expectations in addition to facing difficulties that women or any minority might experience.

The Hispanic culture encourages tolerance of different opinions; therefore, trying to change another person's opinion, or debating issues, can be viewed as a sign of disrespect (Matute-Bianchi, 1982). This tradition may make Hispanic women in leadership roles uncomfortable, and may be misinterpreted by non-minorities as a lack of interest or leadership ability (Matute-Bianchi, 1982).

Another barrier confronting Hispanic women seeking leadership roles was a feeling of isolation due to the lack of Hispanics, both male and female, in middle and upper
management positions in the American work force. The few Hispanic men and women who have assumed leadership roles in various occupations are often perceived as "tokens", and this creates additional barriers for the Hispanic woman aspiring to a leadership position. The perception is that Hispanic women professionals were hired only because they are Hispanic and not because they possess the necessary credentials, experience, and qualifications for a particular leadership position. One belief was that Hispanic women obtained their positions because of gender and race (Green, 1988).

Nieves-Squires (1991) noted that at times an Hispanic woman may acculturate herself to the behaviors of the macro culture because she may think if she is "too Hispanic", she will have difficulty succeeding in management roles. She risks losing the support of her ethnic culture because of their perception that she is ashamed of being Hispanic. At the same time she also risks giving up part of her self-esteem, her heritage, her culture, and all that it implies.

Still another barrier faced by many Hispanic women seeking leadership positions in the job market has been the lack of mentoring opportunities (Green, 1988). Mentoring, also referred to in the literature as socialization, is an informal process by which individuals are "trained" and taught about the acceptable norms and behaviors of the organization. This process requires a teacher, mentor, or
role model.

In a study conducted by Lopez (1984) on job satisfaction levels of Hispanic female administrators, she found job satisfaction was closely tied to the level of socialization within the organization. As indicated previously, the socialization experience was usually performed with the assistance of a mentor or mentors. Since there are few Hispanic mentors, and even fewer Hispanic female mentors in middle and upper management level positions, Hispanic females find themselves on the periphery of the socialization process. Thus, many Hispanic females do not receive the training, resources, skills and encouragement to advance into top leadership positions.

Lopez (1984) and Stokes (1984) agreed that mentoring is an important facet of career advancement into the organizational milieu. They further concurred that the mentoring process and/or socialization into organizational structure is critical for women seeking leadership positions, especially among women of ethnic minorities. The basic function of mentoring is to ensure continuity of leadership in an organization through sharing of knowledge, power, and competence. The major barrier for most women, let alone Hispanic women, is that men are the sole keepers of this power and they have been reluctant to share it with women or with others different from themselves.

In a study on organizational barriers for women
administrators in business and education, Stokes (1984) found that sixty-one percent of the women surveyed felt they did not have access to power. In addition, the women who participated in this study felt that men had more control over budget and supplies than did women. The study also showed that seventy-four percent of the female respondents felt they were often ignored during important discussions and eighty-one percent felt they were less frequently consulted than their male colleagues (Stokes, 1984).

In the above section of the literature review several explanations have been advanced to identify and illuminate the many cultural and social barriers confronting Hispanic women who aspire to leadership roles. Perhaps the following quote from Vasquez (1984) best describes the plight of the Hispanic woman in America today. She states:

"Regardless of the expanded options resulting from social mobility, a Chicana's appearance, Spanish accent or Spanish surname will remind her of the negative societal values of her primary reference group....use of defense mechanisms of denial may be adaptive to the extent that it helps to avoid the pain of rejection, but it could lead to psychological maladjustment if we believe that it is not psychologically healthy to pretend to be what one is not" (p. 151).
Societal Trends and Linkage Among Hispanic Women

Leadership Training Programs for Hispanic Women

There has been considerable focus in recent years on developing strong linkages among Hispanic women and women in general aspiring to management and leadership positions in the United States. An area that has emerged partly in response to affirmative action is leadership training for women. In a study by Vaughan and Klaric (1990) thirty-seven percent of female managers surveyed said they participated in a leadership training program prior to becoming a manager or supervisor. The most frequently mentioned program was the Leaders for the 80's and the next most frequently mentioned was the American Council on Education (ACE) National Identification Program. Others mentioned were Harvard's Institute for Business Management, Bryn Mawr's HERS program, and ACE's Fellowship Program (Vaughan & Klaric, 1990).

Leaders for the 80's, which is now called Leaders for the 90's, is a national program which focuses on women who are in middle and senior management positions. It also has a program for female CEO's. The purpose of the program is to train women in budgeting, finance, and explore the differences in management styles of women from all walks of life. A major component of the Leaders for the 90's training program is to address the ever-growing needs of culturally diverse women in leadership roles.

Networking has become a societal trend in the 1990's
for women in, and aspiring to, leadership positions on all levels (Macias, 1994). According to Macias, part of this networking requires affiliation with certain women's organizations designed to recruit and train women for leadership roles. Among the most noted organizations that link women and provide venues for networking is the National Identification Program designed by the American Council on Education. The mission of the National Identification Program is to identify women and provide a strong support network for women who can help one another by sharing information about jobs, mentoring, sponsorship, and management techniques. The National Identification Program is currently operating in fifty states and plays an important role in bringing together women on a state and national level by holding large-scale regional and national conferences (Macias, 1994).

According to Vaughan and Klaric (1990) the professional pathway of Hispanic American women for entry into leadership positions in the 1990's is marginal at best, despite the efforts of organizations such as Leaders for the 90's and the National Identification Programs. Society in general has accepted the changing roles of many women in the work force as they climb the corporate ladder and challenge the glass ceiling. However this acceptance is tempered with a high degree of skepticism when Hispanic American women are involved (Macias, 1994).
According to Douglass (1992), management and leadership training programs for female health professionals is focused today on producing a multifaceted individual with capabilities to govern a culturally diverse work force. The trends of preparedness for Hispanic women during the training process centers around what Douglass (1992) refers to as the necessity to develop and maintain a high level of human and conceptual skills. She points out, until just recently, training programs for women seeking careers in health science primarily concentrated on teaching technical skills, with little or no thought given to women becoming managers and/or leaders in the field.

Douglass (1992) interprets human skill as that "which pertains to how something is done, to working with people, and to one's ability to work with others in the achievement of goals" (p. 212). Conceptual skill, "pertains to why something is done, to one’s view of the organization as a whole picture" (Douglass, 1992, p. 212). Douglass points out the integration of the human and conceptual skill components, along with a solid technical base is the key to producing effective Hispanic women leaders during the training process.

Summary of Review of Literature

The literature reviewed for this study on leadership styles of three Hispanic women in health science was divided into four major sections. The first section offered a
general overview of leadership perspectives. Perspectives included definitions of leadership, assumptions and myths surrounding leadership, and characteristics of the more common leadership styles from a collection of noted researchers.

Though the literature offered numerous definitions describing leadership, there appeared to be a general consensus among researchers that leadership as defined by Hemphill and Coons (1957), "is the behavior of an individual when directing the activities of a group toward a shared goal" (p. 7). Other definitions of leadership reviewed for this study added to or otherwise offered a variety of interpretations on Hemphill and Coons explanation.

Assumptions and myths surrounding leadership offered insight into the belief that the world is divided into leaders and followers. This section of the literature review also discussed the pervasive argument regarding the belief that leaders are born and not made. The need to dispel the many assumptions and myths which shroud the concept of leadership were discussed. The literature revealed that assumptions and myths surrounding leadership are slowly being eliminated by dedicated researchers in the behavioral and social sciences. However, Bennis (1990) was quick to point out that the many stereotypes and faulty perceptions of leaders and leadership styles are still a major road block toward a clear understanding of the many complexities
involving leadership.

Concluding the first section of the review was an in-depth examination of various leadership styles. Among the leadership styles examined were the situational, contingency, and behavioral approaches to leadership. Hersey and Blanchard's (1957) research, which fostered the concept of situational leadership, was highlighted in this section of the review to further illuminate the theoretical framework for this study.

The second section of this review focused on the historical development of leadership and leadership theory. Emerging from this section of the literature review was a discussion of leadership theory and its relationship to the conceptual framework of this study. A logical segue was demonstrated with the transition from the first section to the second section of the review by bridging the behavioral approach to leadership with the historical development of the "great person" theory of leadership.

Noted historical characters such as Attila the Hun, Helen Keller, General George Patton, and Martin Luther King Jr. were used to illustrate the "great person" theory of leadership. Also discussed in this section of the review was the traitist theory which examined common characteristics of leaders, actual and perceived.

The life cycle theory and its relationship to situational leadership completed this section of the review.
It examined Hersey and Blanchard's (1969) theory of moving from the many psychological approaches to leadership to a more practical approach to leadership. A key factor in the alliance of the life cycle theory and situational leadership is the degree and level of readiness of the follower to accomplish a specific task.

The third section of the literature review explored Hispanic Americans, focusing on Hispanic American women. Initially this section of the review examined the overall demographics surrounding Hispanics in the United States. Research indicated that Hispanics are the fastest growing minority in America, with a growth rate of five times the national average.

The review cautioned that it is misleading to consider Hispanics one ethnic group. It was pointed out the various Hispanic groups share a past influence from Spain and the Spanish language. However, examples were also presented to show some of the historical, racial, and cultural differences between and among Hispanics.

Also contained in this portion of the literature review was an in-depth look at education, family and the socioeconomic concerns of Hispanics in America. The dominant influence of family, referred to in the literature as "familism" is perhaps the greatest dictate in the life of most Hispanics. It is the family, and the structure of family values and attitudes which play a significant role in
the educational and occupational decisions made by young Hispanic men and women.

Concluding the third section of the review was an examination of the barriers to leadership success faced by Hispanic women in the United States. This discussion began by addressing problems facing women in general who aspire to leadership roles. Problems such as sexism, racism, stereotyping, and ethnic conflicts generated by expectations and cultural conditioning were discussed.

As this portion of the review began to focus on Hispanic women, it was revealed that their leadership abilities are often viewed as a rare exception. The literature also suggested that when an Hispanic woman receives praise for her accomplishments, it is expressed in terms of her being different from other Hispanic women. The implication of this body of research is that Hispanic women are not expected to achieve. Additional barriers to leadership success faced by Hispanic women such as stress, isolation, mentoring, and socialization were also highlighted in this section of the review.

The fourth and final section of the literature review examined societal trends and linkage among Hispanic women. Leadership training and networking programs for women have emerged out of the 1980's and have continued into the 1990's with an increased awareness toward the plight of minority women in securing leadership positions in the American work
force.

Though the literature offered no research which specifically examined the leadership styles of Hispanic women in the field of health science, it did offer insight as to what may be required of Hispanic women to be effective leaders in the future. Management training and leadership programs for Hispanic women today centers around the necessity to develop and maintain a high level of human and conceptual skills.

The literature also points out that until just recently, training programs for women seeking careers in health science occupations primarily focused on teaching technical skills. There was little or no thought given to women becoming managers and/or leaders in the field. The integration of the human and conceptual skill as described in the literature, along with solid technical skills will be key components in producing effective Hispanic women leaders in the future.
CHAPTER 3

METHODOLOGY AND PROCEDURES

Restatement of the Problem

The purpose of this study was to explore and describe leadership styles of selected Hispanic American women in management positions in the field of health science. The following questions guided the data collection and provided a basis of inquiry for the study:

1. What are the leadership styles of selected Hispanic American women in management positions in the field of health science?
2. How has personal biography influenced the development of leadership styles of selected Hispanic American women in the field of health science?
3. What factors fostered the development of leadership in selected Hispanic American women in the field of health science?
4. What factors constrained the development of leadership in selected Hispanic American women in the field of health science?
Research Design

Qualitative research methods as described by Yin (1984), and Strauss and Corbin (1990) were used throughout this study. By focusing on the discourse and activities of the selected Hispanic American women employed full-time as managers and/or supervisors in the field of health science, leadership styles were explored and described.

Application of case study research methods, as defined in Chapter I, examined the dynamics which surround and foster leadership styles of the selected Hispanic American women in the field of health science. Participant selection began with an initial eligibility interview conducted by telephone and administered to eight Hispanic American women employed full-time as managers and/or supervisors in the field of health science (Appendix B). The candidates for the initial telephone interview were determined from a non-probability, stratified sample of convenience as outlined by Bogdan and Taylor (1984). To further identify the eligibility of the participants and narrow the selection process, each candidate was formally interviewed (Appendix C). Criteria evaluated in determining the final three participants included data from an extensive biographical and professional information survey such as education and special training, religious affiliation, ethnicity (Hispanic), cultural values, professional responsibilities,
family responsibilities and support, goal setting, and number of employees supervised (Appendix D).

Participation Selection

"Snowball Sampling:" a non-probability, stratified sample of convenience, where the participants are referred by colleagues, friends, and other participants provided the method in selecting the potential participants for this study (Bogdan & Taylor, 1984). The highest degree of participant confidentiality was maintained throughout the selection process due to the researcher's conscious effort to interview potential participants in as many different health science modalities and locations as feasible. At no time was the identity of the final three participants selected for the study revealed to anyone including the initial candidates. The final three participants selected for the investigation were not informed that the study would eventually revolve around them.

Eight Hispanic American women employed in management positions on a full-time basis in the field of health science were intentionally selected to take part in the eligibility interview phase of the investigation. Eligibility interviews were conducted by telephone. These interviews afforded the researcher an opportunity to determine whether or not each subject met the initial criteria for the study. An additional outcome of the telephone interviews was the establishment of a rapport and
dialogue between the researcher and the final participants (Appendix B).

Individual, in-person interviews between each candidate and the researcher followed the initial eligibility interviews. These exchanges consisted of a series of predetermined, open-ended questions (Appendix C) directed toward the candidates who were selected from the data analysis of the initial eligibility interviews. An extensive biographical and professional information survey specific to the study was constructed by the researcher to further assist in determining the final three respondents for the study (Appendix D). The biographical and professional information survey as well as a series of interview questionnaires were submitted to a panel of educators and were reviewed for clarity and applicability to the study.

Similarities in job responsibilities, professional experience, education and credentials, marital status, number of children, age of children, and cultural characteristics were among a portion of the data analyzed for the selection of the final three participants. Constant comparative methods of data analysis (Strauss, 1987) from the initial eligibility interview, the follow-up, in-person interview and the biographical and professional information survey were utilized to secure an equitable process of elimination in determining the final three participants for the study.
The final three participants selected for the study possessed the following demographic and personal similarities. The participants were Hispanic American women of Mexican and/or Cuban heritage born in United States. They were employed full-time in management positions in the field of health science. The participants were married and had no more than four and no less than two children. Their professional experience ranged from ten to twenty years, and their management experience ranged from five to ten years. At the time of study, all three participants had held their current management positions for no less than four consecutive years. The participants for the study ranged in age from thirty-five years old to fifty years old. All participants were bi-lingual (spoke English and Spanish) and had at least an Associate of Arts or Associate of Science degree.

The final sample selection was determined due to the high degree of similarity with each other, as compared to other candidates screened. This three participant sample provided opportunity for a general cross case analysis.

Theoretical Sensitivity

Prior to this study and during the Spring of 1994, this researcher conducted a four-month single case study on a minority woman in a management position in the field of health science. The participant was an Asian American woman employed full-time as a laboratory supervisor in a large
medical center on the west coast of the United States. From this study the rationale for a multiple case study was generated.

While conducting the research for the single case study an understanding and sensitivity developed regarding the plight of minority women attaining and maintaining management level positions in the American work force. It was during this pilot study that an interest began to evolve to conduct a multiple case study looking at leadership styles of Hispanic women, the largest ethnic minority group of women in the United States. It was anticipated that the multiple case study examined in this research would further illuminate the leadership styles of the selected Hispanic American women employed in full-time management positions in the field of health science.

Data Collection and Analysis

The purpose of analyzing data from qualitative studies is "to generate empirical assertions, largely through induction" (Erickson, 1986, p. 146). By replicating the findings among the three participants of this study, a degree of similarity emerged from the data analysis. When replication developed and was vastly apparent, empirical assertions were possible. However, the purpose of this study was to explore and describe leadership styles of a small sample of Hispanic American women, rather than to generalize assertions.
Observations, field notes, interviews, reflective journals, questionnaires, and periodic peer debriefings, as described by Guba (1982), provided substantive rigor and credibility to the study. All data collected was triangulated (Mathison, 1988). This process of triangulation afforded a further degree of precision in the analysis of leadership styles among the participants by examining data from various sources. As a result of triangulation the researcher was able to measure the same phenomenon in different ways.

An inherent limitation of most research, the amount of time available to the researcher was neutralized by gathering data from multiple sources as described by Kagan (1990). "Constant comparative methods of analysis" (also referred to in the literature as "grounded theory") as described by Glaser and Strauss (1967), were rigidly maintained throughout the investigation.

A computer program entitled The Ethnograph (Seidel, Kjolseth, & Seymour, 1988) was utilized by the researcher during the data analysis phase of the study. This computer program allowed the researcher to enter field notes into the computer and sort the notes with relative ease and dispatch. This method of data analysis is widely accepted and recommended in qualitative research (Strauss & Corbin, 1990).

Observations
In order to obtain first-hand knowledge of leadership styles among the participants, field observations were conducted. These direct observations were made by the researcher, in various work-related settings, on a regularly scheduled basis over a prolonged period of time. Each participant was observed no less than twice a week for five and one-half consecutive months. Each observation was approximately three hours in duration. On occasion, the observation routine was interrupted by holidays, illness, family emergencies, or other unforeseen schedule conflicts.

These direct observations allowed the researcher the opportunity to record, analyze, and report leadership behaviors of the participants. This method of data collection was necessary and proved insightful in answering the questions posed in the study.

Interviews

In accordance with case study methodology, interviews comprised a major portion of the data collection process. Interviews, involving open-ended and close-ended questions and/or discussions as described by Yin (1988) were utilized throughout the study. During the open-ended interviews (Appendices E & F) participants were asked for facts or opinions regarding situations or events. When possible, open-ended interviews were focused directly on observed leadership behavior of the participant. Focused open-ended interview questions (Appendices E & F) were developed and
administered by the researcher to each participant for the purpose of ascertaining specific answers. All interviews were conducted separately with each of the participants.

The interview process allowed the researcher to collect data both formally and informally. It was anticipated that information involving family heritage, education and credentials, work experience, professional development and personal life situation would be better obtained primarily from the interviews. Additional data secured from regularly scheduled interviews provided tendencies, characteristics, and perceptions of leadership among the participants. These data proved valuable to the researcher in examining and describing the leadership styles of the selected Hispanic American women employed as managers and/or supervisors in the field of health science in the study.

Sequence and Method of Data Collection
a) Completed initial eligibility telephone interview.
b) Completed follow-up individual in-person interview.
c) Completed biographical and professional information survey.
d) Recorded field notes from observations of professional work and related settings.
e) Focused/Open-ended interviews, were taped and transcribed.
f) Researcher’s reflective journals were maintained.
g) Personal interviews, formal and informal were
conducted.

Sequence and Method of Data Analysis

a) Open coding of field notes from observations was used to establish and maintain major themes and/or categories throughout the study.

b) Themes and categories were developed for data sorting.

c) Consistent evidence reflecting relationships within key concepts derived from interview transcripts were analyzed.

d) Triangulation of multiple data sources were used to constantly compare and analyze.

e) Member checking to minimize response-effect and data accuracy was on-going throughout the study.

Case Study Format

Upon completion of the participant consent form (Appendix G) each individual case study followed a similar established format. Each individual case study contained a biographical sketch yielding background information regarding family heritage, education, job description, professional experience, marital status, number and ages of children, and additional pertinent demographics.

Remaining data were collected and sorted into various themes and/or categories. These themes and/or categories were used to establish and maintain data collection and
analysis as suggested by Yin (1988).

Concluding each case study is a summary of the leadership style and behavior of the participant. In addition, considerations and suggested guidelines for other Hispanic American women who are or may be employed in a similar health science position is outlined, with due caution considering the problems inherent in over generalizing from such a study.

Participant Anonymity

To help ensure participant anonymity, pseudonyms were used throughout the investigation. On occasion, metaphors were inserted to describe and label major themes and categories in each case study. At no time during the research was a participant’s place of employment referred to by name or specific location. The mutually agreed upon guidelines and procedures between the participant and the researcher for conducting the study are detailed in the participant consent form (Appendix G).
CHAPTER 4

PRESENTATION OF THE FINDINGS

This multiple case study was undertaken to explore and describe the leadership styles of Hispanic American women employed full-time in the field of health science. To accomplish this end, various forms of data were collected, recorded, transcribed, and analyzed. Responses to questionnaire items regarding the relationship of biography to leadership styles, along with data analysis from focused and open-ended interviews were reviewed and triangulated. Observation data were used to substantiate or refute information from the interviews.

Case Study One: Rosita

Biographical Sketch

Rosita is a forty-one year old Mexican American woman employed full-time as a nursing supervisor at a large medical center on the west coast of the United States. Born in El Paso, Texas, she is married and the mother of two teenage children, a boy and a girl. Rosita’s son attends high school, while her physically challenged daughter is in her last year of junior high. Rosita, a devout Catholic,
has been married to the same man for nineteen years. Her
husband is a construction worker and part-time house
painter.

Rosita is a registered nurse and holds an Associate of
Science degree. She has been working as a nurse for fourteen
years, the last nine years at her current place of
employment. Rosita has been a nursing supervisor since 1989
and works the 3:00 pm to 11:30 pm swing shift. When asked,
"Why did you become a nurse?" Rosita explained that she
comes from a large family and being the oldest had spent a
great deal of time taking care of her younger brothers and
sisters while her parents were at work. She said, "Becoming
a nurse seemed like the thing to do, I am good at taking
care of people." When asked, what was the most difficult
obstacle or constraint in your life? Rosita replied, "just
being me, a poor Mexican woman."

Themes of Adversity

An Uphill Battle

Rosita explained that being born and raised in El Paso,
Texas, just a few miles from the Mexican border, her
childhood was relatively free of prejudice and
discrimination. She attributes this impression to a high
concentration of Mexican and Mexican American cultures
living in the immediate area. Schools, businesses, churches,
and community life all reflected her Hispanic heritage.
Because of this set of circumstances, combined with an over-
protective father and a very close relationship with her mother, which is on-going today, Rosita described her childhood and early formative years as being "safe and insulated."

"I remember thinking that my father has a great job, he was a bus driver. Me and my friends could ride the bus all day without paying." With a deep sigh and glazed look, Rosita muttered, "I sure miss him." Her father passed away just last year.

Rosita noted that just after graduating from high school she began to realize that being, as she puts it, "a woman in a man's world, caused problems." She continued, "and being a Mexican woman in America, compounded these problems." When asked, what specifically started you thinking and feeling this way? Rosita explained that during the summer, after her high school graduation, she began to look for a part-time or full-time job to help out with the family and to save for the cost of her upcoming college tuition and related expenses. "I could not get a job, I just could not get a job," she stated. When asked why, Rosita annoyedly said, "I was so naive then!" She explained that what hurt and frustrated her the most, was even though all of her job interviews were conducted by men, most of these men were Hispanic. "I just did not understand," she said. Rosita recalled going back to one of the fast food restaurants where she was turned down for a job. It was
during this time that she began to see the dim light of reality which has often shadowed a good portion of her life. Every employee working at this fast food restaurant was a male, mostly Hispanic and a few African American.

After numerous unsuccessful attempts in getting a regular job, Rosita took on many baby sitting jobs and other short-term temporary help positions in the neighborhood while living at home with her parents. She began attending the community college part-time in the evenings while working during the day. Once she got accepted to the nursing program and felt she had enough money saved for tuition and books, she quit her day jobs in order to successfully complete the program as this endeavor required full-time status on days and some evenings for twenty-four plus months. However, Rosita still needed to work on weekends for other expenses. About half way through the program, she met her future husband and shortly after got married. This gave her an added challenge to stay focused in her study in order to finish the program while her husband solely supported her.

According to Rosita, coming to grips with gender discrimination in the work place was just the beginning of her long uphill climb toward reaching and maintaining a plateau of job security and personal self-esteem. She explained that her Hispanic heritage was an equally and sometimes more difficult obstacle to overcome toward
accomplishing her professional aspiration of becoming a nurse.

"I remember being happy going to the local community college because I was around so many of my own people." However, Rosita admitted this was probably a mistake going to a local two-year college because it did not, in her words, "prepare me for the real world." When asked if she could be specific, she explained, that her life at the local community college was very sheltered and did not really prepare her for interacting, understanding, and having to deal with other cultures, especially Anglos. She said, "Medicine is pretty much dominated by white males." She added, "Even though the vast majority of nurses are women, we still work with or for white male doctors."

The comment by Rosita regarding her working with a large number of white male doctors was apparent throughout the study. In fact, it was observed that there were no Hispanic physicians involved directly or indirectly with Rosita's normal work schedule. There was only one African American physician with which Rosita had occasional contact, an emergency room physician. Observation data also supports the existence of a heavily dominated white male administration at Rosita's place of employment.

Balancing Act

One rainy afternoon, just before starting her shift, Rosita talked about her life as an Hispanic woman. She said,
"I thought it would get easier as I got older." Rosita explained that she often feels that she has two strikes against her. Being a woman, and more times than not having to contend with male egos, both anglo and hispanic, especially in her duties as a supervisor, is strike one. Being an Hispanic woman, often surrounded by Hispanic males at home with inherently high degrees of machismo is strike two.

Rosita said that "My personal life as an Hispanic woman is very much the norm for most Hispanic women." When asked what she meant by the norm for most Hispanic women, she explained, Hispanic people are very family oriented. It is not unusual to have extended families with uncles and aunts, brothers and cousins, and other relatives visiting or even staying in your home for long periods of time. Rosita indicated that many times she is beset by Hispanic men in her own home due to this extended family tradition among Hispanics. According to Rosita, inherent with many Hispanic males is a strong and often misguided concept of machismo.

Rosita noted that having to contend with male egos at work and then with a constant environment of Hispanic machismo at home there seems to always be a struggle for her as an Hispanic woman. She said, "my life always seems like one big balancing act." Rosita admits at times to enjoy the over protective nature of many Hispanic men, but feels for the most part it is carried to extremes. Rosita said, "the
older I get, the more I resent being looked upon as a second
class citizen because I'm a woman."

In a slow and articulate manner Rosita explained that
she often wonders how she ever made it to a supervisory
position. When asked, how do you think you did it? She
replied, "I guess I have always had a desire to be in
charge, I like it. So I just kept working at it." She smiled
and repeated, "I really like it." She talked about the
changes over the years as a minority woman in nursing. For
the most part, the changes have been positive. When asked
for an example, Rosita said "I think women have finally
begun to receive respect for what they do and what they have
accomplished." At that moment her beeper sounded, she
excused herself, and moved to a nearby reception area to use
the telephone. Upon her return, Rosita explained that she
was going to start her shift earlier than usual, as she will
be short a nurse, due to a family emergency.

Themes of Consistency

While on the Floor

Rosita's demeanor at work, whether at the nurses
station or making rounds (checking on patients) is one of
calm and confidence. Rosita once said, "when I am on the
floor, I am in charge." Observation data totally support
this statement. Rosita goes about her duties with uncanny
dispatch, rarely wavering from the task at hand. Her
pedantic, yet affable manner is contagious among her nursing
subordinates and ancillary staff. Rosita insists that her floor (the fourth) be as quiet as possible, a true challenge between 5:30 and 7:00 pm, dinner time. Rosita makes a point of walking the halls during this time to be of assistance to her nursing staff, but also to have her presence felt by food servers. She feels her presence helps keep the noise level at a minimum, since it is common knowledge at the medical center that Rosita will not tolerate unnecessary noise during her shift.

Though diminutive in statue, when Rosita speaks, people listen. At no time was it observed that Rosita raised her voice to anyone on staff and rarely was she short or abrupt with other nurses and employees. When asked, what is your greatest strength as a nursing supervisor? Rosita replied, "Being consistent." She said, "If nothing else I am consistent." Rosita explained that in order for her to be effective as a supervisor, and to earn and maintain the respect of her employees, everyone must be treated the same. She mentioned that treating all her employees fairly is actually an easy task, because she goes by the book. Rosita strictly follows documented procedures and polices as outlined by the medical centers administrative council. She said, "my staff are responsible for knowing and carrying out the policies and procedures relative to their duties."

One can not help but notice how quiet and serene Rosita’s floor is compared to other floors at the medical
center. Her staff is most professional in their appearances and the performance of their duties. For example, Rosita simply will not tolerate a patient receiving medication late. If the physician prescribes medication every four hours, Rosita's nurses know it is to be every four hours, no ifs, ands, or buts! According to Rosita, schedules are established for a good reason and should be closely maintained.

The Routine

"Most jobs become routine after awhile, mine is no different." Rosita explained that with so many established polices, guidelines, and procedures for patient care, combined with repetitive daily schedules there is an habitual predictability to her job. Observation data strongly supported Rosita's feelings as to the high degree of regularity in the performance of her daily duties.

When asked, what is not routine about your job? Rosita was quick to respond, "watching people die, especially children, there is nothing routine about that, nothing!" She continued, "I used to feel sorry for myself because my daughter is deaf. But not anymore. Working here I realize how lucky I am to have healthy and happy children." A large number of patients on Rosita's floor have terminal illness mostly cancer; some are children.

What one thing has changed or caused the most impact on you and your profession? Rosita thought for a moment and
said, "probably AIDS (Acquired Immune Deficiency Syndrome)."

Can you give an example? She explained that this disease has re-written the book regarding patient care and treatment for those infected with HIV (Human Immunodeficiency Virus) or full-blown AIDS. "My nurses for example...they know if they make a mistake when handling an AIDS patient they can be infected with the virus...and we all know what that means."

How does this disease (AIDS) directly affect your job as a nursing supervisor? "Frankly it scares me. We have learned a lot about AIDS, but there are still so many unanswered questions." Rosita admitted to her being somewhat "pre-occupied" with the danger her nurses face when dealing with AIDS patients. She said, "so far we have had no problems, but to be honest, I always worry about my staff becoming infected." She explained that most of the nurses who work for her are married and have children. "We take every possible precaution to protect ourselves, but I still worry!" Rosita stated, "I guess there is nothing routine, when you are dealing with something that can kill you or watching patients you’ve cared for die."

Themes of Competency

The Leadership Role

"Rosita, what makes you a good supervisor, a good leader?" She smiled and said, "I have been called everything from Attila the Hun to Mother Teresa. I like it!" She continued, "I have good competent people working for me,
they know what has to be done, and they do it." Rosita remarked, "My staff makes me look good but, to me, it makes the department look good which involves all of us and I am very proud of that." Rosita explained that having confidence in the people who work with and for her is as she puts it, "half the battle." She revealed that her job as nursing supervisor, which carries a myriad of responsibilities, has become easier over the years. When asked why, Rosita noted that even though she takes her job seriously, she has learned to delegate more and more responsibilities to her staff, where before she felt uncomfortable doing so. She described her nursing staff as a team. Rosita explained that after a year of being swing shift nursing supervisor she began to realize, quote, "I was not the only good nurse on the floor."

"What were some of the steps you took to instill a team concept with your staff?" Rosita noted that one of the first things she did was to have her nursing staff refer to all patients on the floor as "our patients" and not yours or mine. Despite Rosita's position and seniority she began to schedule herself to work holidays and at least every other weekend. She modestly explained that this adjustment to the monthly work schedule was very successful in pulling her staff closer together in establishing and maintaining a team concept.

Mutual Respect: A Necessity
What one aspect of your leadership style do you feel is most important? After a brief deliberation, Rosita said, "there must be a certain level of mutual respect among people who work together." She explained that establishing mutual respect is so very important, especially in her case, being a woman and Hispanic. She explained that for most of her adult life she had to prove her worth as a professional. Once this was accomplished and mutual respect established, Rosita felt her life was far more productive and enjoyable both at home and at work. She feels that people working on her shift share a common bond and mutual respect for each other. Rosita feels that she has played a part in establishing this environment among her colleagues and staff.

Observation data suggests that Rosita is more nun than hun. Her compassion and understanding toward patients and staff is most evident. Rarely does she appear to get upset or disenchanted with her job. In fact, her efficiency is sometimes over-shadowed by her congenial nature. During the swing shift (Rosita’s shift), the fourth floor runs like a fine swiss watch, and Rosita is the watch maker. Furthermore data suggests that an aura of mutual respect among workers permeates the fourth floor during Rosita’s shift. Above all, the floor is quiet, very quiet!

Summary: Case Study One - Rosita

This case study on Rosita’s leadership style as an
Hispanic woman in health science indicated that from her teenage years through adult life her pursuit of employment opportunities and advancement at the work place was an uphill battle. This uphill battle for Rosita was predicated on her gender and ethnicity. Case study data indicated that being Hispanic was at times more of an obstacle for Rosita than being a woman. This feeling was supported in the study by the lack of Hispanic males and females employed in lower/middle management or professional positions at Rosita's work place compared to the high concentration of Anglo males and females employed in middle management or professional positions. Interview data also indicated that the influence of Rosita's home environment and domestic life also created a struggle for her due to the constant flow of Hispanic males and their inherent machismo behavior in her personal life.

Rosita is a woman who enjoys being in charge at work. Her professional demeanor is enhanced by calm and confidence while she attends to her duties as a nursing supervisor. Her desire to be consistent with all in her charge is perhaps the foundation of Rosita's leadership style. She feels that being consistent with employees and colleagues is relatively easy because she goes by the book. Rosita is a stickler for following adopted policies and procedures. Rosita makes it incumbent on her staff to know and follow exactly all policies and procedures relative to their specific duties.
As one might imagine with such a strong emphasis on following documented guidelines and procedures during Rosita’s shift at the Hospital a daily work routine was manifested. This manifestation was well known and respected by all who worked on the fourth floor during the swing shift from 3:00 pm to 11:30 pm. Conversely, what never became routine for Rosita was watching people die, especially children.

The Hun and Nun persona perceived by Rosita’s staff was exemplified by her passion for strict adherence to policy and procedure (the hun) opposed to her compassion and empathy in dealing with death on a regular basis (the nun). Another strong characteristic in Rosita’s arsenal as a leader is her confidence and respect for her colleagues. A cornerstone in Rosita’s leadership style is the development of mutual respect with all people she comes in contact with at the work place. Rosita cultivated this mutual respect by instilling a team concept among her co-workers. It is this mutual respect, realized through the necessity of interdependence among her co-workers, which Rosita feels makes her job easier while at the same time yields productive results.

Some might agree and concur that all leaders are compulsive. If so, Rosita is no exception. Data strongly suggests Rosita’s unwavering desire for quiet on the fourth floor during her shift. Compared to all other floors in the
hospital, the fourth floor during Rosita's shift is quiet, very quiet!

Case Study Two: Maria

Biographical Sketch

Maria is a thirty-nine year old Cuban American woman employed full-time as a Radiology Diagnostic Manager at a large hospital on the west coast of the United States. Born in Miami, Florida, Maria speaks both English and Spanish fluently and conversational French. She enjoys learning French on a self-study program as a hobby. She has been married to the same man for seventeen years and has two teenage boys. Her eldest son is a senior in high school and her youngest is a sophomore. Both boys attend a private Catholic high school just a few miles from the hospital where Maria works the 7:30 am to 4:00 pm shift Monday through Friday.

Maria's husband, twelve years her senior, is employed as a district manager for a large produce company where he oversees the import and export of fruits and vegetables to Mexico and South America. Maria met her husband during a radiology seminar. He was attending a seminar on marketing and computer technology at the same hotel. They married six months later.

Maria earned an Associate of Science Degree in Radiologic Technology from a two-year college in Dade County, Florida. She is a registered technologist (RT)
through the American Registry of Radiologic Technologist (ARRT). Maria has been working in the field of radiological sciences for almost twelve years and has been in her current position as Radiology diagnostic Supervisor for a little over four years. Maria has twenty-one people working for her, fourteen women and seven men. She is directly responsible to the Administrative Director of Radiology at the hospital.

When asked, "Why did you choose the health science profession?" Maria explained that she was very close to her grandfather who was a doctor in Cuba and then continued his practice after immigrating to the United States. Maria's father was killed in an automobile accident when she was just six years old and her maternal grandfather took on the role of her father. Maria stated, "my grandfather was a very strong influence in my life, he took me everywhere." Maria talked about her trips to the hospital where her grandfather worked and how she became fascinated with the many aspects of the hospital environment. Maria further explained that mathematics and science were her best subjects in school and that getting involved with the health science profession seemed to follow naturally. Maria shared her dream that she hopes to be a doctor like her grandfather someday.

When asked, "What was the most difficult obstacle or constraint in your life?" Maria, without hesitation, replied, "being Hispanic." When asked, does being Hispanic
still create obstacles for you today? Maria's reply was a modest, yet emphatic, "Yes, believe it or not, it still does today."

Themes of Adversity

An Uphill Battle

Maria considers herself fortunate to have grown-up in Southern Florida because of the very strong Cuban influence in the area. However, she is quick to note that if you were to leave the Miami area as a young Hispanic woman, as she did, it becomes very difficult to find your way. When asked if she could be specific? Maria explained that her move to the Southern California area to attend UCLA to prepare for acceptance into the UCLA School of Medicine, as a young woman was "frightening." It was the first time she was away from her home and family. Maria also noted that the opportunity to attend UCLA was exciting but she did not finish her pre-medicine degree to attend medical school. She admitted to spending many nights in her one bedroom apartment feeling lonely and homesick when she first arrived in California. With regard to Maria being an Hispanic woman in this new environment she said, "that was also frightening and difficult for me." When asked "Why?" She explained that even though there was a large Hispanic community in the Southern California area the vast majority were of Mexican heritage. According to Maria, at that time she was not aware of the apparent differences in cultures between Cuban

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Americans and Mexican Americans.

"I began to realize that one of the few things I had in common with most of the Hispanic population in the area was being Catholic," Maria stated. She explained that she spent much of her time gravitating toward Anglo females where she felt more comfortable, and that she would avoid being involved with the local Hispanics whenever possible. Maria admitted that this situation did make her life an uphill battle because she always felt somewhat like an outcast.

Maria explained that in her early years in California during her study at UCLA and her beginning years in California as a Radiologic Technologist at different medical centers as well as at the hospital where she is now employed as a Radiology Supervisor were relatively free of gender discrimination. She said, "being Cuban was more difficult for me at the beginning of my career than being a woman." However, this was soon to change as she began to seek supervisory and management positions at the hospital.

**Balancing Act**

Maria's husband was born and raised in Brazil before immigrating to the United States and the Southwestern states. According to Maria, it was just after the birth of her first son that she began to realize that being a woman at least in the eyes of her husband apparently brought with it certain role expectations. For a long time Maria's husband insisted that she quit her job and be a full-time
housewife and mother. She refused. Maria explained that this was the most difficult time in her marriage, but she and her husband managed to resolve the problem of her professional career taking time away from her domestic responsibilities.

The next and highest hurdle Maria faced in her life was acquiring and maintaining a supervisory position at the hospital. Maria explained that within a five and one-half year period she had applied for two separate supervisory lead role positions and was turned down for both. Though she admitted being very discouraged and felt discriminated against since both positions were given to Anglo American women, she persisted and applied for still another supervisory position. The third time proved to be the charm for Maria and she became the first Hispanic (Cuban American) female to work as a Radiologic Diagnostic Supervisor at the hospital.

When asked if this new position caused any additional problems in her personal life, Maria replied, "yes, very much so!" She explained, that even though the increase in pay was welcomed by her husband, there was also an increase in tension between Maria and her husband. Maria stated, "when I first started as a supervisor, I had to work the night shift". She explained that this caused renewed difficulties with her and her husband because it was very difficult to strike a balance between time spent on her career and her personal and family life. "My husband
strongly believes that a woman's place is in the home being
a wife and mother," with a smile Maria continued, "you know
that macho thing."

Maria admits that when she first started as a
supervisor much of her time was spent at the hospital and in
many instances domestic responsibilities were secondary.
However, she is quick to point out that her family was never
neglected and she is proud of the way her sons have turned
out. Maria noted, "My oldest son has been accepted to
Arizona State and the University of Colorado. He wants to be
a doctor. My youngest son is also doing well in his studies
and is the captain of the soccer team."

Themes of Consistency

While on the Floor

When asked, "Maria what makes you a good supervisor?"
After a brief deliberation, she replied, "I think my
attention to detail and treating all my employees equally."
Maria explained that a significant portion of her time is
taken with filling out forms and maintaining department
records. According to Maria, this paperwork is very time
consuming because she is responsible for such things as
departmental policies and procedures, budget, patient care
and documentation, equipment, supplies and inventory, as
well as overseeing and maintaining all radiology staff and
their payroll journals for the department. Maria feels that
being a detailed person is essential to performing her many
responsibilities as a supervisor. She also noted that this attitude toward filling out forms correctly and in detail has been adopted by her staff, which in turn makes Maria’s job easier.

Observation data strongly indicate that Maria’s demeanor while on the floor can best describe her as the consummate professional. Her appearance is impeccable, from her hair and makeup to an assortment of tastefully tailored clothes accented by a well pressed white lab coat, name tag and film badge (a radiation monitoring device). Maria’s very presence on the floor exudes authority.

It was evident that the respect given Maria by her staff is genuine. Maria’s interaction with all in her charge was consistently professional and positive in nature. At no time was it observed that Maria departed from her professional and positive manner in handling the staff. Maria’s professional deportment was best exemplified and tested when interacting with the not always pleasant and very demanding staff of some in-house physicians and radiologists at the hospital.

Maria confessed that dealing with an all, anglo male radiologist staff on a daily basis "at best can be trying." When asked, why? She said, "Well I’m not really sure." She continued and explained that there always seems to be a tremendous sense of urgency with so many of the radiologists when they deal with her. To this day, Maria is still not
sure whether this urgency is warranted or if she is just being challenged as a minority woman in a supervisory position.

Maria admits at times to extending herself beyond the specified requirements of her job description to accommodate the professional demands of the radiologists. When asked to give an example of going outside her normal job responsibilities to accommodate radiologists, Maria paused for a few seconds and said "sure, one example is constantly updating protocols (procedures for exams) sometimes on a daily basis depending upon the doctor's preference." She explained that after attending numerous workshops and seminars over the years regarding updated protocols for different modalities in radiology, she always made it a point to share the new literature and other developing information with the radiologists at the hospital.

"Another example is continuously working around the radiologists' schedules and locating them on their beepers." When asked what do you mean by that?, Maria went on to explain that sometimes the radiologists would switch their hours and/or days of regular and on-call schedules at the last minute without notifying the department. Maria explained that this oversight is not intentional but when these changes occur, this makes it very difficult in locating and/or paging a certain radiologist. Maria has on numerous occasions requested for the radiologists to keep
her and the staff posted with the changes in their schedules and suggested to meet with them on a more regular basis. She noted that these meetings would enable both the management staff and the radiologists to have the opportunity to discuss changes, problems and ways to improve the department as a group. However, according to Maria, in most cases, her efforts in this area have accomplished little toward a better working relationship between her and most of the radiologists at the hospital.

The Routine

When asked, "Maria how would you describe your job on a daily basis?" she said, "Well pretty much routine...I usually know what to expect." Maria explained that when she first took over the position as Radiology Diagnostic Supervisor very little in the department seemed to be well organized. In fact, according to Maria, before she became the supervisor, the Radiology department had a reputation of being very slow in developing films and at times was accused of even being antagonistic towards patients. Maria noted, "it took me about six to eight months to get things straightened out."

"Maria, how did you go about getting the department to run in a routine manner?" She thought for awhile and said "you need well documented and proven protocols and good people to carry them out." Maria explained that she first revised many of the policies and procedures for the
department. She then went about the unenviable task of training and retraining existing employees as well as hiring and training new employees when needed. Maria admits to this revamping as being one of the most difficult periods of time during her tenure as a supervisor.

When asked, what is not routine about your job? Maria smiled and said, "I can't think of anything right now." She continued, "I guess that's good." Maria admitted to enjoying her job and explained that just because a job may be routine doesn't necessarily make the job boring. Maria explained that on any given day the diagnostic radiology department may see between one hundred to one hundred thirty patients in different modalities ranging in age from newborn infants to senior citizens in their seventies and eighties. She said, "the variety of people that I come in contact with makes the job interesting." Maria continued, "it's like Forest Gump's box of chocolates, you never know what you're gonna get" (a reference to the Motion Picture, Forest Gump).

On further reflection, regarding her daily routine and the routines of the technologists in the radiology department, Maria noted that to become too comfortable with a given routine may be counterproductive. She explained that when you take too many things for granted, you increase the possibility for mistakes. When asked, how so? Maria said, "I don't want myself or my staff to become lazy or complacent at work...this is what I mean about routine becoming
Themes of Competency

The Leadership Role

"Maria, what makes you a good supervisor, a good leader?" Her response, "Can I think about that over lunch...and get back to you?" Sure! After lunch we continued our conversation. She said, "That's a tough question and there's probably more than one answer." Maria explained that she has been told that she has the "patience of a saint." She admitted to being very patient with her staff and people in general and felt that this trait has helped make her a good leader. When asked, "Why?" Maria noted that in order to be patient with people one has to have the ability to listen and listen carefully to what people have to say. "I have learned to listen...and this has helped me not only as a supervisor...but with my career in general."

Can you give an example of how listening has made you a good leader? She paused briefly and said, "well like solving a problem between two employees." Maria explained that in order to be an effective supervisor she must resolve conflicts that occasionally arise within her department in a fair and expeditious manner. She said, "the key to conflict resolution is to listen and listen objectively to both sides...so you can make an informed and impartial decision."

"Maria, if you had to choose just one trait or characteristic that makes you a good supervisor and/or a
good leader, what would it be?" With a grin from ear to ear she said, "Do you have any easy questions?" She then turned and gazed briefly out a nearby window. After a short period of pondering Maria replied, "I guess being people sensitive and having good human skills." She explained that her ability to be sensitive toward people and acquiring good human skills which is having the ability to select, motivate, work with and lead others has somehow always helped in her performance as a supervisor. "I have learned to treat people the way I would want to be treated."

Maria noted that next month she will turn forty-years old and that the older she becomes the more in tune she is with the need to be sensitive toward the diversity among people at the work place on all levels. She said, "it is not difficult for me to be sensitive toward other people... because at times I am over sensitive about being a Cuban woman and working as a supervisor." Maria went on to explain that being in charge of people only becomes difficult if you forget to consider the all important and many times forgotten human factor.

Observation data fully supports the people sensitive description explained by Maria. This people person characteristic was most evident in her consistent daily demeanor while at the work place. At no time was it observed that Maria wavered in her commitment of being sensitive toward the needs of colleagues and patients. Also, at no
time was it observed that Maria appeared over sensitive or in any way intimidated with regard to being a Cuban woman in a supervisory and leadership role.

**Mutual Respect: A Necessity**

"Maria, what one aspect of being people sensitive has helped the most in developing your leadership style?" Maria explained that in order for her department to run smoothly and effectively there needs to be a high degree of mutual respect among workers toward each other. She said, "Without this mutual respect...you're dead in the water." Maria continued to explain that when the lines of communication are open and people are sensitive to the plight of other co-workers a foundation of trust and respect is laid.

Maria stated, "I think a good leader has to establish harmony among his/her followers...without respect for each other there can be little harmony...and this can make my job very difficult." "Can you give an example of how you have developed a mutual respect between you and your staff?" Without hesitation Maria said, "I admit when I am wrong, or made a mistake, or used bad judgement in a particular situation and would work very hard in correcting the problem." Maria explained that her office door is always open to all of her staff and she believes her staff knows that they can talk with her "about almost anything."

Observation data fully supports the positive working relationship that Maria has with her colleagues and staff.
It was also observed on numerous occasions that Maria spends a great deal of time interacting with personnel in her department and is more than willing to assist the technologists with their specific duties. At no time was it observed, that Maria's gender or ethnicity had a negative influence on the performance of her job or on the job performance of any other employee in the Radiology department.

Summary: Case Study Two - Maria

This case study on Maria's leadership style as an Hispanic woman in health science indicated that at a very young age Maria's career path was influenced by her grandfather, a medical doctor. It was while spending a great deal of time at the hospital where her grandfather was practicing medicine that she became fascinated with the field of health science and the hospital environment.

This case study further indicated that the most difficult obstacle in Maria's pursuit to a career in health science was being Hispanic (Cuban American). Maria endured a cultural uphill battle after moving from her home town in Southern Florida to Southern California to continue her education. Data from this study disclosed that Maria, being of Cuban heritage, had little in common with the predominantly Mexican ethnicity of the Hispanic community of Southern California.

The uphill battle for Maria to reach a certain plateau
of success in her professional life continued due to pressure she was receiving in her personal life. Maria’s husband was insistent that she quit her position at the hospital and assume the full-time duties of a wife and mother. She refused. However, data revealed that the most difficult hurdle for Maria was securing a management position as a Radiologic Diagnostic Supervisor. It was during this period of time in Maria’s life that she came to grips with ethnic discrimination predicated on the fact that two of the three management positions she applied for went to anglo women.

Research from Maria’s case study indicated her affinity toward all aspects of being a professional. This included her attention to detail, impeccable attire, deportment with patients, staff and colleagues, and extending herself beyond job responsibilities.

The cornerstone of Maria’s leadership style is her ability to be what she calls "people sensitive and having good human skills" which was consistently evident throughout this case study. Maria’s ability to listen and put herself in the other person’s position is fundamental to her leadership style. Additional data gleaned from this study indicated that the establishment of mutual respect among employees in the radiology department was a necessity for Maria’s leadership to be effective.

Case Study Three: Ana
Biographical Sketch

Ana is a forty-five year old Mexican American woman employed full-time as a nursing supervisor at a medium size hospital on the west coast of the United States. Ana was born in south San Diego county in California just a few miles from the Mexican border. She has four teenage children, three girls and a boy. Her son, the oldest of the four children is employed full-time as a manager at a fast food restaurant. Two of Ana’s daughters are still in high school while the eldest daughter is attending community college and working part-time in a retail clothing store.

Ana has been married to the same man for twenty-four years. Her husband was born in the United States and is also Mexican American. He is employed full-time as a floor supervisor with the United States Postal Service. Ana’s husband has a son from a previous marriage, who lives in Denver, Colorado. Ana’s parents are both deceased. She is very close to her only sister, who is three years older than Ana. Ana has no brothers.

Ana is a registered nurse and holds a baccalaureate degree in nursing science from an accredited California university. Ana has been a nursing supervisor in her current position since 1985. During this ten year span she has always worked the day shift from 7:00 am to 4:00 pm. Prior to her current position as a nursing supervisor, Ana worked as a nurse for nine years at a large veterans administration
hospital in California.

When asked, why did you become a nurse? Ana replied, "from the time I was a sophomore in high school I wanted to be a nurse." Ana explained that during her sophomore year in high school her class attended a career day at a local hospital. She remembered being fascinated with what she observed at the hospital and was captivated by the guest speaker, a nurse. Ana admitted from that day on, "I knew I wanted to be a nurse". She smiled and said, "Boy that was a long time ago."

When asked, "What was the most difficult obstacle or constraint in your life?" With what could only be described as a glazed look on her face Ana replied, "Probably being poor and being Mexican." She said, "We barely got by when I was growing up." She explained that her father did not always have full-time work and that her mother had a serious life-long chronic arthritic condition and was unable to work. Ana’s mother passed away three years ago and her father who is also in failing health had just recently retired from his position with a large trucking service.

When asked to expand on her comment regarding how being Mexican has caused obstacles and constraints in her life, Ana replied. "For most of my life, it seemed like I always had something to prove." As our discussion continued Ana explained that when she was growing up, especially during her teenage years, that somehow being a Mexican "you were
looked down upon by other people as if you were a sub-
culture." Ana noted that she felt this way not only through
high school but also through most of her college experience
as well.

Themes of Adversity

An Uphill Battle

It was observed on more than one occasion that Ana
appeared angry and frustrated when discussing the obstacles
and constraints that she had to contend with in her life
because of her Hispanic heritage. She explained that her
nurse's training was very much an uphill battle as she was
the only Hispanic in her nurse training classes in college.
She said, "I always felt left out, but I tried not to let it
get to me." Did it get to you? "Yeah, all the time."

Ana explained that the only reason she completed her
schooling and received her R.N. was the support she received
from her family. "My parents and my sister were always there
for me." According to Ana she never really understood why
being Mexican caused so much unacceptance in her life,
especially during her nurse's training. "I remember never
being invited to study or work on course projects together
with my classmates unless the projects and the groups were
assigned by the teacher." Ana noted that she worked part-
time in a bakery to help with the cost of books and tuition
while going through school.

Ana mentioned from time to time she would bring cookies
and pastries to share with her classmates in hopes of breaking the icy barrier that existed. She said, "They thanked me for the cookies and the pastries and were nice to me for awhile, but, they still didn’t accept me into their group." Ana continued, "I felt angry and since nothing worked, I gave up and went my own way."

**Balancing Act**

During an extended lunch one day, Ana talked about the difficulties she had in balancing her demanding work schedule with being a wife and mother. She said, "Some of the hard times I had getting through college because I’m Mexican were nothing compared to working full-time and taking care of a family." When asked to elaborate, Ana explained that if it were not for her husband’s support and willingness to do his share in raising the children and helping with household chores she would not have been able to continue in her career.

After twenty-four years of marriage, Ana explained, that for the most part, her husband kept her life on balance. It was also apparent during various conversations with Ana that her strong religious beliefs were also vital underpinnings in establishing and maintaining symmetry between career and family. Ana once commented that, "God is always with me."

Ana mentioned that the need to maintain a balance between her work and her home life is essential today
because her children are teenagers. When asked to explain, Ana pointed out that she felt this is a crucial time in her children's lives. "I worry about my two youngest (daughters in high school) all the time. I wish we could afford to send them to private school."

Ana explained that she and her husband have often discussed having Ana take a leave of absence from work in order to spend more time at home and better monitor the children. However, the resolve has always been the same, "We just can't afford not to have me work." Ana admitted that on occasion this has caused additional stress on her, but she still tries to maintain a steady balance between her professional life and her domestic life.

Themes of Consistency

While on the Floor

When asked, "Ana what makes you a good supervisor, a good leader?" She smiled and answered, "Well...I know my job, I'm fair, and I've learned not to take things personally." It was obvious that Ana enjoyed answering and discussing this question. She continued to explain that after ten years in her current position as a nursing supervisor the job has become easier. She said, "I have also learned to delegate more responsibilities to my staff...and I have more confidence in their ability to do what is necessary to get the job done and do it well."

On a normal eight hour shift Ana supervises seventeen
people including nurses, nurses aides and support staff. A portion of Ana's work day involved accommodating doctors on rounds as well as, to quote Ana, "wet nursing the new interns." Ana explained, that if her job would just consist of patient care, things would run pretty smoothly. However, according to Ana, when you factor in the demands of most doctors, daily meals, staffing, and visiting hours (dealing with some difficult family members and friends) there are bound to be some rough spots during the shift.

Observation and interview data indicated that Ana is a paradigm of consistency while at work. Her deportment with patients, doctors, nurses, and support staff may best be described as being confident and direct. In a discussion about her leadership style, Ana once stated, "I don't beat around the bush, I have a job to do... and my nurses have a job to do. I try hard to set a good example... and expect the same from my staff."

The Routine

Away from her nursing department in a quiet lounge having coffee at the Hospital Ana explained that she would not categorize her job as being routine. She admitted that the mundane nature of the paperwork involved in her work, as well as maintaining daily schedules, is less than exciting and offers little inspiration. Ana's dry sense of humor and quick wit was evident throughout this study.

According to Ana, her job is not routine because of the
turnover in patients at the hospital. She said, "there are always different people to take care of...a hospital is like a hotel, people are always coming and going...I like that about my job."

When asked, Ana what one thing has changed or caused the most impact on you and your profession? She replied, "that's hard to say...let me think about it and I'll tell you at lunch." During lunch Ana explained that probably just trying to keep up with the new technologies at the hospital has had the greatest impact on her in recent years. When asked to give an example, she said, "I'm still not all that comfortable with computers...and almost everything we do here deals with computers." She explained that "in the good old days" everything was hand-written or typed.

Themes of Competency

The Leadership Role

When asked how Ana would describe her leadership style, she replied, "tough but fair." She explained that she is strict with her nurses and expects "100% from them." Ana stated, "I realize that at times situations arise that may not be covered in the procedures manual." She continued, "so I try to be fair and objective when there is a problem or a conflict."

According to Ana, she is aware that her demeanor often comes across as being tough and many times unyielding while at work. "But," she said, "being in charge is not easy...I
must be sure that everyone is doing their job...because that's my job."

Observation data tend to support the notion that Ana conducts herself in an authoritarian manner while at work. However, this leadership characteristic is often tempered by Ana's innate, and sometimes surprising sense of humor. In a discussion with Ana about her strong leadership style and her sense of humor, she commented, "I learned a long time ago not to take myself too seriously."

Ana also explained that she has been a nurse for a long time and is well aware of the high stress level that is often inherent with the job. Ana said, "laughter is always good medicine, especially when you are working around so many very ill people...who are not usually in a good mood."

Ana revealed that she acquired the ability to be strong-minded and at the same time maintain a good sense of humor while working as a nurse at the VA (veterans administration) hospital. She continued to explain that one of her mentors at the VA hospital pointed out the need to be strong in the performance of her duties, but always find time to laugh.

Ana admitted to not having any formal leadership training or mentoring before assuming her current position. She explained that many of her leadership characteristics were developed on the job throughout her many years of employment as a nurse.

According to Ana being successful in her position is "a
two way street." She explained that her staff is excellent. She said, "I like to think I'm good at my job...and I know my staff does a very good job... having good people to work with makes my job a lot easier."

**Mutual Respect: A Necessity**

Ana commented, "that in order for people to follow my direction day in and day out they must have respect and confidence in me." She explained, that building confidence and maintaining a level of mutual respect among her nurses and support staff is essential. Ana also noted that she works hard at keeping the "lines of communication open" with everyone on her shift.

When asked, does being an Hispanic woman in a leadership position make it more difficult to develop and maintain mutual respect between you and your staff? Ana replied in haste, "no, not really." She said, "I think we're past that." Ana explained, that she believes that her ability to do the job is the criteria by which she is judged and that gender and cultural heritage does not enter into the equation.

Ana admitted that in the past it was a bit difficult to have respect from her fellow workers, but she attributes this primarily to being younger and not necessarily to being an Hispanic woman. She explained that with age comes, "not only wrinkles", but in her case a "sense of ease and confidence" about her work. It is this seasoned aura which
Ana feels she brings to the work place that is a vital component in her ability to foster an atmosphere of mutual respect among those in her charge.

Observation data strongly suggests that Ana does have the respect of her nurses and support staff. It was also observed on numerous occasions that this mutual respect is shared by the many physicians that Ana comes in contact with on a daily basis. Furthermore, it was observed that many of the new interns would seek advice and/or direction from Ana. This behavior from the interns toward Ana would tend to support the level of respect she commands on her shift.

Summary: Case Study Three - Ana

This case study on Ana's leadership style as an Hispanic woman in health science indicated that while a sophomore in high school she became captivated with becoming a nurse. Though Ana’s career path was chartered at a young age, it proved to be a difficult path for her. Among the obstacles and constraints in Ana’s pursuit of a career in nursing was "being poor and being Mexican."

Ana attributed her Hispanic heritage as being the primary cause for her feeling of "being left out" during a good portion of her nurse training classes in college. Ana was the only Hispanic in her nursing program and was never made to feel part of the class. It was only due to the strong support Ana received from her family and a high level of personal persistence that she prevailed and received her
nursing degree.

According to Ana, the difficulties of being Mexican soon gave way to the task of balancing a demanding work schedule with being a wife and mother. Ana credits her husband and his willingness to do his share in helping to raise the children and doing numerous household chores as being the catalyst which got her through this strenuous phase in her life. Apparent during many conversations with Ana was her strong religious beliefs and appreciation to God for seeing her through the hard times.

Knowing her job, being fair, and not taking things personally are among the criteria that Ana lists for being a good leader. The ability to delegate responsibility has become another weapon in Ana's arsenal of leadership techniques over the years. Observation data indicates that Ana leads by example and does not waver in expecting a good example to be set as part of an ongoing standard for everyone on her staff.

Ana describes herself as being "tough but fair", and always expecting a 100% effort from her nurses. She tempers this attitude and demeanor with an endearing sense of humor and a unique ability to look at each situation independently and with an uncompromising level of objectivity.

Ana acquired most of her leadership qualities and characteristics while on the job. She had no formal leadership training or mentoring. Years of work experience
is the construct from which Ana derives her leadership posture. It was through these many years of work experience that Ana realized and developed the need to cultivate an atmosphere of mutual respect at the work place.

Research Questions and Findings

This study focused on leadership styles of Hispanic American women in the field of health science. The investigation was guided by four primary research questions established at the outset of the study. Cross case study analysis data has been integrated into the findings to help delineate differences and similarities in leadership styles of the three participants. Here in summary, are the research questions and the findings:

Research Question One

What are the leadership styles of selected Hispanic American women in management positions in the field of health science?

Findings

The leadership styles of the three Hispanic women investigated in this study exhibited more similarities than differences. Data from each case studied indicated a strong reliance by each of the participants on developing and maintaining a high level of mutual respect with their employees. Emerging from this atmosphere of mutual respect the respondents demonstrated such leadership characteristics
as the ability to listen, to develop a team concept, to delegate responsibility, to be consistent, to maintain a sense of humor, and above all to lead by example in demonstrating the capability to perform their jobs with confidence and dispatch.

Differences in the leadership styles of the women investigated in this study were little more than varying levels of intensity in the administration of their duties. These levels of intensity ranged from Rosita's passion to maintain quiet during her shift to Maria's unwavering commitment to being "people sensitive."

Research Question Two

How has personal biography influenced the development of leadership styles in selected Hispanic American women in the field of health science?

Findings

The influence of biography on the development of leadership styles of the women investigated in this study was highly evident. In each case studied data indicated that the biographies of the participants brought to bear both obstacles and constraints, as well as factors which fostered their leadership styles. The findings presented in research questions three and four will further illuminate the influence of biography on the leadership styles of the participants.
Research Question Three

What factors fostered the development of leadership in selected Hispanic American women in the field of health science?

Findings

The primary factor which fostered the development of leadership in the women investigated in this study was family support, especially during their formative years. Data analysis indicated that the cultural characteristic of very strong family ties and influences among the Hispanics in the study was instrumental in the career paths of the participants.

Additional factors which fostered the development of leadership in the women investigated were: their early commitment to the health science profession, and an unwavering persistence to succeed despite numerous personal and professional constraints. The previous work experience of the participants in the health science profession also helped to foster and contribute to their leadership.

Research Question Four

What factors constrained the development of leadership in selected Hispanic American women in the field of health science?

Findings

Being Hispanic, being a woman, being an Hispanic woman,
and being poor were among the factors which constrained the development of leadership in the women investigated. The perceived role of Hispanic females to be wife and mother by the Hispanic males in this study caused further constraints on the participants' leadership development.
Chapter 5

DISCUSSION, CONCLUSIONS, AND IMPLICATIONS

Overview

This study has investigated leadership styles of three Hispanic American women in the field of health science. A multiple case study research design was utilized to explore and describe leadership styles of three Hispanic women in the field of health science with similar professional and domestic responsibilities. Data were collected from interviews, survey questionnaire responses, and observations.

Discussion in this chapter begins with a re-examination of the participants studied and continues with dialogue and interpretation of the findings from each research question. The discussion and interpretations are followed by conclusions from the investigation and close with implications for future research on the topic.

Discussion of the Findings

This study was predicated on an interest to examine and describe leadership styles of three Hispanic American women.
in the field of health science. Elements of the study involved three Hispanic American women of Mexican and/or Cuban heritage between the ages of thirty-five and fifty, employed full-time in management positions in the field of health science. The participants were married and had no more than four and no less than two children. Their professional experience ranged from ten to twenty years, and their management experience ranged from five to ten years. All three participants have been in their current management positions for no less than four consecutive years, and hold at least an Associate of Arts or Associate of Science degree.

Research Questions and Interpretations (Q. & I.)

Q. What are the leadership styles of selected Hispanic American women in management positions in the field of health science?

I. The leadership styles of the women investigated for this study may best be described as a blending of proven leadership and management techniques. A foundation of consistency, mutual respect, and the ability to lead by example were evident in each case studied. The similarities in leadership styles among the three participants far outweighed the differences.

Interpretation of the findings from this question may be as uncomplicated as to label the leadership styles of the participants as one of using common sense and treating
people as you would expect to be treated. Though some researchers may seek a more sophisticated interpretation of the data collected to answer this question, perhaps those in leadership positions or seeking such a level may benefit from this description.

The findings provided provocative food-for-thought in revealing proven definitive guidelines and suggestions for effective leadership. These guidelines and suggestions may be of value not only to other Hispanic American women aspiring to positions of leadership in the field of health science, but may very well cross-over other disciplines and be beneficial to both men and women seeking leadership roles.

**Q. How has personal biography influenced the development of leadership styles of selected Hispanic American women in the field of health science?**

**I.** The influence of biography was paramount in the development of leadership styles of the women investigated in the study. Their biographies strongly indicated overwhelming family support as being instrumental in accomplishing career goals. The study also revealed a personal inner strength and persistence among the participants needed to overcome a series of obstacles and constraints in their lives. Furthermore, it was discovered that in each of the cases studied an interest in health science developed at a young age. This interest was
cultivated and preserved through adulthood. At no time during the study was there any evidence to indicate that the participants wavered in their pursuit of a career in the field of health science.

Q. **What factors fostered the development of leadership in selected Hispanic American women in the field of health science?**

I. The impact of family must always be taken into consideration when discussing factors which fostered the development of leadership in the cases studied. The most common thread of data which continually intersected the lives of the participants was the dominant role and gravitation toward the family.

Many of the positive factors which influenced the participants toward developing into leaders were cultivated by family support. Such factors included deciding on a career path early on in life and seeing it through. In addition, the ability of the participants to overcome adversity and accomplish such tasks as being a wife, mother, and working professional certainly contributed to their leadership.

Q. **What factors constrained the development of leadership in selected Hispanic American women in the field of health science?**

I. The study uncovered an abundance of data to indicate that the plight of the Hispanic women investigated to attain
positions of leadership in their chosen profession was at
the very least burdensome. The combination of being Hispanic
and being female proved to be a major obstacle toward the
development of leadership in each of the cases studied. Also
by virtue of these women being Hispanic, in two of the three
cases, there were apparently inherent role expectations for
them by their husbands; namely, to be a wife and mother, and
not to work outside the home.

It should be noted that in the case of one of the
participants studied that this view of role expectation for
Hispanic women was not shared by her husband. However, it
should be further noted that in this particular case study
it was apparent that the additional income provided by the
working wife and mother was the rationale for the different
point of view.

To further constrain the development of leadership each
participant was faced at one time or another with having to
adapt to a less than friendly environment in the pursuit of
a career in health science. This was caused by various
reasons such as: the perceived differences of others toward
the Hispanic women in the study, gender discrimination, role
expectation, and in two of the cases, being poor.

Conclusions

Based on the findings presented in Chapter 4 and the
interpretation of these findings discussed in the preceding
section of this chapter, the following conclusions have been
made with respect to the cases investigated:

1. Components toward effective leadership as exhibited in the cases investigated were fostered by strong family support and guidance from childhood through adulthood.

2. The similarities in leadership styles far outweighed the differences. At the core of each approach to leadership was the need to develop a high level of mutual respect at the work place.

3. Being Hispanic and female proved to be an uphill battle toward achieving career goals and eventual leadership positions. Role expectation of Hispanic women by some Hispanic men may be in direct conflict with their professional aspirations and/or attainment.

4. Among the tenets of leadership exhibited by the women in this study were competency, consistency, confidence in a team approach, and the ability to lead by example.

5. Biography from the cases studied may support the belief that life experience has a direct influence on the development of leadership.

General Conclusion

The term, "mutual respect" which emerged from data
collection and developed into a category for the research, best summarized the general conclusion of the study. In each case studied the necessity to establish and maintain a high level of mutual respect by the participants at the workplace was critical in order to lead.

Implications for Future Research

Though numerous studies have been conducted on leadership styles in various disciplines and occupations, the literature offered no study that researched leadership styles of Hispanic American women in management positions in the field of health science. With this apparent void in the research literature, and based on the results of this study, it is recommended that further studies be conducted on leadership styles of minority women. This study was limited to three Hispanic American women in management positions in the field of health science. Though having a small sample size, this study has added to the general body of knowledge surrounding women in leadership positions.

Future research endeavors should consider expanding and varying the sample used in this study. Perhaps the most obvious recommendation for additional research suggests maintaining all of the same elements of this study, but replace Hispanic American women with African American and/or Asian American women. One might even want to investigate leadership styles of minority men in the field of health science.
Additional recommendations for similar studies on leadership styles of minority women might include differing variables from this study, such as, single women or single parent women. A study comparing the leadership styles of minority women who have had no formal mentoring and/or management training with those who have had formal mentoring and/or management training might also be profitable.

Finally, the ever-increasing multicultural population in the United States, combined with the focus today in education to develop more leaders in our society is reason to continue cross-cultural research on leadership. As we approach the twenty-first century the demographics of America are rapidly changing, leaving us with the question, who will lead us into the future?
APPENDIX A

HUMAN SUBJECT PROTOCOLS
DATE: March 8, 1995

TO: Kristel Pankau
    P.O. Box 1136
    Carmel, CA 93921

FROM: Dr. William E. Schulze, Director
      Office of Sponsored Programs

RE: Status of human subject protocol entitled:
    "Leadership Styles of Hispanic-American Women
    in Health Sciences" - Renewal
    OSP #311s0494-380

The protocol for the project referenced above has been reviewed by
the Office of Sponsored Programs, and it has been determined that
it meets the criteria for exemption from full review by the UNLV
human subjects committee. Except for any required conditions or
modifications noted below, this protocol is approved for an
additional period of one year from the date of this notification.

Should the use of human subjects described in this protocol
continue beyond a year from the date of this notification, it will
be necessary to request an extension.

cc: C. Mcclain (ICS-3005)
    OSP File
TO: Kristel Pankau
FROM: Dr. William Schulze, Director, Office of Research Administration
DATE: 7 April 1994
RE: Status of Human Subject Protocol entitled: "Leadership Styles of Hispanic-American Women"

This memorandum is official notification that the protocol for the project reference above has been approved. This approval is for a one year duration. At the end of the year, you must notify this office if the project will be continued.

If you have any questions or require any assistance, please give us a call.
March 8, 1995

Dr. William Schulze, Director
Office of Research Administration
University of Nevada, Las Vegas
4505 Maryland Parkway
Box 451037
Las Vegas, Nevada 89154-1037

Dear Dr. Schulze,

This letter is to request an extension to continue my research project (doctoral dissertation) for an additional year. Please be advised that all protocols for the research remains the same and there has been no changes in the number of participants or the methodology.

Respectfully,

Kristel Pankau,
APPENDIX B

INITIAL ELIGIBILITY INTERVIEW QUESTIONS
Initial Eligibility Interview Questions

1. What is your age?
2. What is your cultural background?
3. What languages do you speak fluently?
4. Are you married?
5. How long have you been married?
6. Do you have children?
7. How many children do you have?
8. What are your children’s ages?
9. Do your children live with you and your husband in one household?
10. Where are you currently employed?
11. What is your current job position and/or title?
12. How long have you held this position?
13. Is your current employment considered full-time?
14. How many hours a week do you work?
15. How many people are under your supervision?
16. What was your position previous to your current one?
17. How long did you hold that position?
18. What previous management/supervisory experience do you have?
19. How many years of management/supervisory experience do you have?
20. Are you the sole support of your family?
21. What is your yearly income?
APPENDIX C

FOLLOW-UP ELIGIBILITY INTERVIEW QUESTIONS
Follow-up Eligibility Interview Questions

1. When and where were you born?
2. Where did you spend most of your childhood?
3. How many brothers and sisters do you have?
4. Are your siblings younger or older than you?
5. Are your parents alive?
6. Where were your parents born?
7. What did your parents do for a living?
8. Did you come from a high, middle or low socioeconomic status background?
9. Did you attend private or public schools?
10. Where did you attend school?
11. How did you finance your college education?
12. What is your highest and/or most recent academic degree?
13. Where did you receive your health science degree?
14. Have you participated in leadership training program?
15. What specific training have you had that has helped you acquire leadership skills?
16. When did you receive this specific training/leadership skills?
17. What is your religion?
18. What is your husband’s cultural background?
19. What is your husband’s religion?
Follow-up Eligibility Interview Questions - Cont.

20. What is your husband’s occupation and yearly income?

21. What is your husband’s highest or most recent academic degree?
APPENDIX D

BIOGRAPHICAL AND PROFESSIONAL INFORMATION SURVEY
Biographical and Professional Information Survey

Part I: Please circle the number that best describes how the factors below fostered or constrained the development of your leadership style.

Slightly fostered = 1  Slightly constrained = 4
Moderately fostered = 2  Moderately constrained = 5
Strongly fostered = 3  Strongly constrained = 6

Ethnicity (Hispanic)  1  2  3  4  5  6
Racial discrimination    1  2  3  4  5  6
Gender discrimination    1  2  3  4  5  6
Affirmative Action       1  2  3  4  5  6
Traditional Hispanic Cultural Values  1  2  3  4  5  6
Household duties        1  2  3  4  5  6
Childcare duties        1  2  3  4  5  6
Personal and other family responsibilities  1  2  3  4  5  6
Spouse support          1  2  3  4  5  6
Children support        1  2  3  4  5  6
Family support          1  2  3  4  5  6
Friends support         1  2  3  4  5  6
Education and special training  1  2  3  4  5  6
Goal setting/achievement 1  2  3  4  5  6
Organizational policies and procedures 1 2 3 4 5 6
Your supervisor and/or organizational administrators 1 2 3 4 5 6
Professional colleagues/peers 1 2 3 4 5 6
Assignments and responsibilities of perceived managerial/supervisory position 1 2 3 4 5 6
Assignments and responsibilities of your actual current position 1 2 3 4 5 6
Assignments and responsibilities of your job position previous to current one 1 2 3 4 5 6
If any, other managerial/supervisory position(s) 1 2 3 4 5 6
Religious affiliation 1 2 3 4 5 6

Part II: Circle the appropriate response.
What type of educational institution did you attend?
   Community college (two-year)
   University (two or four-year)
What college or educational degree do you have?
   Associate of Science or Arts
   Baccalaureate
   Master
Do you speak English and Spanish?

Yes

No

Which was the language of preference at home during your formative years?

English

Spanish

Do you speak English fluently?

Yes

No

Do you speak Spanish fluently?

Yes

No

What is the type of your employment institution?

Private

Public

What is the general location of your employment?

Rural

Suburban

Urban

What is the size of your institution/hospital?

50 – 150 Beds (small)

151 – 250 Beds (medium)

251 – 350 Beds (large)
How many years of professional experience do you have in health science?

- 5 - 10
- 11 - 15
- 16 - 20
- 21 or more

How many years of managerial/supervisory experience do you have in health science?

- 0 - 5
- 6 - 10
- 11 - 15
- 16 or more

How many years have you been in your current managerial/supervisory position?

- 0 - 5
- 6 - 10
- 10 or more

How many people/employees are under your supervision?

- 5 - 10
- 11 - 18
- 19 - 25
- 26 or more
APPENDIX E

FOCUSED/OPEN-ENDED INTERVIEW QUESTIONS
Focused/open-ended Interview Questions

1. How did you become interested in the field of health science?

2. What was the most difficult obstacle or constraint in your professional life?

3. What one thing has changed or caused the most impact on you and your profession? Can you give an example?

4. What motivated you to seek the management/supervisory position you now hold?

5. Were there many difficulties in securing your current position as a supervisor? Can you give me some examples?

6. What are your strengths and weaknesses as a manager/supervisor?

7. What makes a good manager/supervisor?

8. Are you a good manager/supervisor and why?

9. What is not routine (out of the ordinary) about your job?

10. How many mentors have you had in your professional career?

11. Were any of these mentors Hispanic women? if not, what were their cultural background?

12. Has having a mentor(s) helped your career advancement? If yes, in what ways has it helped?
13. Do you have aspirations toward higher administrative positions in the Health Science field?

14. Would you recommend the Health Science field as a profession to other Hispanic American women?

15. What advice would you give to aspiring Hispanic women seeking management or supervisory positions in the Health Science field?

16. How will Hispanic women influence the Health Science field as we approach the 21st century?
APPENDIX F

OPEN-ENDED INTERVIEW QUESTIONS
Open-ended Interview Questions

1. How does your husband react to your current employment position? Is he supportive?
2. How has marriage affected your career in health science?
3. How did having children affect your career in health science?
4. How has the responsibilities of being a wife and mother influenced your approach to a management position in health science?
5. How do you balance your career with being a wife and mother?
6. Has being bi-lingual influenced your career development and/or advancement? If yes, in what ways?
7. How has being an Hispanic Woman affected your career development and/or advancement?
8. Has the Women's Movement and Affirmative Action policies influenced your career? If yes, in what ways?
9. What barriers to upward mobility have you observed in other Hispanic women which might have impeded their success?
10. If given the choice, would you choose the same career? Why?
1. The purpose of this study is to explore and describe leadership styles of Hispanic-American women employed in full-time management positions in the field of health science.

2. Your participation in this research is completely voluntary, and non-participation will not result in any penalty or loss of benefits to which you are otherwise entitled.

3. If you agree to participate, you will be asked to engage in a series of interviews to be scheduled at your convenience. The interviews are completely voluntary. You have the right not to respond to any questions, or to terminate the interviews at any point. All interviews will be tape recorded and transcribed. Upon completion of the study, the tapes and transcriptions of all interviews will be destroyed.

4. If you agree to participate, the researcher will conduct a series of on-site observations, interviews, questionnaires and surveys.

5. All information obtained from this study will remain strictly confidential. Pseudonyms will be used and participant anonymity maintained throughout, and after the study. No personal identifying information, such as participant place of employment or place of residency will be revealed at any time during or after the study.

6. Results of the study will be made available to you upon request. You may, at anytime during this study, choose not to participate any further without reason.

7. Under the conditions listed above, you (participant) agree that any findings obtained from this research may be used by Kristel H. Pankau (researcher), for publication and/or future career goals.

I, __________________________________ agree to participate in this research study according to the terms and conditions listed above.

Date: ____________________ Kristel H. Pankau
       Researcher
Copyright Permission Letter

January 22, 1996

Prentice-Hall, Inc
Englewood Cliffs, New Jersey 07632

To Whom It May Concern,

I am a doctoral candidate at the University of Nevada Las Vegas. At present, I'm in the final stages of writing my dissertation and would like permission to reproduce figure 3-9 on page 69 of Robert G. Owens book titled *Organizational Behavior in Education* (third edition).

Thank you for taking the time to consider my request. Should you require a final copy of my dissertation on Leadership Styles of Hispanic American Women, please let me know.

Sincerely,

Kristel H. Pankau
April 2, 1996

Dear Kristel H. Pankau

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