

MINING THE HEART OF CHANGE: WHAT STORIES DO LEADERS TELL?

by

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## **Abstract**

This narrative inquiry explores leading workplace change through the experience of five healthcare leaders using a holistic education theoretical framework. I conducted 15 in-depth interviews with these leaders to mine their experience leading people, addressing the emotional, mental, spiritual, and physical dimensions of supporting people through organizational change. By looking back on their life and career as a change journey, leaders told compelling narratives about their most influential leaders, many of whom served as catalysts and mentors. Having a positive mentor significantly shaped leaders' deliberate leadership, mentoring, and change practices. The current state for leading change is pandemic driven whereby the focus on caring for each other is experienced with "holistic" check-ins and tools such as the going-home checklist. How leaders embed genuine care and concern into change leadership practices and tools may be the long lever for fostering healthcare practitioner well-being, retention of happy employees, and ensuring quality of patient care. Caring with and for others is viewed as a cornerstone for improving patient safety and providing quality of care. Leaders share their visions for cultivating a caring culture by stepping away from their desks and into community, onto hospital floors—the natural and neutral space where caring occurs. Through this narrative inquiry we see the heart of leadership as involving and evolving the hearts, minds, spirits, and bodies of those we get to change with, and those whom we are inspired to help make positive change happen.

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## **Dedication**

For my Lovelees, you are my why.

## Table of Contents

	<b>Page</b>
Abstract.....	iii
Acknowledgements .....	iv
Dedication.....	v
List of Figures.....	x
Chapter 1: Introduction to the Study .....	1
Head, Heart, Hands, Health, Home.....	1
Change Leadership Study Objectives .....	2
Leading Holistic Change in the Context of Sustainable Education .....	5
Description of Overarching Research Question.....	5
A Big Idea .....	5
Chapter 2: Literature Review—An Overview of Change and Leadership.....	6
The Problem and Sub-Problems: Why Lean into Our Humanity to Lead Change Better? .....	7
Knowledge Creation.....	9
Leadership Is Contextual and Situated.....	10
Literature Reveals a Need to Humanize Change .....	11
Human Practices to Grow and Cultivate.....	14
Studies of Mindfulness, Empathy, and Compassion.....	14
A Caring Healthcare Context.....	19
The Chasm: Leap From Gaps to New Opportunity .....	22
Educational Theories Supporting My Research.....	23
Holistic/Humanistic Education.....	23
An Integration of Mind, Body, and Spirit .....	24
Spirit and Soul .....	24
Body and Embodiment .....	25
Mind and Mindfulness .....	25
Constructivism, Narrative Inquiry as Theory .....	26
John Dewey’s Theory of Experience .....	26
A Construction of Reality .....	27
Chapter 3: Research Method .....	29
Narrative Inquiry Research .....	29
The Use of Story .....	29
Narrative Inquiry as Methodology .....	30
Narrative Genres.....	31
Narrative Framework.....	31
Backward.....	32
Backward Forward and Inward.....	32

Inward Forward and Outward .....	33
Selection of Methods.....	34
Recruitment of Participants .....	34
Purposeful and Snowball Sampling Techniques.....	34
Prospecting for Participants .....	34
Informed and Signed Consent.....	36
Uncompromising Ethics .....	36
Compensation.....	36
Privacy and Confidentiality.....	36
Ethical Considerations and Decisions .....	39
Data Collection Methods: Interviews and Journaling .....	40
Stepping Into the Role of Narrative Interviewer.....	40
Interview Type: Semi-Structured Interviews.....	40
Sample Questions.....	42
Time to Promote Reflection.....	43
Frequency and Length of Interviews .....	44
Transcription, Interpretation, and Analysis of Recordings.....	45
Reading as Followership.....	46
Researcher Journal and Field Texts.....	47
Member Checking of Transcripts .....	49
Safety.....	49
Member Feedback.....	49
Analysis and Coding of Transcripts .....	50
A Change of View .....	51
Data Saturation .....	55
Narrative Inquiry Space.....	56
Storyboarding .....	57
Participant Feedback.....	58
Value Held.....	59
Researcher, Facilitator, and Narrator.....	59
Chapter 4: Findings/Results.....	60
Theme 1: Who I Am .....	60
Recall.....	63
Wanderings .....	64
Decidedly Inked.....	64
Heartbeat.....	65
Faith .....	68
If You Can, Do! .....	69
The Simple Thing .....	71
Theme 2: Change Leadership.....	72
Lean, Call to Action, Sense of Urgency .....	75
Nursing Clinics First Philosophy .....	76

Treat People as People.....	77
Theme 3: Minting of Mentors.....	78
Mentor With Heart.....	78
Mentoring Gifts.....	79
Follow the Leader.....	81
Mentors as Whole People.....	82
Reverse Mentors.....	83
Peer Mentors.....	84
Support Our Young.....	84
Theme 4: Decisions Change Leaders Make.....	86
Empowerment.....	86
The Upside of COVID.....	86
Help People to Be at Their Best.....	87
Performance Feedback.....	87
Difficult Decisions.....	89
Communicate the Why.....	90
Pre-Mortems for Complex Decisions.....	90
Theme 5: Holistic Practice.....	92
Place in the Hierarchy.....	92
People as People.....	93
Awkwardness of Place.....	94
Respecting the Hierarchy.....	94
Learning With.....	95
Ego Checks.....	98
Better Together.....	98
Nothing About Me Without Me.....	99
Talk, Talk, and Repeat.....	99
Physical Presence.....	102
Start With Good Intention.....	103
Relationships.....	103
Close and Connected.....	105
Safe Space.....	105
Call It a Day and Go Home!.....	107
In Place.....	109
Theme 6: Strategies for Leading Change.....	109
Position of People Strengths.....	109
See It, Share It.....	110
Education as Strategy.....	111
Metrics.....	111
It Is About the Caring.....	113
The Personal Touch.....	114
Small Conversations.....	115



Learn People’s Names .....	115
Over Coffee .....	116
Language as Strategy .....	117
Smiles and Laughter .....	117
Theme 7: Cultivating the Culture of Healthcare .....	118
Transplant Program and Generic Drugs: Fear of Loss .....	119
Cultivation of Culture .....	121
Stories for Change.....	123
Chapter 5: Conclusion and Implications .....	125
Recommendations to Readers .....	125
Time to Care.....	126
Timelessness Is the Trick.....	126
Calls for Caring.....	126
Embodiment of Mindfulness, Empathy, and Compassion .....	128
Wise Selfish .....	128
Stories Create Obligations.....	129
Time as a Constructivist’s Helper .....	130
On Time .....	130
Holistic Education .....	130
Strengths and Limitations .....	131
My Story of Growth .....	132
Gratitude.....	133
References .....	135
Appendix A: A Traditional or Narrative Literature Review Approach.....	147
Appendix B: Participant Information Letter.....	151

## List of Figures

<b>Figure</b>		<b>Page</b>
1	Summary of Codes.....	52
2	The Emergence of Seven Themes.....	53
3	Storyboard Sample .....	57
4	Poster .....	149

## Chapter 1: Introduction to the Study

### Head, Heart, Hands, Health, Home

An iron sign staked deep into the lawn reads “4-H Member Lives Here.” It is located on the Second Line of Amaranth, Shelburne, Ontario.

I am rural rooted, first by chance and now, by desire. I am the youngest of five McCabe children raised on this busy family farm. Everyone in my family participated in some form of 4-H Club activity. At 12 years old, I joined the 4-H Apiary Club to learn the art and science of beekeeping. Registration into any of the discipline-specific clubs (e.g., agricultural or home economics) allowed access to broader member social activities such as junior farmer dances, homesteading, fall fairs, and annual award banquets.

At the beginning of every 4-H meeting, there was a brief formal segment at which time leaders and members would stand to say the pledge together:

I pledge

My head to clearer thinking,

My heart to greater loyalty,

My hands to larger service,

My health to better living,

For my club, my community, and my country.<sup>1</sup>

Drawn with ease from the memory bank of my experience, I know this pledge continues to hold potency for me. My intention is to show through this “adult version of me” in a narrative study, how integrating the stories of leading change holistically contributes to a greater service.

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<sup>1</sup> See [www.4-h-Canada.ca/pledge](http://www.4-h-Canada.ca/pledge)

## Change Leadership Study Objectives

Ontarians “deserve better care” (Ontario Ministry of Health, 2022, para. 1). In Ontario, transformational change is underway to improve the delivery of care. Ontario is building a new service model with Local Health Teams to connect 12 known healthcare touch points involving thousands of healthcare employees specializing in:

- primary care
- hospital care
- rehabilitation and complex care
- home and community care
- residential long-term care
- palliative care
- mental health and addictions
- health promotion and disease prevention services
- emergency health promotion and disease prevention services
- emergency health services
- laboratory and diagnostic services
- midwifery services, and
- other social and community services. (Ontario Ministry of Health, 2022, Services They Offer section, para. 1)

The premise of everyone *deserves better care* drives my qualitative research study. As an internal consultant, I am focused on serving the needs of healthcare professionals who are patient-facing. I want to learn how I can do better for my colleagues and support their well-being and success as we move together through the myriad of change including but not limited

to systems transformation and a global pandemic. I am positioned in my organization as an “independent contributor” who supports organizational leaders with their mandates to lead and sustain change within the context of providing excellence in home and community care.

Healthcare organizations recognize the need to attract, develop, and retain a competent, caring, credible, agile, reliable, and compassionate workforce. It is vital to serve the complex and dynamic needs of patients and families in the community. During the COVID-19 pandemic we have seen health human resources rise to perform the extraordinary during an exceptionally long period. We have also seen that there are casualties to working under immense pressures and constraints. Unfortunately, as Pattison and Corser (2022) identify,

Nurses bore the brunt of many of the healthcare decisions that at times may have felt foisted on them, with rapid ward and unit reconfiguration in hospitals, redeployment to new areas, working virtually to care for vulnerable people and a raft of new ways of working. (p. 5)

The World Health Organization (n.d.) forewarns healthcare organizations of a global health human resources crisis and projects a shortfall of 18 million health workers by 2030. It is imperative that we take heed and recognize the important opportunity to show up differently, and to genuinely listen to and care for (and with) our healthcare colleagues in ways that would be supportive to them, if we expect them to continue to show up equipped to serve others.

Creating positive change is enabled with organizational leaders showing up to see, hear, value, and regard people as unique and capable multifaceted participants (Cameron, 2012). While we all have a shared role to play in listening, learning, and understanding the challenges of healthcare professionals and finding our collective way forward, we know that

leaders play an integral role in supporting people through change (Cameron, 2012; Cameron & McNaughan, 2014; Grubaugh & Bernard, 2022; Lallemand, 2020).

While an anticipated shortfall of 18 million people is jarring, Lallemand's (2020) thesis dedication in fulfillment of her Master of Science in Nursing shows me a glimpse of her current reality, and a call to action:

I would like to dedicate this thesis to my coworkers in arms against the suffering of humanity, especially during the time of COVID-19. These wonderful people inspire so many souls and deserve the same love, security and compassion they give others every day. (p. 3)

In Lallemand's dedication, I see a vision supporting positive change. How do we show our colleagues, "You deserve better care" (Ontario Ministry of Health, 2022)? How do we lead change holistically, infused with love and compassion?

My qualitative research study focuses on workplace learning, leadership, and change within the healthcare sector. Through conversation with five healthcare leaders, we learn how they demonstrate and cultivate mind, body, spirit, and emotions in their leadership practices. I explore how each of these dimensions offers a change process. My focus on the phenomenon of change leaders and their display of caring holistically for self and others within a complex workplace change context brings the notion of wholeness together.

This inquiry uncovers five healthcare leaders' change stories that carry the potential to improve the human experience of organizational change. This effort may augment organizational change, leadership, employee experience, engagement, satisfaction, well-being, burnout, positive psychology, and holistic education literature for researchers, as well as provide change management leaders and practitioners with pragmatic choices to support

people through difficult change. The literature gaps and the contributions of my study will be discussed in detail in the literature review chapter.

### **Leading Holistic Change in the Context of Sustainable Education**

I see leading change involving a caring, loving, holistic approach as fitting well with Sterling's (2001) view of the concept of sustainable education, which he notes "is of a different order: affirming rather than dislocating, hopeful rather than soulless, where the smallest gain can be of deep significance" (p. 33). This study aims to make a positive contribution to sustainable education through affirming leaders' experience of how to cultivate a kinder, more loving, soulful working environment where people feel cared for and enabled to flourish even as their work and ways of working are disrupted—and transformed. Through narratives, we bring forward some of the hopeful ways for enabling change to be experienced with deep significance for members employed within the health sector.

### **Description of Overarching Research Question**

How do healthcare leaders demonstrate and cultivate the mind, body, emotions, and spirit in leading systems-wide organizational change? This is the overarching question that this study seeks to answer. Additionally, 14 sub-questions designed to foster a nuanced and contextualized exploration of leadership experience are provided in Chapter 3.

### **A Big Idea**

The idea that *everyone deserves better care* strikes me as a big idea pulsating with exciting possibilities to improve the experience of organizational change.

I will now turn to a review of the literature for understanding key terms, advances, as well as understanding gaps and opportunities to contribute to change management and change leadership.

## **Chapter 2: Literature Review—An Overview of Change and Leadership**

A description of my approach in conducting a traditional or narrative literature search is provided in Appendix A. I reviewed the literature for leadership and change management to inform my research question. There are multiple definitions of leadership and I have selected three that have influenced the shape of my research, in selecting participants, and formulating questions. The first definition is “Leadership is purposeful action undertaken to create the conditions for people to thrive, individually and collectively and to achieve significant goals” (Pendleton & Furnham, 2012, p. 2). In this definition, it is the concept of people thriving while achieving significant goals that resonates. Dickson and Tholl’s (2014) definition separates managers from leaders, showing that leaders are change makers: “Leadership is not management or administration. It is energy, influence, perseverance, dedication, strategy, and execution, applied in the world of people to create change” (p. 23). The description of what a change leader embodies holds my fascination. Palmer (2000) offers a poetic description of what a leader does: “A leader shapes the ethos in which others must live, an ethos as light-filled as heaven or as shadowy as hell” (p. 74). To me, Palmer’s definition is cautionary, reminding me that our experience of leadership is seldom neutral.

Change management is an organizational design process to enable change. According to Hiatt and Creasey (2012), change management “is the application of processes and tools to manage the people side of change from a current state to a new future state so that the desired results of the change (and expected return on investment) are achieved” (p. 9).

Change management is a rapidly growing field that recognizes organizational complexity and a new normal of constant change (Holman et al., 2007). Kotter (2012), who has led the literature on change leadership for two decades, suggests that “more and more



organizations will be pushed to reduce costs, improve the quality of products and services, locate new opportunities for growth, and increase productivity” (p. 3). Kotter (2012) claims that the majority of change efforts are “disappointing and the carnage has been appalling, with wasted resources and burned-out, scared or frustrated employees” (p. 4). How do we do better? And who is doing it right?

The notion of being active participants appears to be the common thread weaving through these leadership and change definitions. The constructs of action and application intrigue me. I wonder if pausing, reflecting, or contemplating will be viewed by my research participants as ways of acting while leading change. The definitions imply that change leaders are instrumental actors engaged in a dynamic and complex process of activities to make things happen. Presumably, change leaders have developed capabilities of how to think, act, or behave in ways to achieve desired results. I explore change management and change leadership capabilities in exploring my research question.

### **The Problem and Sub-Problems: Why Lean Into Our Humanity to Lead Change Better?**

The literature reveals that Kotter’s (1996) eight-step change leadership has dominated the change management field from a practitioner orientation (Todnem et al., 2016). Kotter (2012) identifies eight common mistakes that organizations make:

- Allowing too much complacency
- Failing to create a sufficiently powerful guiding coalition
- Underestimating the power of vision
- Under communicating the vision by a factor of 10
- Permitting obstacles to block the new vision

- Failing to create short-term wins
- Declaring victory too soon
- Neglecting to anchor changes firmly in the corporate culture. (p. 16)

Kotter (1996, 2012) offers change leaders an eight-step framework to mitigate these errors:

- Increase urgency
- Build guiding teams
- Get the vision right
- Engage and enable the whole organization
- Enable action
- Create short-term wins
- Implement and sustain the change
- Make it stick

Multiple scholars and thought leaders have built upon Kotter's (1996, 2012) eight steps. Cohen (2005), a principal with Deloitte Consulting, recognized the importance of acknowledging and working with the emotional side of leading change while supporting clients with change management. Cohen addresses the heart of leading change by mapping Kotter's (1996) eight steps with leadership practices and tools that affect the success of each step. For example, Kotter (1996) identifies an important first step to get right is for the executive leader to establish a compelling sense of urgency, and by doing so, will combat the problem of complacency. Cohen emphasizes that logic is not enough. People need to become emotionally involved to see the need for change. As Cohen (2005) writes, "this intertwining of logic with emotion is at the heart of successful change" and the leader's goal as enabling people to "feel the problem" (p. 15).

Acknowledging that change work is not just rational but rather heart work (Cameron, 2012; Cameron & McNaughtan, 2014; Cohen, 2005; Heath & Heath, 2011) is an important advancement for change management. The emotional side of change requires leaders to lean into feelings, both their own and the feelings of people involved in change and impacted by change. “Encouraging the heart” is one of five leadership challenges offered by best-selling leadership authors Kouzes and Posner (2012, p. 273) who claim that love is a key ingredient to leading transformational change. Kouzes and Posner (2012) answer the question “what sustains the leader” simply: “love” (p. 272). In leading organizational change, the expression of love can be in seeing beyond the organizational structures and roles to be performed and “seeing the person inside” say Kouzes and Posner (2012, p. 288). Leaders who genuinely recognize contributions, show appreciation, provide feedback and encouragement, celebrate values and victories, and create a spirit of community are expressing love, according to Kouzes and Posner.

Bolman and Deal (2017), Cohen (2005), Kotter (1996, 2012), and Kouzes and Posner (2012) have all taken a *whole systems* (Holman et al., 2007) approach to leading effective change. The change literature shows that effective and sustainable change requires a whole systems perspective, meaning “high involvement and engagement of people in changing their own system” (Holman et al., 2007, p. xiv).

### **Knowledge Creation**

Bolman and Deal (2017) say the last 20 years of real-world research conducted in actual workplaces has caused a counter revolution. This counter revolution has altered our notion of what makes a great leader. For example, are great leaders charismatic? Are they born with natural leadership traits? Dickson and Tholl (2014) dismiss the idea that leaders are

born with certain traits, saying “leadership can come from anywhere” (p. 19). Instead, they argue for deliberately defining the knowledge and skills that are necessary to be effective leaders and developing those knowledge and skill areas.

A growing body of qualitative research recognizes leaders as being just “ordinary mortals” (Bolman & Deal, 2017, p. 335). Bolman and Deal (2017) credit qualitative researchers such as Collins (2001) for exploring what makes long-term great companies great by revealing the more nuanced and holistic aspects of what great leadership behaviour looks like in organizations.

According to Collins’s (2001) research on *Good to Great* companies, extraordinary performance was linked to leaders who possess a paradoxical blend of high levels of professional will and personal humility. Humility and gratitude are the “cornerstones of selflessness” say Hougaard and Carter (2018, p. 5). I note the potentiality of great leadership as an inner essence to be developed through Collins’s (2001) description of Level 5 leaders (the highest level):

The capability resides within them, perhaps buried or ignored, but there nonetheless. And under the right circumstances—self-reflection, conscious personal development, a mentor, a great teacher, loving parents, a significant life experience, a Level 5 boss, or any number of other factors—they begin to develop. (p. 37)

Keeping one’s ego in check especially when experiencing more leadership success is viewed as important to hold a vision, lead change, and continue to learn (Hougaard & Carter, 2018).

### **Leadership Is Contextual and Situated**

Bolman and Deal (2017) argue “leadership is contextual and situated not in the leader but in the exchange between leader and constituents” (p. 337). Therefore, “Leaders make things happen, but things also make leaders happen” (Bolman & Deal, 2017, p. 337). In my

qualitative study, I hope to learn from leader participants their contextual experience of making things happen with the intention that lived experience will add to real-world knowledge creation in healthcare.

Knowledge creation in organizational change has resulted in theorists and practitioners working together to create an expanded toolkit that enables selecting among multiple methods to meet the specific needs of the change situation and finding one that fits the organization's culture. Holman et al. (2007) highlight over 60 whole-systems methods that have achieved high people involvement and sustainability. Several have emerged from untraditional domains. In addition to the schools of business, I am seeing promising change frameworks from community and social justice movements (e.g., Ganz, 2010), strength-based positive psychology (e.g., Seligman, 1991), and the new subfields of positive leadership (e.g., Cameron, 2012; Dutton & Spreitzer, 2014), positive organizational scholarship (e.g., Cameron & McNaughtan, 2014; Swartz, 2010; Worline & Dutton, 2017), and positive organizational change (e.g., Cameron & McNaughtan, 2014; Cooperrider & Whitney, 2005). The positive approaches to leading change shift the perspective from mitigating errors (Kotter, 2012) to an affirmative bias that is deliberate in focusing on the positives such as searching for and appreciating what is working well in organizations (Cooperrider & Whitney, 2005). These positive approaches exemplify the heliotropic effect that comes from ecology and is defined as "an inclination in all living systems toward positive, life-giving forces" (Cameron, 2012, p. 5). I am curious to learn if leaders have noticed any outcomes with a positive shift in attention.

### **Literature Reveals a Need to Humanize Change**

To meet the challenges of the 21st century work environment with all its turbulence and demands for change, we need to elevate how we lead and support people and

organizations through change. How do we? Wheatley (2017) urges leaders to show up as “warriors for the human spirit” (p. 255), requiring seeing everyone and everything as part of living systems. Wheatley gives us clear direction: show up to reveal altruism, courage, and wisdom. To do so we will need to practice seeing ourselves and others differently, as multi-faceted human beings and not mere resources contracted to perform a workplace role. What might that look and feel like? The literature provides some clues and possibilities.

I found inspiration and guidance in Smollan and Sayers’s (2009) qualitative study adopting a constructivist approach to exploring the lived change experience of 24 participants in multiple organizational settings in New Zealand. While participants in Smollan and Sayers’ study came from multiple organizational settings, all had experienced a significant change such as “mergers, restructuring, redundancy, relocations, new systems and job design” (p. 13). Smollan and Sayers’s (2009) study sought to answer the following questions:

What emotions are triggered when an organization’s culture changes? How does the emotional culture of an organization influence the ways in which emotions are experienced and expressed when any type of change occurs? How do affective responses to existing culture influence affective responses to any type of change? (p. 447)

The study found that culture and organizational change provokes strong emotions. Further, their findings show that the dominant narrative is negative. Yet, the researchers identified that “When emotions were acknowledged and treated with respect, people became more engaged with the change” (Smollan & Sayers, 2009, p. 435). I see an opportunity to lean into the qualities of a positive experience and learn how to cultivate a wholesome experience.

In Doorewaard and Benschop's (2003) study focusing on human resources management (HRM) professionals in change, they push for developing HRM professionals' capabilities to see people as undivided, as a "unity of rational, emotion, physical and psychological characteristics" (p. 283). They claim, "HRM needs to share an attitude of awe and attentive concern" (Doorewaard & Benschop, 2003, p. 284). Several studies recommend professional development for the leader to deepen and broaden in emotionally intelligent ways (Kellet et al., 2002; Skinner & Spurgeon, 2005). I wonder, if we are involved in leading people through change regardless of the occupation, would sharing an attitude of awe and concern be important to demonstrate and cultivate? Where might we start?

Worline and Dutton (2017), two prominent professors in the growing field of positive organizational scholarship, point to compassion. Their workplace research associated with organizational life highlights the need for leaders to address the human pain involved in change initiatives. While their research spans across sectors, I found it interesting that they call out compassion in healthcare by recognizing some of the difficult contextual elements:

Similarly in health care, where compassion is at the heart of the professional value system, we see that the practice of compassion at work is often driven out by overload, time pressure, technological changes, financial worries, regulatory mandates, and other organizational pressures that make humanistic concerns seem marginal. (Worline & Dutton, 2017, p. 14)

Worline and Dutton (2017) offer leaders strategies to develop their compassionate capabilities to enable improvising in the moment and directing actions to "what is most useful for people who are suffering" (p. 82). Strengthening compassion may be an essential leadership capability, for "compassion fuels adaptability by alleviating pain caused by

change processes and sparking passion that motivates resourceful change” (Worline & Dutton, 2017, p. 28).

Key to compassion is an understanding of suffering. Professor Dutton (Personal communication, April 8, 2020) reminded approximately 500 participants in a global Appreciative Inquiry summit focused on how to change the global conversation from social distancing to physical distancing that suffering exists—whether in our workplaces, our families, or in a virtual gathering of change practitioners. I was fortunate to be a participant in this summit. During our first few minutes together, Dutton laid out a hospitality mat by acknowledging the pain in the room, by inviting us to tap into our imaginative selves, and display our vulnerability as we experimented with new ideas. Dutton asked us to be generous with others in their interpretation. Being mindful of suffering enables compassion to also be present. What else would we benefit from being encouraged to practice? The literature shows there are several important skills to cultivate to be more human and relationally effective.

### **Human Practices to Grow and Cultivate**

Reflecting upon the literature informing my interest in studying the human side of change, I am seeing ethics (Pirson & Lawrence, 2010), humility (Collins, 2001, Hougaard & Carter, 2018), love (Bolman & Deal, 2017), mindfulness (Brach, 2003; Nguyen et al., 2019; Quan, 2018), empathy (Brown, 2018; Skinner & Spurgeon, 2005; Zaki, 2017; Zaki & Oschsner, 2016), and compassion (Brach, 2003; Dutton & Spreitzer, 2014; Pedersen & Roelsgaard Obling, 2019; Worline & Dutton, 2017) weave throughout the change literature, revealing to me the importance of further examining leading change with a holistic lens.

### **Studies of Mindfulness, Empathy, and Compassion**

It could be that mindfulness, empathy, and compassion are the golden threads for making organizational change an improved human experience.



Holt and Marques (2012) say empathy in leadership is a highly appropriate capability to develop. Their two-part study commenced with undergraduate business students attending a Leadership Theory and Practice course in a university situated in Los Angeles. The foundational study involved a total of 87 students varying in age between 21 to 30 years. Students were given a survey to complete in class with a ranking question, “What qualities are essential to be an effective leader?” (Holt & Marques, 2012, p. 98). Ten qualities were presented, ranked on a scale of least to most important: intelligence, charisma, responsibility/commitment, vision, authenticity/integrity, drive/passion, courage, empathy, competency/experience, and service. The survey was administered to five student groups over 3 years. The authors’ analysis of the data showed that empathy consistently ranked lowest.

Part two of Holt and Marques’s (2012) study involved sharing the survey findings with 35 graduate students enrolled in two MBA courses to explore possible reasons why empathy would be ranked as the lowest essential quality. Through exploring empathy as a phenomenon-based study, graduate students with experience offered their insight and meaning to studying leadership and empathy. Key themes such as “Too little life/work experience to recognize empathy as a powerful leadership tool in action” and “respondents lack empathy themselves” were important discoveries emerging from the data noting opportunities to develop empathy (Holt & Marques, 2012, p. 100). The authors share literature-based reflections of crises of problematic leaders lacking empathy to conclude, “Empathy is an essential aspect of 21st century leadership and can no longer be ignored if we want to prevent continuation of ethical disasters in the business world” (p. 104).

According to Berkovich (2014), empathy is crucial to the effective facilitation of growth relationships and is associated with transformational leadership. Just as leadership

holds several definitions, so does transformational leadership. According to Dickson and Tholl (2014), “Transformational leaders are visionaries, whose energy and passion motivate followers” (p. 28). Inherent in this approach is the collective capacity to create meaningful change together, for “Transformational leadership represents a more interactive perspective” and “when leadership is active, it can also be interactive and interdependent; then a force field of leadership develops” (Dickson & Tholl, 2014, p. 20). Interactivity lends to developing trust and we tend to trust empathetic leaders and give them our support. In a study focused on systems thinkers, Davis et al. (2017) found that empathy was shown to promote pro-sociality and altruism.

For organizations with performance appraisal programs, the annual performance conversation is a formal opportunity for leaders to demonstrate empathetic communication. Meinecke and Kaulfeld (2018) undertook a workplace study in a large German engineering company to connect change with the role of the leader’s empathetic communication style; through recording and analyzing the performance appraisal and development interviews between 48 leaders and 48 employees, the authors found:

In the context of appraisal interviews and change management, more broadly, empathetic supervisors who are skilled at taking their employees’ perspective, recognizing their employees’ needs, and consequently addressing those needs are probably more likely to create a constructive discussion about change. (p. 485)

The literature revealed that empathy and compassion are complex and multi-faceted. I learned there are three components to empathy: experience sharing, mentalizing, and pro-social motivations (Zaki & Ochsner, 2016). Experience sharing and mentalizing can be mimicked (and even manipulated) but the third component (pro-social behaviours) are

altruistic (Zaki & Ochsner, 2016). Zaki and Ochsner (2016) describe *pro-social motivation*: “through which individuals who share and understand targets’ states often are compelled to help those targets” (p. 872). If pro-social motivations result in alleviating suffering, then empathy is said to be compassion. According to Weisz and Zaki (2017), empathy and compassion share the same evolutionary roots but what sets empathy apart is the “sharing and understanding of a range of emotions, both positive and negative” (p. 206). Interestingly, Morelli et al. (2015) define positive empathy as “the ability to share, celebrate, and enjoy others’ positive emotions” (p. 57). Celebration is an important component to sustaining change efforts (Bolman & Deal, 2017; Hiatt & Creasey 2012; Kotter, 2012).

At the individual level, mindfulness improves the quality and quantity of emotional supports (specifically empathy and active listening), and messaging (Jones et al., 2016). In Quan’s (2018) case study linking mindfulness meditation techniques with change management practices, “72%-89% [of participants] reported increases in awareness of emotions and behaviors, better ability to manage themselves, calmness, positive feelings, and feeling in control” (Pacific Blue Cross Case Study section, para. 15) with listening for 15 minutes to pre-recorded guided meditations for a minimum of three times a week for 2 weeks. Mindfulness and empathy have been identified as “new intervening mechanisms” for positively effecting employee performance (Nguyen et al., 2019, p. 27).

A leader’s ethical values, sense of altruism, and empathy are key factors in enabling transformational leadership, according to Mahsud et al. (2010), whose study points to the importance of leadership development opportunities to help leaders improve their empathy and related relational capabilities to serve as a transformational leader, a key area important to explore more deeply when inquiring how my change leader participants cultivate mind, body, and spirit.

In a study questioning what makes a good leader, 205 leader-follower pairs conducted by Mulla and Krishnan (2011) found leaders relating high on transformational leadership gave a higher priority to values of honesty, responsibility, and love than those leaders relating lower. What I found interesting was the high transformational leader's behaviour on the follower's moral development appeared to be insignificant for low duration pairs, leaving me curious about how we might nurture trusting, empathetic, loving enduring relationships when reporting relationships in a high change organization are frequently in flux.

Goleman (2015) says the transformational leader is someone who has "grandeur horizons and so can tackle our largest challenges, thinking far into our future, paying attention to the issues that matter in the long run and for everyone" (p. 17). Wondering who among us might exemplify this definition, I was happy to learn that the 14th Dalai Lama is a transformative leader, described as "one who looks beyond the givens of today's reality to offer a map to a better future worldwide" (Goleman, 2015, pp. 16–17). As a potential follower, having a map is important. The Dalai Lama's map entails "An education of the heart" (Goleman, 2015, p. 19).

Mindfulness, empathy, and compassion are considered as malleable and can be cultivated and developed (Brach, 2003; Brown, 2018; Riess, 2018; Weisz & Zaki, 2017; Worline & Dutton, 2017). There are a variety of techniques to develop people's pro-social motivations and "tendency to consider, share, and care about each other's experiences" (Weisz & Zaki, 2017, p. 213). Some of these techniques include role-playing, perspective taking, information sharing, experiential interventions, and interventions to raise awareness, to change perceptions of the self or of groups, coaching sessions to address "failures," and awareness-raising activities to foster growth (Weisz & Zaki, 2017, p. 213). Understanding

the context for selecting among the pro-social techniques to help others make more impactful change will be important to understand. I am keenly interested in curating resources and turning concepts into actionable, daily practice.

Turning to the popular press for techniques to cultivate empathy, altruism, and compassionate capabilities, Brown (2018) identifies five empathy skills as “the rocket fuel for building trust and increasing connections” (p. 145). Brown’s five empathy skills to develop practice and skill with are:

1. To see the world as others see it, or perspective taking
2. To be nonjudgmental
3. To understand another person’s feelings
4. To communicate your understanding of that person’s feelings
5. Mindfulness. (2018, pp. 143–148)

*Rocket fuel* may be a good metaphor for thinking about the pro-social behaviours supporting and enabling our best contributions to be realized.

Human-performance expert Marcus Buckingham says it is time to bring love back into work: “Love, which is the most powerful of all human emotions—the source of our creativity, collaboration, insight, and excellence—has been systematically drained from our work lives. And, it’s time we brought love back in” (as cited in Crowley, 2022, para. 2). In a healthcare context, is cultivating genuine caring with and for others timeless or timely?

### **A Caring Healthcare Context**

Dr. Helen Riess (2018) is a neuroscientist who teaches physicians how to be more empathetic in their relationships with patients. Her empathy work involves cultivating a practice of self-care, empathy, and mindfulness, which she explains are important practices

in shaping “a more civil society, respectful discourse, understanding of others, and a humane world” (p. 200). Riess’s seven empathy keys are helpful in describing what empathy looks, feels, and sounds like as a practice:

E is for eye contact

M is for the muscles in your face

P is for posture

A is for affect

T is for tone of voice

H is for hearing the whole person

Y is for your response

According to Riess, compassion and mindfulness are shared brain mechanisms and empathy begets more empathy, compassion, and mindfulness. These three human qualities appear to be strongly connected.

Dr. Riess urges healthcare leaders to make empathy a priority during the COVID-19 pandemic: “When we’re in a pandemic like this, the topic of empathy is front and center,” Riess said, adding that it’s especially important today to be “a leader with empathy” (as cited in Alda, 2020, 3:00). Riess explains the pandemic is fueling clinician burnout, and “causing a loss of love for their careers” (as cited in Becker, 2021, 8:40). Riess and Kraft-Todd (2014) address the challenges of empathy on healthcare professionals who face unrelenting suffering for people do not possess an unlimited empathy capacity. The challenge for “empathetic clinicians who are confronted with overwhelming degrees of pain and suffering may also experience significant personal distress” (Riess & Kraft-Todd, 2014, p. 1110). Healthcare organizations need to show empathy to their members to help reinvigorate a love for the

profession. Reiss urges healthcare organizations to scale up their empathy efforts to address the critical need for greater empathy between clinicians and patients, and also at the inter-professional level (Becker, 2021). I found it interesting to note that Reiss has adapted her face-to-face empathy curriculum for online delivery, thereby enabling her to reach global audiences using train-the-trainer, face-to-face, animated, and interactive e-learning modalities.

Physicians Fox and Meisenberg (2022) emphasize the need for curricula in medical humanities to replenish the finite empathy reserves: “empathy must be replenished so that we can be there for each other and for the patients who need us most” (p. 5). Reflecting upon the pandemic, Fox and Meisenberg (2022) share an insight: “Among the sad pandemic lessons learned is that empathy—like ventilators and PPE [Personal Protective Equipment]—is a finite resource. Nearly two grueling years of work in overstrained and understaffed hospitals have left many health workers overwrought” (p. 1).

Executive nurse leaders Grubaugh and Bernard (2022) offer a framework to reflect upon the last 2 years to identify lessons from the lived nurse leader experience. The authors place focus on exploring “post-traumatic growth” tactics to improve workplace recognition and happiness, strengthening leadership, education, well-being, and emergency responsiveness, while redesigning levels of care delivery (Grubaugh & Bernard, 2022, p. 132). According to Grubaugh and Bernard (2022), “The complex post-pandemic world requires more nurse leaders to show up differently, stop ineffective practices, continue best practices, and implement new ideas to improve performance and outcomes” (p. 125).

My interest in learning of positive examples of effective change leadership was enriched by reading a fascinating international mixed-method study with 30 healthcare

champions and 58 team members examining the characteristics of effective champions (leader/clinicians) compared to non-champions (George et al., 2022). Through administering a survey and conducting interviews, George et al. (2022, p. 8) explored characteristics of real-world healthcare champions using a Transformational Leadership framework involving four components:

- Inspirational Motivation
- Individualized Consideration
- Idealized Influence
- Intellectual Stimulation

Through statistical analysis and qualitative analysis, George et al.'s study revealed effective champions of change exhibited facilitated trust, intrinsic motivation, encouragement, persistence, and enthusiasm. The champions were viewed as highly effective communicators who frequently asked for feedback. Colleagues described champions as empathetic, curious, physically present, and approachable (George et al., 2022).

The literature, as well as professional practice, leads me to believe an inquiry exploring change leaders' demonstration and cultivation of body, mind, and soul is significant—to mitigate the typical errors of change (Kotter, 1996), to enable whole systems (Holman et al., 2007) transformation, to broaden and deepen the toolkit of resources, and to play host to great work, growth, health and happiness for our workplaces, and those we imagine it being of service.

### **The Chasm: Leap From Gaps to New Opportunity**

Several advances in change leadership highlight the opportunity to pivot from a history of disappointing change results towards a more affirmative, potentially life-giving



and positive change experience. Key to effectively making this turning point is seeing the people impacted by change as valuable members to be involved in meaningful and engaged ways in the change. The literature recognizes the need to continue to strengthen humanizing organizational change. Several studies have identified empathy, compassion, and mindfulness as pro-social capabilities supporting the relational side of change efforts. By exploring the four dimensions of holistic education through an experience lens, might we have another way of looking at high involvement and engagement for supporting whole-systems change?

### **Educational Theories Supporting My Research**

Narrative inquiry as my chosen research methodology calls for me to investigate my participants' construction of reality (Merriam & Tisdell, 2016) and to produce a convincing narrative that holds together (Bruner, 1991). Narrative inquiry allowed me to follow the threads of conversations to create a weave involving considerable creative latitude (Atkinson, 1995; Berger, 2013; Bruner, 1991; Chambers, 2004; Clandinin & Connelly, 2000). As I reflect upon the significance of validity and credibility as it applies to my behaviour as an individual, an ethical narrative inquirer researcher with strong constructivist and humanist tendencies, my theoretical framework of exploring the nature of holistic change pulls these threads together as a meaning-making process of seeing the connections of how one thing relates to another (Sterling, 2001). A holistic education framework exploring the phenomenon of organizational change with change leaders using narrative inquiry to construct knowledge nestles my topic and serve its aims.

### ***Holistic/Humanistic Education***

When I read the lived experiences of exquisite writers such as Palmer (2018) and Moore (2018), who advocate for holistic, humanistic education ways of knowing and being

in the world, my physical heart beats a little faster for I am energized by ideas and educational practices that resonate as life-giving sustenance that I can take into my change study. What is it about these thought leaders that I know only from the page that cause goose flesh to form on my arms? Why does the notion of educating not only the mind but also the heart, body, and spirit instill within me a sense of novelty when such a notion is as old as antiquity? I feel the truth at my core as I sense the mystical wonderment of this goose flesh way of knowing; we have largely ignored these dimensions of being while leading and managing workplace change.

By reading of the contributors of holistic education (Miller et al., 2018), a realm of exciting change possibilities is within reach. A holistic education framework has called me to adventure (Campbell, 1949) and I am feeling the connection to my purpose for being here. I accept this invitation and welcome stepping into the hero's journey (Campbell, 1949) to be purposefully intellectual, artful, playful, and of practical service to others.

**An Integration of Mind, Body and Spirit.** Holistic educators appear to share a worldview that is more *human* (Hart, 2018). A learner is viewed as a whole and capable person who participates in knowing through emotional, physical, mental, and spiritual dimensions—in all ways of being human.

***Spirit and Soul.*** Spiritual practice appears to be an integral part of the teaching and learning experience. For example, Miller (2014, 2018) embeds meditation and mindfulness practices into his graduate students' learning experience, and Palmer (2004, 2007, 2018, n.d.) draws heavily on his Quaker faith and creation of trust circles to commune with the shy voice of the soul. I find it interesting that Palmer employs trust circles in organizational change for I would imagine a strong foundation of trust would need to exist to enable trust circles to unfold. According to Palmer, the ideal membership is seven people including the facilitator

who plays an integral role to allow the *shy spirit* within each participant to show up to be the primary instrument to inform the participant. Trust circles appear to be principle based, designed with silence, with a purposefully rigid structure. For example, the rules of engagement while listening to another member in the trust circle requires observing rules such as not doing, resisting the temptation to leap into the conversation to save, fix, or counsel another. One may smile when they hear something funny, but they may not laugh. No one is allowed to offer touch, or even a tissue. When choosing to contribute, one is to speak into the center of the trust circle, and making eye contact is discouraged. Questions are offered thoughtfully and with care so as not to lead, judge, manipulate, or frighten any souls away. Letting the soul reveal itself, according to Palmer (2004), is key to transformational change: “All we need to do is to bring down the wall that separates us from our own souls and deprives the world of the souls’ regenerative powers” (p. 184).

There is a myriad of ways to practice spirituality. While religion for some is a pathway, the path of soulfulness is anything but prescriptive and some of the known paths include aesthetics, the performing arts, body, visual, and literary forms, a relationship with land, being in nature or appreciating nature, quiet contemplation, et cetera.

***Body and Embodiment.*** Similar to spirit and soul, the emphasis in holistic education appears to be placed on embodiment (Hart, 2018; Snowber, 2018), the tapping into feeling, sensation, movement and physiological knowing.

***Mind and Mindfulness.*** A love of language stands out to me in holistic texts using metaphor, poetry, and prose (Moore, 2018). Love as both noun and verb is on the loom of “weaving a web of connectedness” (Palmer, 2007, p. 17). Palmer uses poetry and prose advocating for more love, beauty, grace, compassion, wonder, respect, healing, and trust in

relationships, as do Miller et al. (2018) and Ricci (2012). Ricci (2011), a holistic educator in the Faculty of Education's graduate program at Nipissing University (and my research supervisor) describes himself as a "people advocate" (p. 142) and speaks as he writes, with loving kindness and certainty: "I believe that love is critical to learning" (C. Ricci, personal communication, May 28, 2020). The affect and effect are both startling and refreshing.

To this interconnected web, I understand freedom, self-will, and organic learning are significant concepts held within holistic educational philosophy (Ricci, 2011, 2012; Ricci & Pritscher, 2015), as is holding reverence for seeing our connectedness with all beings in the natural environment (Hart, 2018; Wheatley, 2017). All of these interconnected dimensions can journey with me into an inquiry with leaders to tap their experiences, and perhaps know them differently, with an aim to capture their wholeness.

### ***Constructivism, Narrative Inquiry as Theory***

**John Dewey's Theory of Experience.** By choosing narrative inquiry as my research method, I am working with Dewey's (1938/1997) theory of experience to mine the stories and experiences that matter to change leaders, and to imagined audiences (Clandinin & Connelly, 2000). Dewey's theory of experience holds *place* (or context) with two principles, *continuity* and *interaction*. These principles are threads that will weave throughout my narrative study. I see *continuity* and *interaction* (Dewey, 1938/1997) relating well to how change leaders experience change holistically, the meanings and understandings that they attach to leading people through change, hearing their stories for how to demonstrate and cultivate mind, body, and spirit in the change process. Embedded in the theory of experience is democracy, a recognition of the importance of treating people humanely, being kind to experience, valuing the individual, and the collective. I take my role as a facilitator, social

learner, and narrative inquirer seriously, and I am committed to showing unconditional high regard (Rogers, 1974) for my change leaders, their contexts, and our work.

**A Construction of Reality.** My passion for the narrative path currently exceeds my competence in narrative inquiry theory and methodology. Undaunted, I have turned to Bruner (1991) who suggests the educational toolkit is vast and, “Few people ever master the whole range of tool kits: we grow clever in certain spheres and remain incompetent in others in which, as it were, we do not become ‘hitched’ to the relevant tool kit” (p. 2). To aid in becoming hitched in a way that culminates in a construction of reality that will serve my participants, the academy and imagined workplaces, I will attempt to follow Bruner’s 10 features in constructing a narrative inquiry (to which I have taken liberty to interpret within the brackets):

1. Narrative diachronicity (an account of events over a period of time)
2. Particularity (what happens?)
3. Intentional state entailment (how do people feel?)
4. Hermeneutic composability (an intuitively convincing account of expressions)
5. Canonicity and breach (edit the minutiae)
6. Referentiality (does it reveal the narrative truth?)
7. Genericness (the narrative genre)
8. Normativeness (is it readable or tellable?)
9. Context sensitivity and negotiability (the interplay of narrative accounts)
10. Narrative accrual (an overall sense of coherence)

I believe Bruner’s 10 features will serve to guide in constructing a narrative that holds together.

Similarly, Shields et al. (2011) explore personal narratives to revisit their lived experiences. Narratives serve as a tool to imagine future places. We hold visions for leading change holistically in our imagined workplaces. Tapping into the imagination is encouraged in narrative inquiry (Clandinin & Connelly, 2000; Kim, 2016).

Atkinson (1995) suggests that for stories to be valued, they need to make sense within the context of our everyday lives. This sense-making concept is first explored with participants as conversations where we check in to explore the authenticity of stories and shapes, through member checking of transcripts, and together determine if we believe we have brought forward the narrative truth (Clandinin & Connelly, 2000). Ultimately, it is the readers who receive these stories and makes their own determination.

Next, I turn to Chapter 3 to unfold the methodological story of how I conducted this narrative inquiry.

## Chapter 3: Research Method

### Narrative Inquiry Research

I turned to narrative inquiry as my methodology of choice for I bring to this research fascination an ontological commitment to engage in a qualitative research study. I view narrative inquiry as a suitable methodology for the study of how change leaders both demonstrate and cultivate mind, body, emotion, and spirit. I made this design decision having written a paper for EDUC 5676 Qualitative Research Course (McCabe, 2018) where I turned theory into practice by designing a research proposal exploring three different qualitative approaches to conducting a study like this. Essentially, I had the opportunity to *turn the story* (Creswell & Poth, 1998) using the interpretative traditions of case study, auto-ethnography, and phenomenology to see what each approach offered. I believe that all three traditions would have been viable ways to conduct my study. I viewed phenomenology and narrative inquiry to be the most compelling of options for I would get to learn from change leaders' experience, while also participating in the study through sharing an understanding of change management, holding an insider perspective of the healthcare culture, and giving voice to my research experience. I considered the case study approach as having the least fit with my overarching research question.

In this chapter, I describe the methods I used to gather my data and address relevant issues associated with this form of inquiry.

### The Use of Story

Stories take many forms, including (but not limited to) the oral tradition, a literary source, painting, poem, song, or dance (Campbell, 1949). Estes (2011), renowned spoken-word artist, poet, and Jungian analyst, describes stories as potent medicines that offer

comfort, vision, guidance, and strength. Atkinson (1995) similarly appreciates stories for their transformative capacity, and sees stories having four functions—psychological, social, mystical, and cosmological—with each function containing *gifts* to be understood.

Storytelling is viewed as an important co-design technique for leading change. Storytelling set in the context of “co-producing in authentic relationships with others,” the one-to-one meeting practice involving “the skills of deep listening, habits of the heart, and open honest questions” is designed to elicit and explore values, hopes, interests, skills, and needs of people involved in change (Institute for Healthcare Improvement [IHI], 2018, p. 1). When storytelling is a shared experience, it provides a safe space for leaders to explore their lived experiences, why they care about the work that they are leading, while discovering the other person’s skills and assets resources to draw upon (IHI, 2018, p. 1).

We might recognize story gifts as entertainment (Kane, 1995) or as seeds to inspire, influence, and persuade (Simmons, 2001), heal emotional wounds (Cox & Albert, 2003), foster workplace learning (Simmons, 2007), or ignite change (Denning, 2001; IHI, 2018). Story could be said to be the human method (Clandinin & Connelly, 1991), for “Stories are what we know, how we know, and stories are how we live” (Caine & Estefan, 2011, p. 965).

### **Narrative Inquiry as Methodology**

Narrative inquiry is a qualitative methodology and a principled process that explores one’s experience and its meanings as a “fundamental method of personal and social growth” (Clandinin & Connelly, 1991, p. 259). Rooted in Dewey’s (1938/1977) theory that *experience is education*, Clandinin and Connelly (2000) say narrative inquiry “is the description and restorying of educational experience” (p. 259). Kim (2016) defines narrative inquiry as “a storytelling methodology that inquires into narratives and stories of people’s life experiences” (p. 304).



Narrative inquiry is both science and art, a creative expedition that calls for tolerance of ambiguity (Clandinin & Connelly, 2000), reading between the lines of conversation (Kvale & Brinkmann, 2015), and a willingness to embrace the *messiness* of working with a *multi-layered* process (Clandinin & Connelly, 2000). I would describe leadership and facilitation of organizational change processes with the very same terms—a messy and multi-layered process requiring a high tolerance for ambiguity and an acuity to read between the lines. Having drawn similarities between planning a narrative inquiry and facilitating change, I know from experience that if clarity and order comes, I am more likely to recognize its occurrence at the end. At the onset, I need to trust the process. And, when in the middle of the messiness and my trust waivers, I know to lean into the wise words of Margaret Wheatley (2017) reminding me to renew my faith in a much larger trust process: “This is the dynamic of self-organization—life’s capacity to create order from chaos, to create growth and potential where there was none” (p. 142).

### ***Narrative Genres***

Narrative inquiries include genres such as autobiography or self-study, auto-ethnography, biographical, life story or life history, arts-based literary or visual, and Bildungsroman, a story of personal growth (Kim, 2016). These genres could be one person or multi person studies. The genre for this narrative inquiry is biographical, which includes personal life stories, reflections on lived experience (Kim, 2016), and learnings (Clandinin & Connelly, 2000).

### ***Narrative Framework***

The framework holding this narrative study is Clandinin and Connelly’s (2000) three-dimensional narrative inquiry space with their four directions of storytelling. The three-

dimensional inquiry space is comprised of the temporal, societal, and place-specific details that situate the stories of leaders' lived experience. Clandinin and Connelly (2000) define the four directions of storytelling in the following quote:

[There are] four directions in any inquiry: inward and outward, backward and forward. By inward, we mean toward the internal conditions, such as feelings, hopes, aesthetic reactions, and moral dispositions. By outward, we mean toward the existential conditions, that is, the environment. By backward and forward, we refer to temporality—past, present, and future. (p. 50)

In this way, I attended to the temporal, societal and place descriptions that my participants shared, as well as moving between their past, present, and future description of holistic change based in their lived experience.

**Backward.** Our first interview was designed to situate ourselves in place, building a context for exploring change, leadership and incorporating mind, body, spirit elements (Clandinin & Connelly, 2000). Through the development of rapport both built and building, we found ourselves safe and in good company. This rapport helped us to tell our life and work stories of change and experiences of mind, body, and spirit (past and present). Our three conversations enabled scaffolding experience. The first conversation was purposefully designed to explore participants' experience of leading change chronologically with these questions:

1. How long have you led organizational change?
2. Going back to your early experiences of organizational change, how did you think about leading change? What were you feeling then?

**Backward Forward and Inward.** In our second interview, we leaned into the serendipitous discoveries of change and holism including hunches, musings, and tensions

(such as the tension of the vision we hold versus what is). Having a firm foundation of experience cast, we were equipped to explore our imagined futures (Shields et al., 2011) and “feelings, hopes, aesthetic reactions, and moral dispositions” (Clandinin & Connelly, 2000, p. 50) together. I picked up the threads from our previous conversation and explored emergent questions such as the following:

1. What is different now?
2. What is the same?
3. How does that inform you about what needs to be the same and different?

**Inward Forward and Outward.** In the third interview conversation, we focused our conversation on the practice of holistic tools, insights, and intentions. We made bold statements and gave voice to our grand intentions. The following questions were well suited for inward, forward, and outward attention:

1. What are you paying attention to?
2. What has really landed for you?
3. How much risk do you plan to take forward into your change leadership?
4. Does mind, body, emotion and spirit make a difference in your life?
5. Does it make a difference in the lives of others?
6. How will you connect differently to change?
7. What do you want now?
8. Tell me about a small act of disruption you intend to make?
9. What is the most important thing we should be talking about now?
10. How accessible is it to talk about love, spirit, soul in the workplace? How would you make it more accessible?

## **Selection of Methods**

My narrative inquiry design and selection of methods outlines the key steps involved.

### ***Recruitment of Participants***

The narrative inquiry literature appears hesitant to recommend an optimal number of participants, frequency of meeting, or duration for narrative studies (Clandinin & Connelly, 2000; Kim, 2016). In my narrative inquiry study, I found working with five change leaders with extensive healthcare experience to be my right number as saturation was achieved with three participants. If a participant was to exercise their right to withdraw from the study for any reason, the remaining participants' data could still carry the narrative results forward.

To avoid a conflict of interest or perceived conflict of interest, I recruited participants who currently do not work in the same organization as I do. To recruit these five individuals, I used a combination of purposeful and snowball sampling techniques.

**Purposeful and Snowball Sampling Techniques.** I used purposeful sampling to engage three healthcare leaders whose change leadership I am familiar with, whom I would describe with concrete examples as acting as a positive leader (Cameron, 2012) and whom I have observed demonstrating pro-social behaviours (Zaki & Ochsner, 2016).

From the initial purposeful sample, I turned to snowball sampling by requesting leader participants to refer me to a change leader whom they consider to be an exemplary change leader and imagine contributing to the study. One participant leader referred me to one other participant leader. The fifth participant was recruited with a referral through a colleague with whom I have worked and whose judgment I respect immensely.

**Prospecting for Participants.** Contact with my purposefully selected participants was initiated using LinkedIn's Messaging feature. A brief friendly note was sent to four

potential participants to reconnect, share my research endeavor and, gauge their interest in participating in my research study. A sampling of the prospecting message:

Hi Micheal, thanks for accepting my LinkedIn request! I was hoping you would. I am really enjoying working with you on the biosimilars initiative and I am wondering if you might be willing and interested in being a participant for my PhD qualitative study focused on leaders of change and their lived experience of humanizing change? My recruitment strategy is to begin with a purposeful sample of known leaders who I have worked with and consider to be exemplary and then move to snowball sampling by asking for my purposeful sample to refer me to one other leader who they consider to be an exemplary example of leading change holistically. The title of my study is, “The heart of change: what stories do leaders tell?” Might this interest you? I know you are busy and I completely understand if this is not for you. Happy to chat and explore an exploratory conversation. Thanks Micheal, be well, safe and happy. Jo (December 23, 2021).

Once potential interest was confirmed by a reply message, and after I had received full ethics approval, I sent participants the Participant Information Letter (in Appendix B) by a separate email from my Nipissing University email account. I received three enthusiastic responses almost instantly. I followed up with the fourth person twice more before accepting that a lack of response was likely a pretty good indication of their decision to choose not to participate in my research study.

Similarly, participants recruited through referrals were introduced to me and the study from the person with the relationship with a warm, personal introduction by email. I followed

by sending an email from my Nipissing University account with the Participant Invitation Letter as an attached document.

**Informed and Signed Consent.** The Participant Invitation Letter was emailed to all participants with a request to have an informal telephone conversation together for 30 minutes to explore the process and address any questions or concerns the participant may have. One participant asked to skip the exploratory meeting and go straight to the first interview. All participants returned a signed copy of the consent form prior to conducting the first interview.

### ***Uncompromising Ethics***

As a narrative inquirer, I understood my ethical obligation to demonstrate integrity, credibility, and authenticity (Whittemore et al., 2001). Also, I recognized my responsibility to serve my participants in thoughtful, respectful, and beneficial ways (Clandinin & Connelly, 2000). In making my research application to the Nipissing University Research Ethics Board (NUREB), I was deliberate in making the narrative choice as my research method as I considered it to be the most compelling of methods to study change leaders' experience, and because I saw narrative inquiry as empathetic by design (Gair, 2011). By design, I made the following ethical commitments:

**Compensation.** Participants did not receive compensation for their time and participation in the study. However, participants shared that they benefited from learning, sharing, receiving supplementary resources, and friendship.

**Privacy and Confidentiality.** My ethical duty to ensure the privacy and confidentiality of my participants and take appropriate measures to safeguard all information entrusted with me that could be identified with participants (Panel on Research Ethics, 2018)

was discussed with participants. Given the context of conducting a narrative inquiry with leaders exploring biographical information, I offered to protect participants' privacy and confidentiality of their identities in the write up of the research through use of pseudonyms. Four participants wished to be identified with their real names: Micheal Guirguis, Margaret Paan, Paula Raggiunti, and Lance Thurston. One participant asked that I replace his name with a pseudonym. This participant chose "Dan" to be used.

The participants are acknowledged and credited for their contributions by being named as per their request (Panel on Research Ethics, 2018):

- **Micheal Guirguis**, PhD, serves Alberta Health Services as a drug steward leading significant change focused on optimizing how Albertans access publicly funded drugs. I virtually met Micheal while working on the pan-Canadian Biosimilars Evaluation core project team (2020–2021). Our project was funded by the pan-Canadian Pharmaceutical Alliance and was comprised of funding policy experts representing provinces and territories willing to serve as an Advisory Working Group. Micheal served as co-chair of the Advisory Working Group and we both were members of the core project team led by Ontario Health. Together, we created an evaluation framework in consultation with industry, clinicians, policy advisors and patient organizations across Canada. I experienced the positive impact of Micheal's leadership on our core Biosimilars team, the Advisory Group, and when engaging our diverse stakeholder groups.
- **Margaret Paan**, MSc, RN, is now the Executive Director of a 40-bed palliative care hospice in Dufferin County, employing 45–50 people and approximately 200 volunteers. I was lucky to get to work with Margaret on a change project when we

both worked for a community health organization in central west Ontario. Margaret was a Director who managed the palliative care portfolio and she invited me to help her team identify the needs of people who were structurally vulnerable. By tying life expectancy statistics for people who are homeless, Margaret was able to direct palliative care resources to support this vulnerable population's health needs.

Margaret spearheaded a coalition by inviting community members with interest and expertise to partner with her palliative team to make a difference. I admire Margaret's leadership, empathy and enthusiastic energy to make good things happen quickly.

- **Paula Raggiunti** is an RN with a Master's degree in Health Administration. Paula recently left the post of Director in a community health organization to help care for her mother who is diagnosed with leukemia. I have worked with Paula on numerous leadership and team development initiatives, and our last one was a strategic change initiative involving launching five new nursing clinics in the central-west region of Ontario. Genuine caring is exemplified in Paula's words and actions. Paula's change leadership approach is seeded in her Christian faith and the universal principle of "love for another."
- **Lance Thurston** recently retired from the CEO Grey Bruce Hospital Corporation comprised of six hospitals in Grey County and the Bruce Peninsula, Ontario. Lance's daughter Sarah Thurston and I were teammates (2016–2019). Sarah would often share with me insights from conversations with her father and suggestions for how we might navigate a difficult change we were experiencing. I had a second connection pointing to Lance Thurston as an exemplary change leader. My sister, Mary Lynn Bernard, spoke highly about Lance Thurston's leadership during the time she served



on Markdale Hospital's Board of Directors, one of the hospitals in the Grey Bruce consortium. Lance's stories provide a glimpse into the heart of change from the C-suite of municipal and healthcare. Lance's academic background includes undergraduate degree in geography and economics, followed by a Master of Urban and Regional Planning degree.

- **Dan** is a pseudonym for a Director in an acute care setting in Ontario. He leads a portfolio with 21 managers and approximately 600 team members. He was referred to me by a participant who describes Dan as "an interesting guy who has a different perspective." In conversation with Dan, I learned how important a "different perspective" is to lead successful change initiatives in healthcare. Be deliberate and purposeful in engagement, show up to the frontline to work, hear ideas and share information are key actions that Dan says are important to lead the people side of change well. Academically, Dan has an MA degree in Leadership and is Registered Nurse.

### *Ethical Considerations and Decisions*

My participants shared generously. I learned of techniques and processes that they developed or had borrowed from others and built upon that was available to me as posters, photographs, bookmarks, blog posts, articles, and management templates. As I had not envisioned receiving or using artefacts when I applied to NUREB, instead of showing these items as artifacts, I have attempted to describe the artifact in reasonable detail for the reader to draw context and meaning.

In hindsight, I would have sought ethical approval to collect and use artifacts as well as keep audio and video files instead of deleting them after transcription. In future work, I

would like to have the option of being able to show results with a multi-media approach that could include artifacts, audio, and video clips.

### ***Data Collection Methods: Interviews and Journaling***

I employed one-to-one virtual interviewing as the primary method to collect participant stories using video recording. In addition, I kept a reflective researcher journal throughout the research journey. Through journaling, I feel I was better able to prepare for interviews, step into the role of narrative researcher, while deepening my self-reflection. Journaling gave me the opportunity to have trusted conversations with myself, enabling the drawing out of questions, and taming my insecurities.

**Stepping Into the Role of Narrative Interviewer.** As a narrative interviewer, it was important for me to be inclusive, sensitive, and curious, living what Kvale and Brinkmann (2015) call a “deliberate naïveté,” one that stays open to new experiences and understandings (p. 33). To form, I was reminded of the importance of function and turned to Kim (2016) who writes, “I would say that what is most important to remember during the data collection period is to be an active listener, attentive observer, and empathic person with integrity” (p. 180).

During data collection, I sensed within me a heightened state of listening. I was never concerned that listening, being curious, or staying open would be my challenge. I did wish I was better at integrating what I was hearing in the moment to be able to probe further. In truth, I kept seeing more and different with the passage of time, when the moment had passed and it was up to the data to talk.

**Interview Type: Semi-Structured Interviews.** Kim (2016) discusses three types of interviews: structured, semi-structured, and unstructured, open-ended interviews. I conducted semi-structured interviews by posing one or two open-ended questions from the sample list

below, and then moving in the direction of where the interviewee wanted to take the conversation (Kim, 2016; Kvale & Binkmann, 2015). From my vantage point, the interview was a shared process with dynamic conversation whereby both parties steered the conversation to explore interests, quandaries, and curiosities. For example, participants often expressed their wonderment with respect to what a narrative inquiry was and what our conversations would result in. For every interview, I produced a typed transcript and shared it with participants within 3 days of our meeting to allow them to review our conversation in a timely manner. Because transcripts showed the full conversation, not just the parts I was directing, I am able to share a glimpse of our real time dialogue showing the dynamic nature of our conversations:

I ask: “How are you feeling about the transcripts and questions?”

The participant responds: “When I read the transcripts, it seems to me to be a kind of verbal diarrhea! There’s not a lot of structure to it.”

My response: [Laughter] Okay, that’s fair. It can be odd to reacquaint with our own words, but from my end, it’s golden! I am loving it. And, I think whenever it all comes together, you’ll see that your stories connect with four other people’s stories. There are many common threads that are weaving together, and some differences, which is also lovely. In both of your transcripts, I feel that mentoring is coming through strong, as is sharing information, being inclusive, seeing things differently, and holding a vision—despite all kinds of resistance.

As Denzin and Lincoln (2018) emphasize, “The interview is a conversation, the art of asking questions and listening. It is not a neutral tool, for at least two people create the reality of the interview situation” (p. 519). When I reflect further on my experience of being one of

two people creating reality, I see that I held the advantage of studying qualitative research methodology and in choosing narrative inquiry as my method of choice. My participants by their education and professional experience would likely be more familiar with empirical research and consequently, a positivist approach. Our realities could be different—by experience, expectation, and perhaps by preference.

With hindsight, I see the semi-structured interview design helped to surface, shape, and create a shared vision that called out our current reality, and enabled holding creative tension (Senge, 1994). Senge (1994) describes creative tension as “a force that comes into play at the moment when we acknowledge a vision that is at odds with current reality” (p. 151). I feel the semi-structured interview design enabled two parties to take a leap of faith together. Next, I share the sample questions.

**Sample Questions.** The following interview questions helped to shape conversations in alignment with Clandinin and Connelly’s (2000) narrative inquiry framework involving three dimensions and four directions:

1. How long have you led change?
2. Who are the key people, associations, or communities that influenced how you lead change?
3. What is working for you in leading change?
4. Do you use a change framework in leading/managing frame? Which one?
5. How do you tune into the thoughts and feelings of others? Have you experienced any impact?
6. How do you feel about the following words in the context of work, *soulfulness*, *mindfulness*, *embodiment*, *love*, *empathy*, or *compassion*? Do any of these words play a role in your change leadership practice? How so?

7. Is your leader (and or peers) caring and compassionate? How in-step is your senior management team with the people side of change?
8. What is your experience of holism in the workplace?
9. Would sharing an attitude of awe and concern be important to demonstrate and cultivate? Where might we start?
10. What else would we benefit from being encouraged to practice?
11. Is it important to create a culture of caring in leading change? Why?
12. How do you show you care about the people involved in or impacted by change?  
Who are they and what matters most to them?
13. How might we nurture trusting, empathetic, loving enduring relationships when reporting relationships in a high change organization are frequently in flux?
14. Who is doing it right? Who leads change well? Where/how did you learn to lead people and change projects? Will you introduce me?

### ***Time to Promote Reflection***

Kvale and Brinkmann (2015) recommend a minimum of three interviews with participants with time between to promote reflection. Being mindful of the multiple demands on leaders' time, I asked leaders to choose their most convenient time to meet. I was able to flex my schedule to accommodate participants' meeting preferences. As for the number of meetings, three separate meetings were held with space between each session to review typed transcripts, offering the opportunity for reflection. The interview and data gathering process spanned between 4 and 7 weeks.

Staggering participants' start and completion times was one technique that worked well for me. Being able to focus on one person at a time also helped with identifying our

mutually advantageous time periods to hold the interviews. The first participant interview commenced in February 2021 and the last one took place in August 2021. Having 7 months was advantageous for it enabled a feeling within of being well equipped to serve the multiple roles of researcher, facilitator, and host. I appreciated the comfort of knowing that I was thoughtfully prepared for each interview. I also believe that spacing the interviews with time as an enabler helped to develop rapport, create safety, and foster friendly relationships, all key process considerations of a quality narrative inquiry (Kim, 2016).

### *Frequency and Length of Interviews*

I scheduled three 60-minute conversations with each individual using MS Teams video conferencing technology as our virtual private meeting place, totaling 15 hours of recorded interview conversations. The virtual interview format offered the convenience of no travel, as well as comfort for we were each able to meet in a space of our choosing, where we would feel most at home. For all but one participant, we met virtually from the comfort of our homes. Transparency was one of the first things I noticed when watching the video collection. No one used background screens to blur or change their privacy settings. Physical appearance was another feature that I noted, as we all dressed as if we were expecting each other to show up on screen wearing smart casual clothes.

What I liked most about the video recordings was the opportunity to revisit each session as an observer. To have the opportunity to see my own behaviour in relation with participants was in itself an insightful feedback exercise. I could see the ease in my body and language when reacquainting with an old friend and contrast that with a subtle awkwardness presenting on the screen when wanting to establish rapport with a new friend.

I found the video recordings immensely helpful for the purpose of transcription for they offered nuanced data. Having the recordings to return to aided in my ability to absorb

information. When I think about Clandinin and Connelly's (2000) temporal dimension, I see how one can stretch the notion of temporality through having multiple ways to revisit a period of time. I found the opportunity to focus on the interview and later note the nuanced details of non-verbal cues such as posture and gesture as important learning.

### ***Transcription, Interpretation, and Analysis of Recordings***

I independently replayed the video recordings multiple times to re-immense in the conversations. I found myself analyzing the data during transcription, giving titles to commentary, bolding particularly poignant phrases, and preparing follow-up questions between interviews. My intention was to create typed prose capable of carrying the nuance of each participant's personality. I added brackets to convey additional context including sentiments expressed as pauses, and non-verbal gestures that enriched the meaning of text. Often, I would insert a key message that emerged from the story for me and share them with the participants. A discussion on the transcript frequently launched the conversations for our second and third meetings.

While I understood the importance of scaffolding the stories for meaning, understanding, and member checking (Clandinin & Connelly, 2000; Kim, 2016), I felt it was also important for participants to see how our conversations were naturally forming into stories. I wanted to gauge their comfort and desire in telling the stories that I considered were pulsating with possibility. For example, I wanted to know if the potential pathways that I was seeing as the narrative inquirer as poignant were also significant to participants. By establishing potential plots early, we were able to wander with perhaps more clarity and purpose than leaving it to the end and seeing what we had. By example, I share an excerpt from the transcript of my first meeting with Paula:

Paula: [Laughter; Paula holds up a copy of a book, *Jesus CEO*] I brought it today. It is a book that caught my attention. I thought, what a cool idea. Jesus was the ultimate leader. To really study his traits and how he worked with people—some folks that he handpicked and others that he didn't. In terms of the disciples, they were not the most skilled and came from different walks of life. Some came from a rough life, and others from privileged ones, but everyone has potential. Right? That's what it says to me, and that we sometimes overlook people's gifts and their work because we don't tap into them. Everyone has awesomeness in them. We just have to get to know them, to share their thoughts and feelings, so we can move forward.

Knowing Paula as I do and recognizing that Paula brought this book to our first meeting cued me to ask if Paula wanted her faith to be made explicit in the storytelling. I learned that she did.

I purchased a used copy of *Jesus, CEO* (Jones, 1995) to augment understanding why this book was important to attend our first interview and how it might have a role to play in this study. About the same time my purchase arrived, I had received a surprise gift, *Jesus, CEO*, 25th Anniversary Edition (Jones, 2021) gift wrapped with an extraordinary handwritten note from Paula. I viewed the note and the book gift as unanticipated data, the kind I felt as goose flesh important.

### ***Reading as Followership***

When participants shared in an interview conversation a specific book that positively influenced their change leadership practice, I read the book as a way of following my leaders. The books my leader-participants enjoyed provided a supportive method supplementing my understanding of the influence that books have on a leader's practice. Five books were



explicitly referenced in conversations: *Jesus, CEO* (Jones, 1995, 2021), *Good to Great* (Collins, 2001), *The Practice* (Godin, 2020), *The Leadership Challenge* (Kouzes & Posner, 2012), and *The Book of Awesome* (Pasricha, 2010). When reading the books, I was able to see congruency between a published thought leader and my participant leaders' way of being in the world. For example, the authors' messages of service to others were threaded through four books (Collins, 2001; Godin, 2020; Jones, 1995, 2021; Kouzes & Posner, 2012). In these books I noted optimism, humility, generosity, and courage also weaved throughout my leaders' stories (see Chapter 4). To me, Pasricha's *The Book of Awesome* is light reading that offered funny examples to smile at our humanity.

Reading these books had the effect of pulling me deeper into reflexivity for I was able to recognize possible connections between author concepts that may be serving as a source of inspiration or influence to shaping a leader participant's practice. Numerous reflective notes were made in my research journal as well as augmenting my understanding of leadership development and practice.

### ***Researcher Journal and Field Texts***

I kept detailed field texts to help to capture the *interactions of experience* (Kim, 2016) as well as document and inform the changes that the participants and I made. Clandinin and Connelly (2000) refer to field texts as “memory enhancers that fill in the spaces of forgotten occurrences (outward experiences) and feelings (inward experiences)” (p. xiv).

My researcher journal accompanied me throughout the study, serving as a tool to guide my thinking, feeling, and direction taking. Berger (2013) recommends researchers keep a research diary as “self supervision” to aid in researcher reflexivity (p. 222). Similar to Clandinin and Connelly's (2000) idea of field texts serving as memory enhancers, the

research diary served as an audit trail capable of revealing my “reasoning, judgments, and emotional reactions” (Berger, 2013, p. 222). I share an excerpt from my journal having conducted my first interview with Margaret:

Margaret is working from her bedroom. Big smiles. She makes me feel special. She conveys appreciation for being part of my research study. When two of Margaret’s children run into her bedroom, she calls them over, “Say a quick hi and then be gone!” I see she is the same person at home—A Mom who makes space for everyone, who deals with what is with ease and good humour. (April 1, 2021)

Perhaps field notes and journaling also serve as a space holder for validating our choices, for confirming what we believe concretely with what we see, hear, and come to understand as significant. In my experience, this is so. Field texts, journaling, and reading were tools that deepened my opportunity for reflexivity and authenticity (Berger, 2013; Clandinin & Connelly, 2000; Kim, 2016). I believe the pursuit of a constant, reflexive approach to journaling and keeping detailed field texts aided in the revealing my biases and motivations, and also “contribute to the overall strength and rigour of data collection and analysis” (Panel on Research Ethics, 2018, p 140). Through journaling, I reflected upon a future opportunity to improve as an interviewer:

I see things I would do differently. With two participants, I am now able to compare and contrast. Sharing my questions in advance of our meetings inhibits me from wandering freely. I feel it reduces spontaneity and the raw conversation. (April 8, 2021)

For the three participants who followed, I did not share the questions in advance, but neither did anyone ask for them. Instead, I shared upfront that I would include the questions

when I typed up the transcripts. Sometimes I would use the chat feature to show participants a question with several parts, such as:

How do you feel about the following words in the context of work, *soulfulness*, *mindfulness*, *embodiment*, *love*, *empathy*, or *compassion*? Do any of these words play a role in your change leadership practice? If so, how?

I typed into the transcript my explicit offer to revisit any areas where clarification, correction, or removal was desired. Orally and in writing, I made explicit that we could amend conversations if there ever was cause for a feeling such as “Oh, I really wish I hadn’t shared that” or “I have changed my mind about that.” I wanted my participants to feel safe in the knowledge that their stories were safe with me. I also wanted to free myself to be able to wander from the script and take a few risks should opportunity present itself. This was my first ethical query which showed up on a journal page. A small risk that I took was changing the way I approached the interview, by embracing the semi-structured interview format with more intention. While I believe not sharing the questions in advance works better for me, if participants had asked for the questions in advance, I know I would have sent them, as their need to be prepared would have trumped my need for spontaneity.

### ***Member Checking of Transcripts***

**Safety.** Most important to me was honoring my ethical commitment to participants to reveal the stories that need to be told, balanced with the stories that participants want to be told.

**Member Feedback.** Each transcript was returned to participants as story work in progress. Participants were asked to review this narrative data for member checking between each meeting. Minor editorial suggestions were received (e.g., correct spelling of names).

One participant's member checking included the following remarks, "Looks good. Just take out all my bad words." I did some minor cleaning of the transcripts. As requested, I took out the *bad* words despite finding them refreshing, contextually appropriate, and also grounded in authenticity. I made a journal note reflecting upon cleaning the text which also reveals a personal bias: "I tend to favor raw over polish, real versus what is correct. Yet if the tables were turned, I would want my swear words removed to reveal my better, polished self."

The final transcripts were returned to participants as an opportunity for further validation. Four participants reviewed their transcripts. One participant shared that he did not need to as he could remember everything that was said. My second ethical inquiry was grappling with member checking as a necessary versus optional step in the process. Is providing the opportunity to member check enough? I followed up four times in hope of feedback. In September, we had an informal conversation, where I left the conversation feeling encouraged that all five participants were content with the transcripts. In hindsight, I wish I had included in my Participant Information Letter a statement that would make explicit a time period (e.g., 2 weeks) when I would consider participants were content with the transcripts if they were not returned to me.

### ***Analysis and Coding of Transcripts***

I used NVivo qualitative data analysis software to begin the process of systematically organizing the interview data. With 161 pages of single-lined, typed interview data, I knew I had multiple themes crisscrossing among participants. I found using NVivo extremely helpful for beginning the process of analysis resulting in systematically coding and organizing my 15 transcripts of data into 69 easy to find, movable, and trackable emergent themes.

I read each sentence, stopping to highlight a key word or phrase, and creating a node. This initial process identified 69 nodes. Figure 1 shows the nodes with the number of sources (i.e., transcripts) and references. The nodes showing the highest number of sources and references indicated to me the more important themes emerging from the data. For example, the orange arrow in Figure 1 points to Leading Change where I would find 50 references directly connected to 11 of the 15 source documents. Yet the entire focus of the study is about leading change so the secondary nodes in NVivo are also important to explore.

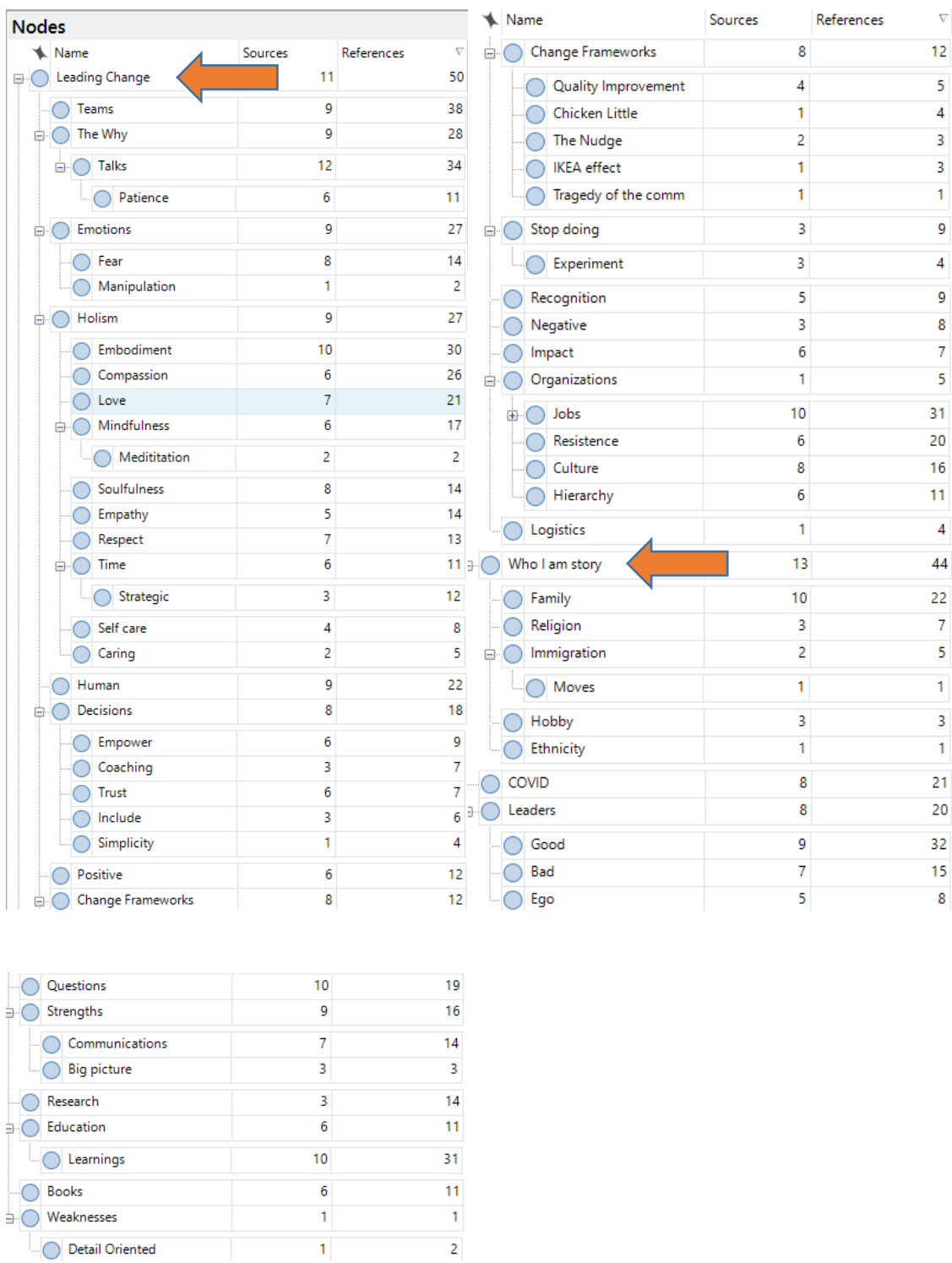
My initial coding of data shows me clues to the most important stories to tell. I see the Leaders' Who I Am Story in relationship to leading change as the grand narrative. How to shape the retelling, I am uncertain at first. This feeling of uncertainty I carry forward in the writing of multiple drafts that take 4 months to convince me that it truly is coming together, that we are indeed moving from the balcony, and back onto the dance floor. Next, I offer my reflective process.

### *A Change of View*

My first important change was in seeing my thematic nodes as story seeds. I added a short description to each story seed as a way to synthesize the many stories that leaders had entrusted with me. The list presented in Figure 2 is a compilation of my early analysis and interpretation. I grouped the story seeds according to their most telling relationships. This led to working with seven emergent themes.

**Figure 1**

*Summary of Codes*



**Figure 2***The Emergence of Seven Themes*

Story Seeds	Description
Mentors	People who influence and shape the leader
Good	Inspiring leaders who mentored and influenced
Ego	Checking the ego, managing ego in self and others
Bad	Learning what not to do
Learnings	Key insights, lessons learned, ah ha moments

Story Seeds	Description
Leading Change	Specific initiatives of change leadership
Change Frameworks	Framework(s) of choice
COVID	Changes related to leading during the pandemic
Chicken Little	Limit the times when you create a sense of urgency
IKEA effect	Pride of ownership, putting skin in the game
Quality Improvement	A health framework with four aims
The Nudge	Gentle steering without manipulation
Tragedy of the commons	Big picture thinking: What maximizes good and what sustains it?

Story Seeds	Description
Decisions	How are decisions made?
Coaching	Style of leadership and approach
Include and involve	Belief in sharing power
Inventory of strengths	Involvement and inclusion of all (individuals, teams)
Simplicity	Simplifying complexity

Story Seeds	Description
Holism Practice	Application of mind, body, spirit and emotions
Caring	Caring with and for others
Compassion	Suffering with others
Embodiment	Physical change
Empathy	Feeling with and taking positive action
Love	Heartfelt positive emotion
Mindfulness	Presence, attention, in the “now”
Meditation	Method or approach
Trust	Development of trusting relationships
Emotions	Your own and others
Fear	Acknowledgement of fear
Respect	Value in action
Self-care	Self-management of one’s own wellness practice
Soulfulness	Practice
Time	Utilizing time strategically

Story Seeds	Description
Change Strategy	Managing change practices
The Why	Big picture reasoning for change
Talks	Staying in dialogue, asking questions, communicating
Patience	Trait (linked to time as practice and talks)
Impact	Measurement of results
Logistics	Whole systems process view
Negative	Unintended consequences



Story Seeds	Description
Culture / Place	How we describe our work place
Hierarchy	Structure
Jobs	Roles and responsibilities
Shadow	Sharing, teaching and learning while on-the-job
Thanks	Recognition and acknowledgement

Story Seeds	Description
Who I am story	Individual
Ethnicity	Race/ethnicity
Family	Family status
Hobby	Personal
Immigration	Moves
Religion	Practice and beliefs
Books	Books that influenced leader participants
Education	Educational backgrounds, formal study

### ***Data Saturation***

I sensed that saturation was achieved upon interviewing the first three participants (two recruited through purposeful sampling and one by snowball sampling). By expanding the study to two more participants, the study was additionally enriched with new stories of experience. Once I conducted the synthesis and thematic analysis of the transcripts, I was confident that I reached saturation after three participants, but I was happy to have five participants, which aided in the trustworthiness of the study results.

While I was able to establish an emergent and inductive approach to data saturation with three participants, data saturation is said to be “reached when there is enough

information to replicate the study, when the ability to obtain additional new information has been attained, and when further coding is no longer feasible” (Fusch & Ness, 2015, p. 1408). I also turned to Saunders et al.’s (2018) description of *inductive thematic saturation* whereby saturation focuses on “the identification of new codes or themes, and is based on the number of such codes or themes rather than the completeness of existing theoretical categories” (p. 1896). Between the two definitions, and seeing the emergence of seven broad themes, I felt confident that saturation was achieved.

Reflectively, I wonder if saturation is also a point of realization when the researcher grapples with the lure of meeting more interesting people who lead with stories to tell, balanced with an important temporal consideration of, “I would really like to graduate someday.” I recognized that I had more than enough data and even though it was tempting to want to ask, “Who do you know that is an exemplary leader of change, and would you introduce me?” the study did not need more people. What the study needed next was for me to commence working with data and turning it into narratives.

### *Narrative Inquiry Space*

Seven broad themes moved forward into Clandinin and Connelly’s (2000) three-dimensional narrative inquiry space:

1. Mentors
2. Leading Change
3. Decisions
4. Holism Practice
5. Strategy
6. Organizational Culture

7. Who I am

**Storyboarding**

I applied storyboarding, a useful skill that I first learned in 1994 when studying the art of storytelling at the Toronto School of Storytellers, to get to know the story construction for retelling purposes. A sample storyboard that I sketched is presented in Figure 3, which includes important dialogue (“Empowerment, what a wonderful thing that is”), metaphors (bolt of lightning), and big ideas (i.e., we need to become allies). The storyboards helped me to see the movement of stories and suggest areas where I could trim data while preserving the essence of what made the story important for telling and preparing it for re-telling.

**Figure 3**

*Storyboard Sample*

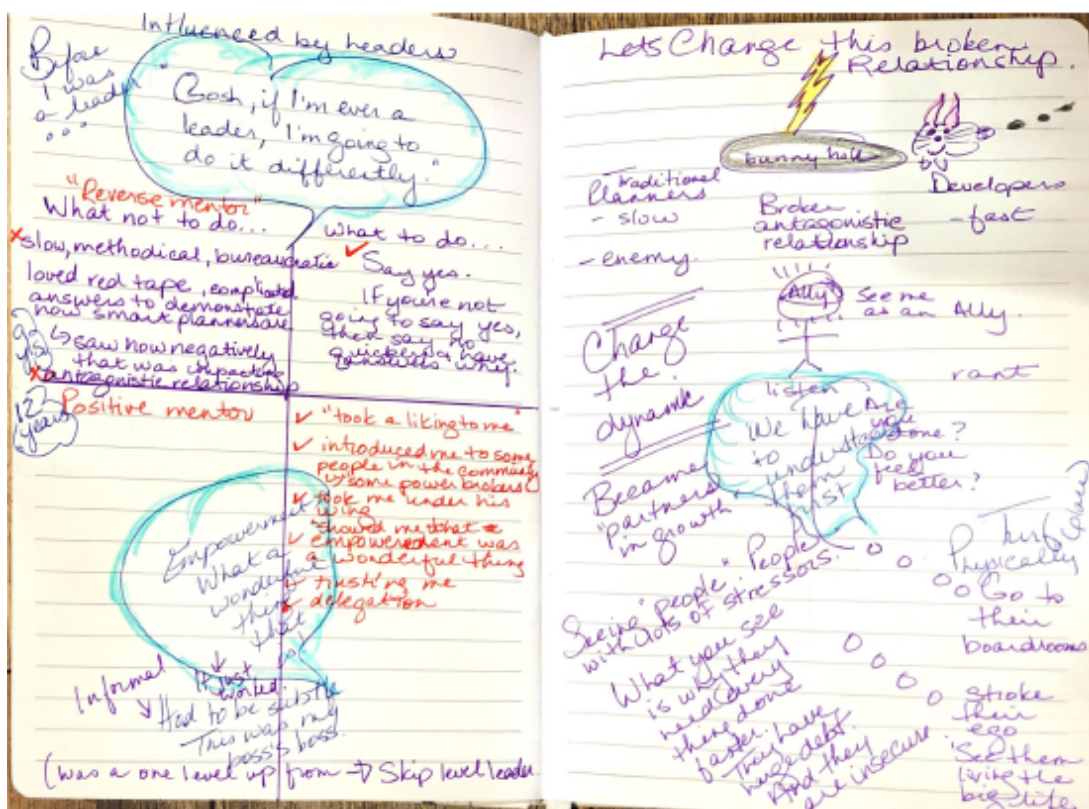


Photo Credit: Betty Jo McCabe

Slowly, the stories allowed themselves to appear as “draft ready” for my leaders to review for their feedback and sense making as seven consecutive chapters:

1. Who I am: Change enabled
2. Change leadership
3. Minting of mentors
4. Decisions change leaders make
5. Holistic practice
6. Strategies for leading change
7. Cultivating the culture of healthcare

I wanted my participants to see my interpretation of the results as a collective weave where individual stories formed into grand narratives that could be shared for building upon and constructing new knowledge. I very much wanted them to be able to see their story and hear their voice on the page. I also wanted to know if they thought I had captured what they considered to be important. In truth, the draft I shared with participants was many, many drafts spanning 4 months of writing, deleting, starting again, change, adapt, change, and change some more. For me, the process of writing was its own change management process. I committed to sharing a draft to all participants in 2021. On the eve of the New Year, I sent participants seven chapters by email requesting their review and feedback.

### ***Participant Feedback***

Participant feedback came quickly. The first message was from Paula:

Good evening Betty Jo! I just finished a delightful read of the first chapter and I look forward to immersing myself into the chapters that follow over the next few days. Thanks for sharing this masterpiece Betty Jo on the eve of a new year where we

resolve to make positive change and where we reflect with grateful hearts for the many blessings and cherished moments as we look back on 2021.

On January 3, 2022, I received a note from Lance, “I so enjoyed reading your chapters! Thank you for including me with the other leaders. What great experiences and learnings this group has to offer. Wow. Your style of writing is so accessible. I love it! Well done.” The last piece of feedback I received came as an email from Dan on January 13, 2022 who wrote, “Paper looks outstanding by the way!” I was happy to hear that three participants had reviewed the results, found the experience positive, and considered the stories valuable.

### ***Value Held***

Participant feedback (oral and written) tells me that the inquiry as a process was viewed as valuable for the participants. Atkinson (1995) suggests that for stories to be valued, they need to make sense within the context of our everyday lives. This sense-making concept was explored with participants as conversations involving member checking of transcripts, for authenticity of voice, and finally to see the whole come together.

We have brought forward the narrative truth (Clandinin & Connelly, 2000). Five leaders with lived and told stories now release their stories for retelling and living (Clandinin & Connelly, 2000) in new places. Ultimately, it is the reader who receives these stories and will make their own determination of hearing the narrative truth.

### ***Researcher, Facilitator, and Narrator***

As a narrative inquirer, I played host to facilitating the storytelling of five healthcare leaders. I have chosen to be part of the story shaping experience, and the retelling of *who we are* as individuals, fully human beings who serve in change leadership roles by serving in the role of narrator. In this way, the important questions of who am I, who are you (Scheffel, 2011), and who are we becoming are questions are explored in Chapter 4: Findings/Results.

## Chapter 4: Findings/Results

In this chapter, I share my interpretation of the narrative results by highlighting seven themes to better understand the phenomenon of leading change from the leader's perspective:

1. Who I am: Change Enabled
2. Change Leadership
3. Minting of Mentors
4. Decisions Change Leaders Make
5. Holistic Practice
6. Strategies for Leading Change
7. Cultivating the Culture of Healthcare

### Theme 1: Who I Am

In learning the stories of leaders, I get a glimpse of their experience of change as a follower. I hear my leaders speak of their good fortune to have learned from the best of leaders, as well as witnessing how not to lead, compliments of experiencing poor leadership. Wheatley (2017) asks each of us to answer the question, "What is good leadership" (p. 51)? She claims the answer is within reach—all we need to do is "consult our personal histories" (Wheatley, 2017, p. 51). In this way of reflecting upon good and bad leadership experiences, I see Dewey's (1938/1997) experience is education theory as compelling and contemporary.

My participants share their reflections on the continuum of positive and negative experience, showing that this combination influences the person we choose to be (Wheatley, 2017). Experience consulted, reflected upon, and retold shows an acknowledgement of the person who they see looking back at them in the mirror. Margaret brings this message home for me with this reflection:

I look back on all those great leaders and go, "Oh geez, I hope I'm being the leader

that I want to be.” And I hope I am not being that leader as the example of “Oh, I won’t do that when I get there!”

We see there are benefits to be mined in experiences that we likely would not have chosen for ourselves, yet nevertheless served us. Lance shares, “So much of what drove me, was having leadership and saying, ‘Gosh, if I’m ever a leader, I’m going to do it differently.’ I learned a lot by what not to do.”

I am hearing the desire to improve the future was a significant call for my leaders. Wanting to do better for others paved their entry into change leadership roles. For example, a gap in patient safety needled at Paula when employed as a front-line nurse. Paula would “manage up” by telling her charge nurse what had happened through the night with her patients. She recognized that more could be done for patients from a safety perspective. I see this compelling call to action (Campbell, 1949) in the literature. Fox and Meisenburg (2020) and George et al. (2020) are explicit in the leaders’ will to improve healthcare for patients. As I reflect upon Collins’s (2001) definition of the Level 5 leader, I see the powerful connection of possessing a determination to make things happen with the humility to understand achieving success will be a collaborative activity involving involvement and engagement (Holman et al., 2007). Paula illustrates both the will and a desire to lead positive change:

Everything you learn in nursing education involves seeing patients from a holistic perspective. When you graduate and enter the “real world,” trying to practice those skills is challenging. You quickly recognize that the system wasn’t designed necessarily to treat patients as holistically as we’re taught in school. For me, this was a little frustrating. I wanted to spend extra time with a patient but because of the

chaotic schedule, or perhaps how things were designed on the unit, I was unable to. Consequently, the poor morale of the team and some of the management leadership styles that I was exposed to at the time, led me to think, “You know what ... I think I could do a better job. I think I could do this. I think I am going to see if I can get into management.”

The finding of “what is” and experiencing it as “not very good” foretells of personal change, a new course is set of “doing things differently and better.” For Paula, this change involved a desire to receive targeted health administration education:

I had these ideas and I quickly saw opportunities for improvement. Three years into my nursing career, I applied to the Master’s in Health Administration Program at the University of Toronto. I wanted to make a difference. So, that’s how I ended up getting into health administration.

While Margaret, Lance, and Paula may have been thinking about their future chance to lead, that chance came early for Dan. It was as if leadership found Dan willing if not ready. Dan describes himself, “As any 20 years old, I was very immature.” Dan shares candidly that he did not know what he needed to do to be successful in a leadership role and because of that, he had to “work a little longer and a little harder to gain the experience. Gaining experience came with lots of lessons. I learned what works and what does not.”

While experience in the workplace shapes leadership practice (Wheatley, 2017), so too may the early years. Micheal’s apprenticeship in change leadership was cultivated in childhood. Michael explains, “My journey of change begins with sharing a background of who I am.” I learned that Micheal emigrated with his parents and younger brother from Egypt when he was 9 years old. As the eldest son, Micheal quickly assumed the role of



“conduit of social relations” to help his family “translate things,” to understand new customs, and integrate into western Canada culture.

### **Recall**

When I asked, “how long have you led change?” I received a follow-up question: “how far back do you want me to recall?” I was happy to start where my leaders wanted to begin. For Margaret we started at birth: “I came out of the womb as a bit of an optimist and someone who felt like she could change the world!” Truly, such a remark causes me to cheer for the optimists, the ones who start off with belief that they will change the world. I note that optimism was a key descriptor of effective leaders in George et al. (2020), as “champions were able to see the good in others or in situations” (p. 7). In my study, I found it interesting that none of my leaders saw their formal experience of leading change as their starting point. Paula’s description illustrates that leading is developmental by nature. It is a journey that begins where the teller chooses to begin:

Thinking back to my own childhood, I was a bit of a leader even within my own little peer group, in the neighborhood. You know, even in my elementary school and through high school, university, I was very athletic and outgoing. I was always around sport, people and teams. I know that you can’t score a goal in soccer (and other sports) without your colleagues and encouragement. All those “rah-rah” sessions before the game, during the game and “high fiving” has been part of my leadership journey.

Paula accepted opportunities to lead when others held back:

I have always sort of put my hand up when no one else wanted to. I would sort of wait to see if anyone else was interested before saying, “Sure, I’ll be [student]

president” [in high school and in graduate school], or “Sure, I’ll take that role as treasurer.” So yeah, I stepped out. More formally, as a grad student in my Master’s in Health Administration which was between 1992 and 1994, “yours truly” was class president and other things! I would say this formally marked my leadership, meeting with peers, moving with them to succeed, and sharing the journey together.

### **Wanderings**

Many of the “Who I am” story gifts were found by wandering off the interview guide. Delightful and surprising insights were unearthed with each detour. These stories are among my personal favorites, perhaps for they reveal the wonders of being unique while also performing a lead role. My intention is for these short stories to introduce you to my five leaders of change.

### ***Decidedly Inked***

Dan identifies proudly with being a Registered Nurse (RN). He wears his profession 24-7 with a medical snake-like symbol and “RN” tattooed on his arm. Dan said he was cautioned before getting inked that a healthcare leader with a visible tattoo would be frowned upon. He said to himself, “I don’t care. I like tattoos, being a RN is important to me, and I have nothing to hide.” Besides, Dan likes to know the stories behind other people’s tattoos, and his tattoo serves as a gateway for telling his story. For me, getting a good look at Dan’s tattoo was difficult using virtual technology but as the pixels and the ethers cooperated, I could see that Dan literally shows up to lead wearing his heart on his sleeve. In addition to being an RN, Dan has earned a Master’s degree in Leadership from Guelph University. He jokingly tells me, “You know, having a master’s degree in leadership and paying

\$35,000–\$40,000.00 for it. ... My biggest takeaway is ‘lose your ego.’ Those who cannot [reign in their ego] are people who others are not going to want to follow.”

Self-checking one’s ego and consciously showing up with humility weave throughout all five leaders’ stories. Humility is my takeaway too, at a price similarly to what Dan paid! The importance of leadership attention with “how to” suggestions for disciplined practice to tame the ego is threaded throughout the leadership literature (Hougaard & Carter, 2018; Kouzes & Posner, 2012; Wheatley, 2017).

### ***Heartbeat***

Micheal is a pharmacist who tends to not like seeing people on drugs. His first degree is in zoology where he studied crustacean physiology. Michael explains that his early interests in crustaceans plus an insatiable love for research led him to completing a PhD in pharmacokinetics. Micheal connects his fascination of crustaceans with a short introduction to pharmacokinetics:

Most of our understanding of serotonin (which is used for antidepressants) comes from crustacean neurology. When a male lobster stands up straight, it releases serotonin. The interesting thing is [pause for effect] this is also true for humans. When we are not feeling well, standing up straight and taking a deep breath will actually make us feel better. When we stand upright with our arms reaching high overhead, we release serotonin.

Micheal has grounded me in an introduction to pharmacokinetics with his “who I am” story. I am hooked on the idea of practicing the lobster posture and releasing serotonin naturally, to feel good.

Michael recalls having written a paper about having discovered that lobsters will hide from shark-like predators:

Sharks float at the top of the water and their sonar can detect the heartbeat of the lobster below. When the lobster sees the shadow of the shark above, it stops its heart from beating. Now, imagine a lobster ECG hooked up to a machine. I would put my hand across the top of the lobster to mimic the shark's shadow on the water, and the lobster's heart would stop because it thought it was a predator.

I have retold Micheal's lobster stories several times at work to colleagues and at home with family members. Several people I know are now taking the lobster posture into their daily practice.

The idea of a lobster stopping its heart from beating when under threat strikes me as a powerful metaphor for leading change. It is something to be mindful of? How do we protect our working hearts from attack? This heartbeat metaphor is an important thread that weaves through Micheal's stories of change. As Micheal shares some of his most poignant and challenging changes in his role as a provincial drug steward, I think about the need for heart protection.

When leading change, resistance can be emotional, often taking the form of fear, anger, and sometimes threat (Cohen, 2005; Hiatt & Creasey, 2012). Micheal shares his stories of drug initiatives where he has been on the receiving side of an emotional arsenal. "You're going to kill someone" has been lobbed at him several times and even though Micheal knows it isn't personal, he feels psychologically injured. Micheal tells me that being told you are going to kill someone shakes one's confidence. It creates scarring and this story:

Heparin Sparing Policy / Initiative started with a conversation with a hematologist

who said, “You know we really need to walk away from this [drug] and start using these other agents.” I started doing the math and saw substantial savings. First, I had to figure out why physicians were using this drug. And they were using this old drug because they thought it was the safest for certain populations. A lot of physicians will do what I call “autopilot” prescribing. This agent was safe to them, it was safe for all populations—if your kidney function goes down, give it to them. Cardiac, knee surgery, whatever, you can use it for everybody. Physicians didn’t have to think about it. The others, required more discernment. You could use this one for knee, but you couldn’t use it for cardiac. Everyone was afraid that you can't use it in people whose kidney function was getting worse. So, this doctor came to me and I told him, “I have been talking to people, and these are the reasons why they are using this.” He says, “Well, that’s wrong or ... that’s not truly correct. These other agents can be used in patients with reduced renal function.” We went through a period of about a year or so of creating documents, educating, talking to physicians across the province about unfractionated heparin sparing. We identified that Sunnybrook Hospital had a doctor who brought it in. We talked to that doctor about it. We talked to various groups about the use of other agents. We created all these documents, and probably about a month later my manager says, “I got an email from a colleague, a ‘clinical specialist.’ In the email she said, ‘I was contributing to the death of a patient.’”

Micheal’s body language gives his emotions away. I watched his shoulders drop as if in surrender. I asked Micheal, “did the patient die?” Micheal answers, “Of course the patient did not die!” I laugh out loud for revealing my doubt. Sometimes it feels good to misinterpret the plot. Now knowing that a life was not lost, I wanted to know whether this Heparin

Sparing change initiative saved money. Micheal replies, “We have achieved a solid \$4 million and I have about \$2 million in secondary costs that were offset.”

Throughout our three meetings, Micheal explains the kind of change initiatives that he leads tends to cross two spectrums, either “you’re going to kill people, or you walk on water.” While Micheal is unlikely to ever feel neutral about hearing “you’re going to kill someone” sentiments, it has informed Micheal’s change leadership practice. He says fear expressed has become his litmus test. He says, “We may have hit on something, a right course of action. If there is that level of fear, something must be up. We need to dig more.”

Recognition of the beauty, tenderness, and motivations of the human heart is an important theme to my change leaders’ stories. I see now that I may have underestimated the heart of a leader. Even though change leaders know that encountering resistance is normal and predictable, when the shadow casts irrational criticism, tending to and protecting the heart is imperative.

I see with greater clarity the need to lean into the prosocial qualities described as love for another (Jones, 2021), empathy (Brown, 2018; Reiss, 2018; Zaki, 2020), and compassion (Brach, 2003; Worline & Dutton, 2017) as extending up, down and across the organization.

### ***Faith***

Paula embraces her faith and makes it clear that “love God above all things and love your neighbor as yourself” is the bedrock for her leadership practice. What I found fascinating is that Paula’s “lifelong journey to walk the Christian path” and “follow the teachings of Jesus Christ and the New Testaments” was a path she independently chose to walk. Paula tells me:

My family were not overly religious, nor did they go to church every Sunday. I guess

from a little girl, I've always wanted to kind of get closer to God, to have a relationship with Jesus Christ and just, you know, understand the faith. I am Catholic, and Christian at large. I sort of took myself to church as a young kid and as a teenager. I did not go to a Catholic school. I went to a public school. I went to Sunday school and I took my sacraments—all of that really shaped my value system.

I had made an assumption that Paula was raised as a Christian, taken to church, and was indoctrinated into Catholicism through family practice. When I aired my surprise, Paula told me that her parents maybe would go to church at Christmas and Easter. She recalls,

I remember walking to church on my own. Sometimes I would ask an adult, “will you please take me?” Maybe I was 12, 13, or 14 years old. Perhaps something from my confirmation classes opened up my mind. So yes, it has been a lifelong journey to walk that path. Through the teachings of the New Testaments and Jesus Christ, I really try to love my neighbor as myself. What does that mean? For me, it means servant leadership and walking alongside someone through their moment of trial and difficulty. When there is any sort of team conflict, there is always an opportunity for me to turn things around. So, I think that's a little bit about Paula, the corner of the world I have come from, and the leadership style I have.

I often think about Paula's story. I am able to picture Paula following her fascination as an adolescent, taking herself down city sidewalks on her way to live the soulful journey.

### ***If You Can, Do!***

I have seen Margaret kick off her shoes, tuck her sweater into her pants, and do a head stand against a boardroom wall to give her team five points in a competitive game of Team Pursuit. It is an enviable accomplishment for certain! I am not surprised to hear a story

from Margaret's early days of reclaiming a space for her colleagues to meet, relax, and rest. This story emerged as change you can make happen when you have the advantage of not over-thinking things:

One of my favorite stories that I like to share that describes who I was "early days" (and who I am still but with a bit more of learning added to my being). I had only two to three years out of school but I was already the charge nurse of a big unit with 45 beds with a couple of specialties at Credit Valley Hospital. I loved it. There was a lot of change going on. We were trying to find space for more patients as the hospital was getting busier. One of the things that we had to do was to convert one of our spaces into a patient room. We lost our nurse lounge. I remember being at a large organizational meeting where our Vice President of Nursing was talking about how she knew everyone was really upset about losing this nursing lounge. It was a place where nurses could rest on a night shift or eat their lunch if they didn't want to go all the way down to the cafeteria. It was sort of a sacred space on the unit. I remember her saying, "If you can find space in your unit without disrupting X, Y, or Z, you just do it." So naïve, optimistic Margaret thought, "oh, I can do that!" I talked to my colleagues. I didn't talk to all the leaders on the floor, so perhaps I should have. I didn't talk to my nurse educator or my nurse manager. I just listened to our top nurse, who said, "If you can do it, go do it." So, I took two rooms and blended them into one, creating a new lounge. I did it in one shift! I got huge support from all of my colleagues. I physically moved huge equipment just because I wanted this so badly for my colleagues.

While Margaret's swift actions reclaimed sacred space for colleagues, her nurse manager



decided to use this situation as an opportunity for a growth conversation:

My nurse manager called me the next day and she said, “You know Margaret, I want to tell you that was a great idea! Like you did it! You were able to find extra room! But you know, I probably should have known about it. And, you probably should have run it past the educator.”

The nurse educator was fit to be tied. Anyway, it was then when I realized, “Oh yeah!” It was a good learning moment! They left the new lounge as is and we got to maintain that room, but I learned something about process. I learned that sometimes you need to go through “the steps”!

Now, there is part of me that wishes that I didn't always have to think about all the steps. I have to talk to everybody. Sometimes just moving the equipment and begging for forgiveness is tempting.

I have nurse colleagues from that time that still like to tell me that story! They remember the day when I physically pulled things out of this one room and into another!

Margaret's story takes us on field trip where we are able to see her pivotal moments of “Oh, yeah.” By looking in our rear-view mirror, we sometimes recognize aspects of ourselves that are delightful, and perhaps this looking back is also a way to recreate sacred space to invite aspects of our young self to come with us into the next chapter of the journey.

### ***The Simple Thing***

Lance took me on a metaphorical field trip where he revealed “the simple thing” by introducing me to his work as a municipal planner in Kingston, a role that involved working with private land developers:

My direct boss at the time was very traditional with his approach. He had an

antagonistic relationship with the development community. They wanted things quickly and my boss was viewed as the enemy. Because I worked for him, I was tarred as the enemy. I could see that the relationship wasn't working, it was just a broken relationship with constant fighting. There was this one time where I thought to myself, "I have to change this relationship and get them to see me as an ally. Not necessarily will we always agree, but at least an ally."

I got a phone call from a developer. He was the crotchiest, angriest person I ever met. Right off he was yelling and screaming at me. I just thought, I will listen. I will let him rant. He ranted away for 4 or 5 minutes. When he finally finished, I said to him, "Are you done? Do you feel better?" [laughter] It just totally collapsed him. From that point on, we had a great personal relationship which then helped professionally.

Lance tells me, the simple thing is, "We have to understand people first, realizing that they are people—human beings with all sorts of stressors." As I learned more about Lance's professional experience, I noted how he is able to find the funny in grave situations. I see Lance possesses a unique blend of calm, curiosity to understand people, with a surprising amount of humour—all threads in a humanizing weave of leading, and treating people well (Brown, 2018; Cameron, 2012; Goleman, 2015).

## **Theme 2: Change Leadership**

I was curious to learn about the change leadership frameworks and methods my leaders are using in their organizations to lead and manage change. I asked each leader, "Do you have a favourite change framework?" With each leader, I heard a long pause.

I learned from Dan, "I am not using any particular change framework here and my organization isn't either." With Micheal, I outline Kotter's (1996, 2012) eight steps to which

Micheal's responds,

One of the things that I have learned is that I don't follow the model that you outlined. I try to understand the way things get done in the organization. I have worked in large pharmaceutical labs, retail pharmacy, hospital, and as a consultant. Each organization has their approach for doing things; i.e., "The Abbott Approach" or if you work for Pfizer, "The Pfizer Way." In any of these larger organizations, it is different. Spearheading any significant change is difficult as it goes through multiple layers of the hierarchy. What I try to do is to understand the differences between and within the organization. Then I try to understand the difference, and then see if it's a good difference, *how* to try to implement it across the board.

I was curious to hear what methods Margaret and Paula were using in their new organizations. We had shared experience using appreciative inquiry (Cooperrider & Whitney, 2005), Kotter's (1996, 2012) change leadership framework, and ProSci's ADKAR (Hiatt & Creasey, 2012) model and templates in our change work. Margaret's response told me something that I long suspected; there was something "other than or in addition to" change frameworks that were working well for Margaret. I learned:

When I came to this new role (late summer 2019) I had all these plans—things that I was going to do. Definitely, some of those theories and frameworks were in my mind. I didn't actually really implement formally a lot of that.

I had to build the right team, although probably a lot of that was rattling in my brain as I was starting to sort out and find the right fit of people, etc. This year, now that we're lifting our heads from the operational logistics of just getting people through the day and keeping people safe, I am spending a bit of time to figure out,

“what do I want to use for the team?” There has never really been a formal framework or process that hospices use. It is something that we’re going to need to do a little more going forward because I think the organization is in a good place now to grow the team.

*Quality Improvement (QI) Methodology.* I learn that Margaret views quality improvement methodology as important for growing the team and shaping a shared vision of what could be. Margaret has adopted the Canadian Institutes of Health Research’s (2021) “quadruple aim” focused on achieving four overarching goals:

1. Improve the individual experience of care
2. Improve the health of populations
3. Improve the health care provider experience
4. Improve value for money four. (Scientific Director’s Message section, para. 2)

Margaret appreciates the discipline of quality improvement tools to help her and her new team stay on track:

It is not change, but the quality improvement framework is one that I started recently to use. I have actually been explicit about using it with the team, probably for the last 3 or 4 months. We noticed that there were some clinical care opportunities so we established a Clinical Excellence Committee. I knew pretty quickly that we would drown in ideas, and struggle with actioning anything if we didn’t use something that would direct and guide us. I actually said, “We’re going to use a quality improvement framework for this. Otherwise, we’re going to be paralyzed by wonderful ideas that will actually never go anywhere.” I brought in somebody who is learning QI as part of their role. Thankfully, because of the work we did within the Palliative Care

Network, we have a few people on our team with QI in their backgrounds who possess a good understanding of why it is important to use. Some of the frontline team are looking at us with some uncertainty, but they will get there. I know it's the only way that we won't get sidetracked by choosing the wrong change idea versus something that we're actually really trying to make change about.

### ***Lean, Call to Action, Sense of Urgency***

Paula shares with me what is inside her change leadership toolkit. I see it contains a variety of methods and purposes. Like Margaret, Paula also shares an appreciation for QI methods, in particular the Lean principles:

I can't say there is just one in particular that I *always* use. I sometimes pull resources from the Institute for Healthcare Improvement. I also draw upon physician leadership models and concepts to focus my attention on what to look for; i.e., what's that sense of urgency or call to action? From Lean principles and philosophy, I like the questions such as, *how do you respect people's time?* And, *how is this approach going to be more respecting of people?* Lean looks to eliminate "non-value added" activity to make things a bit more meaningful. Getting everyone on the same page begins with understanding the call to action.

Paula provides a concrete example of pulling from a broad toolkit of resources when leading a least restraint initiative at Bayshore Center for Mental Health Sciences:

Our restraint rates were high, and the vision was, *get to zero*. I think looking at the data, understanding our zero restraints stretch goal with why we needed to move in this direction, enabled us to do it. Over that year, people thought "We'll never be able to get to zero." But *no, they did!* We stuck to it. It's the call to action and *data* that

drives some of the “aha” moments that helps to shift the thinking to “Yes, I see we do have to change. We do have to do something about this.” We did it! It was a huge sense of pride of achievement. So, I think it’s good when you have that call to action, a real strong reason for change.

**Nursing Clinics First Philosophy.** Paula emphasizes the importance of data to help explain why change is needed using a change initiative that I was fortunate to be part of:

Even with nursing clinics, our call to action was all about serving more patients and sharing why the clinics are better for patient care. That was a huge change for the organization, requiring a lot of tenacity. We only had one clinic and we ended up with five. The data helped us to see the benefits of receiving nursing care within the clinic setting from nursing, patient care, and community perspectives. Nursing clinics make sense because we removed the waste. We removed all the extra supplies going to the home that were unused, wasted nursing visits because maybe the patient wasn’t available at the time, delays in treatment because of inclement weather, or our patients couldn’t get to because of a lack of transportation. Yes, there was a call to action, and a way forward to make the system better. All hearts and “hands on” deck showed up, or we couldn’t have done it. It involved multiple expertise, people who knew the backend of systems, and how to organize for a patient visit perspective. Everyone agreed. They said, “Yes, this makes total sense. Let’s do it!”

Within these examples, I am hearing another call to action (Campbell, 1949). This one is nudging me to explore Quality Improvement methods and familiarize with lean principles and practices. I am drawn to the evidence-based data to help explain “the why” and the tools to sustain the change.

### ***Treat People as People***

Lastly, I share Lance's change leadership approach for I believe it demystifies the change leadership/management process—*treat people as people*. Perhaps treating people as people is a sign of the counter revolution that Bolman and Deal (2017) claim is taking place in leadership. If the humble leader (Collins, 2001) regards themselves as mere mortal, then perhaps it is easier to see that others ought to be treated well. In answer to my question exploring favourite change framework, Lance answers:

I would say no. I have come across the four or five aims in quality in health care. One of the internal things about me is that I always saw myself as a bit of a fraud because I never got into the academic side of change. I did all kinds of reading and certifications, but I never said, “okay, we are going to adopt *this* change framework and here's how it is going to go.” It was very organic and almost seat of the pants. Intuitive. I always felt a little (actually still do) vulnerable to that. When you asked the question, I thought, “Oh my god, I can't remember a single one!” [laughter] I was going to blame it on retirement, but I can't. If you had of asked me that in the height of my career I would have said, “Oh, I don't know, just be good to people. Treat people as people.”

As we have touched upon, the processes and tools that these leaders employ in their change leadership practice features a range of disciplines, philosophies, and tactical activities. I highlight a few of their “how to” practices in Theme 5: Holistic Practice as practice building ideas to replicate in our own workplaces. But first, we need to tip our hats to the leaders who helped shaped these leaders. In Theme 3, we explore the role of mentoring in minting leaders of change.

### **Theme 3: Minting of Mentors**

In listening to my leaders reflect upon the leaders they have worked with and directly reported to, I hear a deep regard for the impactful leaders who said and did things that my leaders recognized as the right way to lead.

We begin with Margaret's fond recall of leaders early in her career that positively influenced the leader that she is today:

There were leaders that I really loved being led by and wanted to emulate. Some of my first nursing leaders, I think of often. In my early career, I had some really good leaders. I had a really great nurse manager, and a really great nurse director, who always supported me, *let me be me*, didn't really stand in my way, and saw my strengths. I really did well under those folks. I think I always felt strongly when I saw leaders willing to get in and understand the work that was required and knew that they would help out, that they would do things without putting up a fuss—those are the kind of leaders that I have really liked.

#### ***Mentor With Heart***

Similar to Margaret's experience of having positive mentors, Paula shares her good fortune of coming across the right mentor for her. We get to know the influence that such a person has upon another, and the gifts that are exchanged in the process. Paula tells us about Sonia, a mentor with heart:

I have been fortunate to come across the right mentor. In my career, this has definitely been a gift. It's something that I just "happened upon." Sonia is retired now but she was a Vice President. She is a woman I look up to as a leader because she leads with heart. She's skilled. She's bright. She works hard for the cause. She is a



workaholic in a sense, but in a good way. She gives you courage and space and says, “You can do it,” giving you that sense of ability. You know, she is someone that you want to make proud, because she certainly respects you as an individual. It’s that synergy.

I still keep in touch with Sonia, now she’s retired, even though she lives far away. We don’t get to see each other, but when we phone, it feels like we are still working together.

I have seen Sonia in action. I have seen her at her best. I have seen her when she was confronted with conflict in a very challenging leadership situation, how she dealt with it, and how she was treated through it. I saw how she maintained her class with an unwavering purpose.

### ***Mentoring Gifts***

When leaders reminisce about their positive mentors, they often talk about the gifts that they received from their experience. I noted the gift of *whole freedom* that Lance received from Gardner, his “most significant mentor,” one who he continues to enjoy a close relationship that spans into their semi-retirements:

Gardner’s biggest gift to me was whole freedom. He conveyed, “You’re intelligent, I like what you do, you just go with it. And if I see something that I don’t like, I will let you know.” And off we go! We had a tremendous relationship.

Gardner was a big ideas guy! One of the greatest things he used to do was to throw us 10 ideas every day. He would say, “I was reading this,” “I heard that,” and “what do you think about ...”. Of course, I would go off to assemble a whole bunch of people to try to research all these things. Finally, after a couple of months I went to

him and I said, “Gardner, you’re killing us! I can’t keep up with all these ideas!” He looked at me and said, “Lance, I’m shocked! I give you 10 ideas—it’s your job to figure out which ones may or may not work and focus on the ones that do. If none of them do, fair enough.”

Lance had another standout mentor, this one at the beginning of his career:

We had a Chief Administrative Officer (CAO) who was probably 65 years old at the time and ready to move on. I would have been 25. The CAO took a liking to me because of how I approached things (I guess). He mentored me and introduced me to some people in the community, some of the power brokers. He took me under his wing and it really kind of set the stage for me to grow in that role. He showed me “empowerment.” What a wonderful thing that is! And delegation, done properly is a very powerful tool. I realized, “okay, he is trusting me, he is empowering me, and I am going to do right by this fellow and show him. I am going to make him proud and do a good job.” So, that really worked. He was my CAO for close to 10–12 years. Yeah, great guy.

Within these positive mentoring stories, I see a gift that keeps on giving. Recipients of positive mentoring gifts, be it kindness, courage, respect, whole freedom, empowerment, delegation, trust, or something else that feels right, good, and significant—these gifts are often embodied and re-gifted to others. Look to Theme 5: Holistic Practice to see the reoccurrence of these gifts. Emerging for me is the leadership shaping experience that Collins (2001) found was instrumental in developing great leaders. The notion of gifts being recognized and exchanged aligns with the positive leadership studies found to produce extraordinary performance results (Cameron, 2012; George et al., 2020).

### *Follow the Leader*

Dan speaks with appreciation about David, a manager mentor who he recognized early in his career that he wanted to learn from and follow into the future. David played an instrumental role in shaping Dan's leadership and supporting his development. Dan steps back in time to when he was as Margaret likes to say, "A newly minted nurse":

At the time David was (and still is) somebody I look up to and has been a mentor throughout my career. He inspired me, mentored, and coached me. There were lots of qualities and leadership characteristics that I saw in him that I reflected upon ... "One day when I grow up, I would like to build these qualities within myself as a leader."

About two and half years of working together, David left our hospital to go to a different hospital. You know, it's important for me where I work, what I do, but one of the most important things for me, (and I strongly believe this) is *who* I work for. For me, this is key, it brings satisfaction to what I do. I wanted to follow him on his new journey, so I ended up being his Clinical Educator. And then this mentor that I followed to this organization ended up leaving!

While people, jobs and organizations tend to be dynamic, the important insights from even the most fleeting of experiences can endure. For Dan, he received a transferable gift:

I think David in particular recognized the importance of leading from the ground up, acknowledging strengths within the staff that do the job, and in engaging in collaborative leadership to look for improvement opportunities, to make changes and lead practices. It was my first encounter of the importance of your staff. You can't do anything important without them as they are the most important part of any success. That was my ground roots of how I started to build, how I was going to lead, and what I was going to do.

### *Mentors as Whole People*

Many positive descriptions were shared about the people who played instrumental growth and development roles for these leaders. We get a glimpse of the personalities and a sense of the bonds that forged lasting relationships in and out the workplace. We also get a sense of the bigger picture that good and bad reside in all (Bolman & Deal, 2017). Margaret shares a whole perspective:

I think having both types of leaders, whether it's frontline or throughout my career I could see and pick and choose things. Yeah, so I've been fortunate. To be honest, I've had leaders with parts that I thought were amazing and parts that were not.

Sometimes, those two things cohabit in one human being. That's the way it is sometimes.

As I look for wholeness, I am seeing needs, values, and personal preferences interacting. I am able to imagine the relationships with added dimensions. We see through these leaders' stories whole people with strengths facing difficulties. In particular we can imagine what Paula sees and internalizes when observing Sonia face a challenging leadership situation "with class" and "unwavering purpose." In Lance's story of Gardner, whole freedom meant choose what works for you. We see a mutual regard for each other's intellect, and a playful banter.

With Margaret's sharing of instrumental leaders going back to her early days, I am better able to hear the voice that acknowledged Margaret for recreating the nurses' lounge overnight, and can imagine the warm eyes that met Margaret's suggesting, "I probably should have known about it." What I see are glimpses of some of the poignant moments guiding leaders' behaviour.

I hang on Dan's words expressing his strong belief, "who I work for" is very important. The chance to work with a manager-mentor, someone to hold in high regard, I can see is advantageous.

### ***Reverse Mentors***

Our conversations of mentors who influenced greatly would not be complete without reflecting upon the people who led in ways which participants noted, "If I ever ... I am never" going to lead like that. My leaders share their gifts of insights having also experienced the reverse mentor, someone who models poor leadership behaviour. We see that both positive and negative experience seeds a desire to step into leadership roles and change how leadership is practiced. We begin with Margaret who shares the mix of influences:

I would say even in healthcare (and we are supposed to be the caring people), I've seen far too many mean leaders. I told you that I have found lots of great leaders. There are also ones that I go: "Whoa, never going to be that person!" I hope I am never going to be that person.

A poor example can be usefully instructive. Lance discerns what to do and what not to do. He shares an example drawn from his early days as a municipal planner:

I had a boss who was a superb planner—a very good planner. He was what I would call almost a stereotypical planner. He was very methodical, bureaucratic, slow (in some people's opinions), loved the red tape, the complicated answers to demonstrate how smart we are as planners. I realized ... that doesn't sell well. It doesn't sell well with politicians, and it doesn't sell well with community. They want straight and fast answers, and they would really like a "yes" if they could get one. If you are not going to say "yes," then you need to say "no" pretty quickly and have the answers for it.

So, I watched that. I was under this fellow's tutelage for about 9 years. He was very much a mentor, a reverse mentor. I just saw what he was doing and how that was negatively impacting. I thought ... it wasn't true to my internal values and approach. He was a big factor in driving me towards this open, transparent, inclusive, truthful, non-bureaucratic approach to things.

### ***Peer Mentors***

We know that our experience of leaders is not neutral (Palmer, 2000). Years later, sometimes decades, we continue to relive and process what we observed or how we felt when someone has had a profound influence on our being. Micheal draws my attention to examining our own individual power. How do we show up as colleagues and peers? Do we show up to build confidence or tear others apart? Micheal tells me his "greatest push back and the most hurtful things come from my colleagues" and he describes this as a phenomenon that happens far too often in healthcare.

**Support Our Young.** Micheal advocates for changing the way healthcare professionals support their young. He tells me a story of his first engagement in a hospital pharmacy where he was expecting it to be a rewarding and cheerful experience. He recounts it as a jarring:

There's an incident that revolves in my head on a regular basis where I wasn't able to effectively convince an elderly man that he should stop taking his blood thinner. I was supposed to do discharge counseling. He just didn't believe me. I kept telling him over and over again that he wasn't supposed to take the blood thinners, and he didn't believe me. The patient was discharged.

The patient came back to the hospital the next day with a nosebleed. My

colleagues blamed me. They said I didn't "do a good enough job for this man" and they sort of implied that I was causing his "near death experience." I was so traumatized by this that I talked to the physician who said, "Oh don't worry about it, it happens." But my colleagues, you know, really hurt me and it took me a very long time to recover and get back my professional confidence.

You know, this is something that happens to people. We don't support our young. We kind of eat our young. We don't always nurture and show understanding for others when things don't work out as well. ... If you did your best, move on. But every once in a while, this thing pops into my head. It reminds me that I need to stop listening to the negative thoughts. If we continue to listen to these negative thoughts of "this can't be done," "you're going to fail," "this won't work," or "nothing will happen," we will continue to do things that we know is actually not helping our patients.

Micheal tells me his story emphasizing,

There's always one of those stories. When I hear people say, "You're going to kill someone Micheal," not only does that cause me angst, it also causes me to push back, bring those thoughts forward. It is so irresponsible for people to sow these comments. I tell all my students, "If someone tells you that, the issue isn't with you, it's with them, and you need to understand why they're saying that. Ask, 'what have you said or done that is making them scared?'"

Micheal is deliberate to cultivate psychological safety. I have personally seen him call it out with calm curious inquiry when working together on the Biosimilars Evaluation. Micheal believes when people feel safe, they are generous. We will explore how my five leaders make it safe for others to be generous with others in Theme 5: Holistic Practice.

## **Theme 4: Decisions Change Leaders Make**

### ***Empowerment***

Making a conscious decision to empower others is one my leaders all share. Micheal shares, “Empowering the front line is a key step in leading change. I empower teams to make decisions.” Once frontline staff feel informed and equipped through conversation, access to tools and resources, Micheal consciously encourages nurses and pharmacists to question “the why”:

We have had the conversations and the debates with clinicians. We have gone over the information, we have arrived at consensus, and we have criteria for making decisions. Next, I say, “Here’s the criteria. You can question it. You can ask the doctors why they are doing it.” To the pharmacy staff I say, “You can refuse this order if you don’t think this is clinically appropriate—push back. We will support you if you get any push back.”

Feeling supported is key to feeling empowered to make decisions in the moment. Michael tells me “A lot of the big moments occur when frontline staff accept that empowerment, when they take it on, and feel good about it.” Micheal has experienced empowerment as something to be “passed along to someone else, and then that person tries it out, and it works.” I see empowerment as a fulsome experience involving not only being equipped to make the decision, but also supported when reinforcements are needed.

### ***The Upside of COVID***

Margaret has seen her new leadership team shine and lead during the pandemic. Margaret shares the upside of the COVID-19 pandemic on her emerging team:

We were all kind of new and I think the pandemic has allowed a lot of my team to



continue to shine, and lead. COVID has required it. I have loved that. I really like seeing others lead. I don't always like to be the one making the decision. Yes, I might make ultimate decisions, but I always say, "This is your skill set. I will help you. You can bounce things off me, but if you're comfortable, I am comfortable with you leading. I hired you for a reason. Please go." That has been working. Again, it's really about empowering people. To me, it's the right way if you have the right people.

Margaret feels it is important to know that she does not always expect people to feel empowered or equipped to handle everything. She explains, "I have to help sometimes, and do a bit of coaching. As much as I want to empower people, I have also learned that sometimes I have to do a bunch of work to help get people there."

### ***Help People to Be at Their Best***

Margaret likes to be in a place where she has strong, capable leaders. She says, "That's where I can help them to be their best and I can be my best. I want them to feel comfortable coming to me when they need me."

### ***Performance Feedback***

Margaret tells me she has a couple "superstars" on her team. I know of one who followed Margaret to work with her at the hospice. Margaret is an advocate for performance reviews. This example was with someone who Margaret acknowledges is a "superstar performer":

I honestly will say to them, "I hope I can bring value to you! Because you are so good at your job that I learn from you. I want to make sure that I can bring value to you because I want you to stick around! *I want you to want to be here!*"

Margaret tells me,

When you have such great people, that's a great place to be in, to have so many of those folks. As an Executive Director, that's of course a lovely place to be. When you truly trust and know your folks know exactly what needs to be done and then they surprise you. For me, that's been working for me. Where I can really just say to them, "how do I help you," "what do you need from me," "because I don't have a lot to be able to share with you." Then it opens it up to that person to tell me.

Margaret recently has been taking the performance review further to understand how she could better support the individual:

When I've completed the formal performance review, and the individual knows that what I have said is done and in writing so there won't be any consequence or negative impact, I ask these questions: "Now I need you to help me be better here. I want you to tell me,

1. What do I do that you love?
2. What do you want me to keep doing?
3. What do you want me to stop doing? What am I doing that bothers you?
4. What do you want me to maybe start doing that I haven't done that is healthier?"

Margaret tells me that she started asking these questions routinely over the last number of years. She says, "It helps me to check in with them too. That works for me—that open conversation where I'm human, they're human, but we want to be the best together."

I cannot resist the temptation to ask Margaret if she wanted to share any of the things that she learned that she was doing that she should continue to do, or were bothering people?

Margaret gave me the goods:

Yeah, yeah, I will tell you. One of my recent performance views I was told, “You know Margaret, you’re accessible.” Some good stuff was shared, but then I said, “Okay, well come on, give me the other stuff!” And I was told, “You know, what I need you to do is help me to know more about where I can improve. You kind of talked a little bit, but I wanted to know more.”

I understood that everyone loves all the good stuff, and there was also a wanting to go deeper in the areas of improvement for them. I said, “Okay, I am willing to do that because you are asking me. I don’t think this is something that is a real heavy performance issue, but it will help you.” Then I said, “I need a little bit of time to go back and think. I’ll come back to you, and we’ll have another conversation because you’re inviting it.”

So that was a really good thing. Not everybody’s going to ask for that, but, if I didn’t open up that conversation, that person may not have felt comfortable to say, “For sure, give me more ... I hear what you’re saying but ....” Being open is a good thing and tweaking the process a little bit for everybody because not everybody is going to want the same level of conversation at the same time.

I hear Margaret modeling a conversation where two people decide to grow together. In reflecting upon Margaret’s practice of giving growth feedback, I reconnect with Meinecke and Kauffeld’s (2018) study of empathetic leaders who makes the performance appraisal process a constructive experience through communicating empathy.

### ***Difficult Decisions***

Communicating difficult change is a conversation that is rarely easy to have. Lance

describes the angst of having to let people go from the organization. He shares a pivotal lesson:

As the leader and in charge, often you can't make it better. In an amalgamation, some people are going to lose or change their jobs. Things are going to change. Or there is a new directive for the hospital and you have to find 10% (which means job loss).

You as a leader cannot change that. And people feel powerless. People cannot sit and wait to be "whack a mole." While information may not make it any better, providing it is important because you are an adult, and now you can process it. That gives people a sense of control, or sense of power over their current situation.

Lance tells me that sharing the facts is essential for treating people as adults.

Information allows adults to deal with whatever *it* is. I appreciate the kindness and respect in determining to not play "whack a mole" with people at work. I recognize the angst as someone who sometimes feels like a mole who is left wondering: When will the hammer come down upon my head?

### ***Communicate the Why***

Margaret echoes Lance's experience; having difficult conversations are not her favourite conversations to have. Margaret says,

When I feel really confident *in the why* I have to have those conversations, then I'm okay to have them. I've learned over the years that those really difficult conversations are sometimes the most important. Often, when you can get through to somebody, you're in a better, stronger place than you were before.

### ***Pre-Mortems for Complex Decisions***

Dan shares an interesting idea to test and discover the impact of decisions. Dan

suggests doing a pre-mortem. The pre-mortem is something he routinely uses with his teams when making complex decisions. Dan says,

Sometimes, when things go wrong, we debrief for lessons learned and discover what we could have done different. This is the post-mortem. An important thing that we do (or I try to get people to do) when the decision is complex is the pre-mortem. Rather than wait until shit hits the fan, let's look in advance of what could go wrong. Why wait to do a post-mortem when you could do a pre-mortem and prevent the problem in the first place?

The most important reason to conduct a pre-mortem Dan tells me is:

It identifies who you really should be talking to engage before making the decision. When I try to do it, I say "okay, I'm going to roll this out." Then I think, "Oh, I didn't talk to the surgeons. ... The surgeons are connected because they do this and that."

I think pre-mortems ensure that you've engaged the right people. You have involved everybody that needs to be involved in the communication plan. That is what I think I have benefited the most with. For sure, you are going to pilot things. For sure, you will make mistakes and the results won't be what you wanted. And that is completely okay, but just lose your ego and say, "Yeah, that didn't work." Some people just keep on going. If you are off course, admit the problem and get back on track. Don't try to cover it up.

While I have yet to experience conducting pre/post-mortems, I appreciate the treasure trove of learning and relearning that could stem from this activity. I also see learning, sharing knowledge, and improving are key to achieving the quadruple aim in healthcare quality initiatives (CIHR, 2021).

## **Theme 5: Holistic Practice**

In the previous themes, we saw the influence of mentors in shaping my participants' leadership practice and influencing their decisions. Now we turn to uncovering "how do you" lead change. My leaders shared multiple examples drawn from decades of experience as they shared a premise that leading change is a life-long affair, something that they have been doing as family members, students, and as participants in a broader community. Essentially, these leaders see leading change as essentially a human experience. Paula emphasizes the point, "We are human. We are all human." I recognize this statement as essentially seeing through the lens of humanism (Rogers, 1974). Through emphasizing this humanizing point, a key to being a relatable leader whom others would want to follow is seeing yourself as Lance does, "Just an ordinary guy doing a job." Humility, vulnerability, empathy, and compassion show up in mind, body, emotion, and spirit, the four dimensions of having a holistic leadership point of view (Miller, 2018; Miller et al., 2018).

### ***Place in the Hierarchy***

*Place* holds a special place of importance in Clandinin and Connelly's (2000) narrative inquiry framework. Place in the healthcare sector is not simply found with a GPS application to situate the organization, but *place* is often understood by examining the organizational chart. To address place, we begin with an understanding that my leaders serve in roles within formal organizational structures. They recognize the influence that their positions hold in the organization.

Healthcare typically has a traditional hierarchy with a pyramid shape. Typically, the base is comprised of frontline roles who functionally align into teams. Teams report to lead roles often with titles such as Senior, Lead, Supervisor, Manager, or Director. As the pyramid

narrows, we often see titles such as Vice President or Chief, and then peaks to one person, the leader with the title of President, Chief Executive Officer, or Executive Director. In large, public sector organizations, this individual typically reports to a Chairperson and Board of Directors. Margaret and Lance know what it is like to be the most senior person in the organization. I found it fascinating how humbly Margaret and Lance view their senior role in the organization. Margaret sees her role as Executive Director as serving in all directions—up, down, and laterally:

At the end of the day, as an Executive Director, I report to my board chair, and therefore the board. I'm accountable to them at the end of the day, but I would also say that I'm part of the leadership team, and we all have different roles. As much as yes, I'm at the top of the org chart, we operate pretty flat in terms of how we work. There are times when the front line feels like my bosses! In a good way, I am accountable to them in that they serve those who we care for. I find my biggest job is to serve them.

### ***People as People***

Lance endeavours to treat people with respect. Respect, Lance illustrates is “seeing people as people” who want to do a good job, just like he wants to do his job well. We also see how Lance shows up to see people:

To me, seeing people as people is where it starts. In some instances, they are more versed and experienced, they're smarter, and better educated than you are. And it's just through luck or happenstance that you're in a leadership role and they are not. So, treat that accordingly. Don't take yourself as a leader so darn seriously that it throws up walls. I would consciously work to convey this whole notion of “just a guy doing a

job” to anyone I would work *with*. “With” is the key word; not “for” me. The circumstances that got me here, could have been your circumstances, or it could have been reversed. I feel very fortunate to be where I am as leader, but I am not going to play the CEO card unless it was absolutely needed, and I would have to. Be humble, “I’m here to do a job. I’m going to do my job. You do your job, and we have mutual respect to build on.”

**Awkwardness of Place.** I hear and appreciate Margaret and Lance’s humility. I see all five leaders dance with the awkwardness of place as hierarchy. In a conversation with Paula, we stumble on a reference of “my staff.” I hear Paula’s hesitation and a pause before saying, “I didn’t want to call them *my staff*. They’re just great people that I work with! Not to be hierarchical or anything like that, it’s just that love of neighbor again, and wanting to know them as individuals.”

I hear how much words matter. Throughout this inquiry I have referred to Paula, Margaret, Lance, Micheal and Dan as *my leaders*. My intention is well meaning, *participants* feels bereft of feeling. How do we refer to people who have holds on our being, who we care for, and want to know as individuals? I have landed on *my leaders* for Paula, Margaret, Lance, Micheal and Dan are the leaders I have made a choice to follow.

### ***Respecting the Hierarchy***

Organizations and their structures by design are purposeful. While this inquiry does not explore the purpose of structure in this inquiry, neither can we ignore it. We have acknowledged the awkwardness and touched upon the discomfort with hierarchy. My leaders reveal how they work their place within the organization and show their genuine desire to know others and allow themselves to become known.



Margaret gives us a glimpse of the delicacies involved in working within the boundaries:

Sometimes, I wish I had more time to do different things, to come alongside them.

But I also realize that there are things that I have to do that nobody else does. I

sometimes wish I could spend a little bit more time. But I have leaders that lead those frontline folks, so I also have to be cognizant that they're not my direct team either.

There's a bit of a boundary that I always want to respect. I respect my leaders of the team. Lead, but not take away their thunder.

I appreciate the awareness of place and empathy my leaders navigate to getting to know the real lives and work of others. Next we turn to learning how they do it.

### ***Learning With***

A thoughtful deliberateness to try to flatten the pyramid can be seen by following leaders, visualize them leaving their desks, and showing up to meet people on their turf. We see shadowing is one way my leaders learn with and build rapport with people. Shadowing I am told is a familiar practice in healthcare and is an important part of the curriculum for nursing students to learn through observation. Lance tells me that shadowing is a practice he first embraced in the municipal sector and is something he continued to pursue in the hospitals. Lance is a blogger and he used his blog space to socialize the job shadowing concept:

We put that out there in one of the early blogs. I did a piece on, "I am coming out to do these job shadows. Here's what they are about. ... You know, it is not meant to be threatening. ... It's not to be something to be afraid of ... I'm not coming out to figure out who I can cut. It is me wanting to learn and understand."

That was nature of the first piece of information. We gave people different ways that they could contact me directly, or my office to say “yes, we would like to participate.” And there was just a deluge of requests and they kept coming in.

Lance tells me that during his 5-year term he shadowed close to 50 times. He would job shadow and then write up what he learned and share it as a blog post. Lance explained that people could make appointments and come see him, but “most people didn’t.” Lance suspects the hierarchy in the organization to be the cause:

They may have been afraid that their bosses would hear they were talking to me directly and they might feel threatened that they would somehow face repercussions. So, most people didn’t. They would find ways to chat to me while waiting in the Tim Hortons’ line, or during a job shadow. They really took advantage of the job shadows. Some did come to see me directly. Some groups certainly did, particularly those that felt aggrieved. We made it very clear to them, “I’m not here to subvert the chain of command. If you have issues with your boss, you really need to talk first to your boss.” Unless clearly there was some real serious issues that just needed an intervention right away. We worked through it. I worked through issues with the senior team who were a little bit annoyed that I was doing this. I explained, “If there are any big issues coming up, I will bring them directly to you. I am not going to own it or try to do anything arbitrarily, and in isolation. You ‘the director’ have to own whatever comes out of your department.” So, I think it worked really well. I wish I’d been there longer to deepen that sense of commitment across the organization.

Lance points to job shadowing as one of the positive ways to learn together. He tells me that there were other opportunities for people to be involved in change:

People could put their hands up if they had the time and inclination to participate in,

and be involved in change initiatives. We had a lot of committees, and wellness programs that people could get involved in either through the workday, before or after work (depending on what it was). I think most people felt they had opportunities to be involved.

Like Lance, Margaret likes to *shadow shift* as a fun way to get to learn from people that she may not easily get to see in her day-to-day functions. Consequently, Margaret likes to put on her scrubs and follow the nurses and personal support workers to “shadow shift.” Margaret tells me,

When I started this job, I was planning on doing that every year at a minimum. I would do a night shift and a day shift and one of them would be on the weekend so I would get a sense of time when I’m normally not there. I didn’t do it this past summer because of COVID. We were really trying to limit the people in the building. I thought as much as it would be a great lesson to follow the team, heaven forbid I bring COVID into that room. I just couldn’t justify the risk. I had to sort of fight my own ego because I knew it would have felt good to do it. I would feel like a bit of a hero: “Look at Margaret! She’s going in during COVID!” I thought, “No, that’s your ego Margaret and you need to check it. If you go into this Miss Ego cape wearing ED/RN and bring COVID into that space when it’s not a necessary visit, then you are in trouble!” I say that and as soon as things settle, (hopefully this summer), I am signing up again for some shadow shifts with my team.

I appreciate the way Margaret makes explicit her inner dialogue. Letting me see “Miss Ego cape wearing ED/RN” in all her glory helps me to check what I am wearing and ponder if my cape is on a hanger in the closet, or if it is resting comfortably on my shoulders.

### *Ego Checks*

Dan made a poster depicting a man wearing a suit and tie suspended in air by a giant hot air balloon with “EGO” written across it. To the left of this poster is an outstretched arm and hand holding a long needle about to pierce the balloon! The poster is prominently affixed to a credenza just to the left of Dan’s desk. I can imagine any sighted person spending time in Dan’s office would feel the poster’s tempering effect. I suspect the poster might change the conversation. Dan and I talked about the poster and the not so subtle message he wants everyone to see is, “Lose your ego.” Dan believes strongly,

You can’t be a good leader if you have a big ego. Some people, they can never be wrong. If they are wrong, they get frustrated. It’s okay not to know everything. Those with the big egos, I tend to have conflict with.

In healthcare, there are lots of great people to get to know and learn with. Dan says, “There’s lots of smart people out there. There are lots of strengths. It’s incredible how much you can learn from others. It’s not about a hierarchy or what your title is. It is about team. We are *better together*.”

**Better Together.** This phrase, I hear is among Dan’s favourites. That, and “nothing about me without me”. I asked Dan to share with me what these sayings tactically look like in practice. I learn that Dan schedules into his calendar protected time to meet directly with frontline team members on a regular basis. His reason for doing so is to see and hear firsthand their experience:

You can learn a lot from staff who report to their managers. Because it’s all second hand, through the managers unless you are talking with staff, patients and families. Really, it’s *not* about the leaders, it’s *not* about the managers, it’s about our staff who

do the job. It's about the customers on the other end of that. I find I learn more from the subject matter experts who do the role.

I note that Dan flips the pyramid on its head by placing significance on growing an understanding of the people who are closest to patients and their family members.

*Nothing About Me Without Me.* Dan's leaders and his peers are likely to hear Dan ask, "Who did you talk to?" Ernest engagement of the front line is not an option, it is a given if you happen to report to Dan. Not only does Dan want to know that people are consulted, he wants to understand how they were consulted, and what was learned through the consultation process. Dan tells me it was his mentor David who instilled in him, "The importance of leading from the ground up, acknowledging the strengths of the people who do the job, and in collaborative leadership to look for improvement opportunities, to make change and lead practices."

Dan's conviction is followed with action. Dan has created a template for his colleagues to complete to show him, "who did you talk to?" Similarly, Lance includes and involves people in decisions that affect them. Lance says:

If a decision is going to affect you, then you need to be involved in the discussion. You may not get the final say, (because that's the CEO's job) but you are going to have a say in the discussion and help shape the direction. Or at least we are going to go down a road knowing that issues have been identified. That whole approach is very holistic and community development driven. It is part of everything I have done.

### ***Talk, Talk, and Repeat***

I learned through sharing stories with Micheal that we play our change roles in organizations similarly as we both facilitate, consult, and provide advice. A striking

difference is that Micheal as a provincial drug steward needs to sell patient advisory organizations, physicians, pharmacists, and other regulated health professionals on change to achieve cost savings that can be reinvested into healthcare. For that, a favourite approach is creating talks. To illustrate, Micheal tells me about the drug Docusate, an agent for softening stools:

The thing cost virtually nothing, but we were dispensing two to three million doses a year. It was costing us maybe a quarter million dollars just moving it around with tech time, packing, and unpacking. The stuff costs nothing, maybe a penny, and it didn't work.

We asked, "Why can't we just get rid of it without replacing it, just stop using it?" We are talking about stools now, so we're not killing anyone here! This is something on every hospital list—stool softener, regardless for what you're there for! Everyone. Yeah, people tend to not drink a lot of water, you're sitting around, and there's a chance you're going to get constipated.

The interesting thing is when we first proposed this, we were told, "This is impossible. There's no way!" Why? It's in every order. Every patient gets stool softener. How are you going to trigger a change, which changes every single patient in this organization? We distribute 3 million of the stuff—there are liquids, tablets, capsules. ... You name it, it comes in every form! How are you going to stop it?

Micheal and his colleague decide they will create *a lot* of talk. Micheal tells me,

We did *a lot* of talks! Basically, every time we talked to someone, we talked about it. We weren't actually doing anything! We just said, "You know, we're thinking of doing something about Docusate because it doesn't work. We could send you the

literature showing it doesn't work. We use a lot of it. And we're thinking ... we got to do something. It's a waste of our time."

Micheal concludes with a grin, "And that was all that was said." I would have loved to be watching Micheal live in the delivery of his talk, but through his storytelling I can appreciate seeing a tag team of two drug stewards giving their serial talk about the inefficacy of stool softeners. I asked Micheal, "did all that talking work?" Micheal says,

We talked like that for about 3, 4, 6 months—just constant talk with every presentation! We would throw up the Docusate slide and give them an example to help people rethink the way forward. We would say, "You know, we think we should stop. You know, you have an opportunity to stop the doctor from prescribing this.

You know, you don't have to replace it." We just did that over and over again.

Micheal tells me that it took approximately 6 months for this approach to show results. People who had heard the talk started to ask, "When are you going to do something about Docusate?" Micheal says hearing that question told him that the change idea was no longer his and his colleague's big idea. It had become their idea, making the impossible, possible at the local level.

I see Micheal and his colleague nudged change along with an unthreatening approach steeped in patience, data, talks infused with a few well-placed thought-provoking questions, and delivered with good natured humour. Still, I wanted to know if the nudges were intentional. Michael tells me yes. Micheal and his colleague were deliberate to pose the "You know" ideas with the intention to gently nudge "people to internalize their own opportunity." When Micheal started to hear, "You know, this is something I can do right now," "I'm just going to take this off orders," or "We're going to delist the product," that's when he knew

their desired change was having a positive effect. Micheal refers to this strategy as a *nudge* plus the seminal idea of the IKEA effect which he summarizes for me as *getting skin in the game*. Micheal says,

If we can stick handle the conversations to get people talking to each other about how to fix this problem, then they will say, “We’ve done this.” They will be the ones that assemble the proverbial bookcase and when they do, they will feel proud of their accomplishment.

### ***Physical Presence***

Walking through change together is at the core of how Paula leads. Paula makes this explicitly clear: “Not off somewhere, in your office or another physically separate location, but physically present, in person, and beside others.” In George et al. (2020) the change leader’s close physical presence “was seen as significant” and contributed to colleagues’ belief and buy-in to the change initiative (p. 7).

Paula is acutely aware of the hierarchy and like all my leader participants, she weakens its grip by seeing everyone as equal. Paula shares, “We may all have different roles to play, different pay scales or what have you, none of that matters.” What does matter is “Here is our mission. This is what we are striving for.” Paula tells me:

I like to get in and really understand the heart of what's on everyone’s mind and soul, and to work with that. I can use that to either weave it into the direction of where we're going, or to clear the path a little bit by clarifying misconceptions or perceptions.

Similar to how Micheal socializes an idea by making time to talk, Paula believes that people need to be ready for change. Paula regards her role as enabling a state of readiness.



Paula begins with “Get to know who that person is, where they’re coming from, and what drives them. I think it starts with taking stock of your team, discovering what their skills and abilities are.”

### ***Start With Good Intention***

Lance believes “Everyone intends to do a good job.” Lance suggests we should pause to imagine the circumstances that might get in the way:

They’re coming to work with all sorts of crosses to bear—they are coming into work from broken marriages, financial issues, kids having trouble, healthcare issues, and on and on it goes. But they’re coming to work to do the job. You need to keep that in mind when people are struggling or have pressures that may affect their behavior at work. Cut them some slack. Look for the good. If on a particular day somebody is being negative, maybe there’s a good reason for that. Don’t immediately jump down their throat. Try to understand. Obviously, there’s a job to do and you have to draw a line at times. You should not be expecting people to come to work, check their brains at the door, and carry on like there is no world outside of work. There is. People have all sorts of gifts and talents that they are exercising outside of work. Take advantage of that in work. Let them be creative, let them take on leadership roles, let them really embrace their tasks. The benefits are just enormous when you do.

### ***Relationships***

Paula is an exceptional relationship builder. When I told Paula this, I backed my claim with observations of having had the privilege to see her in action, to work with her, and her nursing teams. When I was invited to a follow-up meeting with Paula and her nurse practitioners, they surprised Paula by walking into the meeting carrying gifts and one by one, shared a heartfelt message of appreciation for Paula’s leadership.

I note that Paula cares *for* and *with* well. I asked Paula if she could deconstruct *caring* as a method to leading people and change for me. Paula took up my request with this thoughtful response:

It's through relationships that change happens. But authentic relationships, not just a business transaction. Do you know what I mean? "You are on my team and I need to get something from you." No, not that. Rather, "Here we are, this is our purpose, and our mission. Do we buy into it?" There may be some naysayers. ... No, I'm not. Or, yes, I am. And so, we have to find that middle ground and ensure that people are onboard. Otherwise it becomes more difficult. If we don't deal with that tension or perhaps early unrest, then the road ahead becomes more difficult. I will put it out there, "Here is where we are stuck right now. This is what we've said in terms of why we might not be able to move in that direction." I just really want to have a conversation about what it is we are being asked to do. It is about walking, walking with people. As a leader, be present throughout. Also, as a leader, it means you are doing the work. You are not just sitting back. You're doing the work, you're getting involved. You're doing a bit more. There are lots of behind-the-scenes sort of work that people do in formal leadership roles. It's making sure that your team is looked after and that you are meeting their needs. I think this is the place where I always start.

I ask Paula to make explicit the behind the scene activities she is involved in support of leading change. I learn about preparatory work including:

Things like getting ready for a conversation in the meeting, bringing forward materials ready to discuss whether it's attachments, a formal agenda, ensuring that we've got the right people around the table, asking if there is anyone missing from

this equation. It is about doing your homework too. Once you get your feedback, action it, work with the many items that are on the “to do” list to ensure that they’re mobilized is so important.

### ***Close and Connected***

I hear making contact and staying connected with the people who you get to work with is integral to my leaders and is consistent with the literature of effective change leaders (George et al., 2020) and is characteristic of transformational leaders (Dickson & Tholl, 2014; Goleman, 2015). Paula meets frequently, in teams and individually. She shares,

Because building relationships and having contact with team members is important to me, rather than team meetings once a month, I would meet twice a month, and “one-to-one” meetings were once a week. For me, what works is constant contact with them, to bring information. Not just updating them, “Here’s an email and read it,” but hearing them out: “Here’s the update, let’s go through it, and let’s discuss it. Give me questions.”

I would ask myself, “how do I bring them in?” I would ask team members, “Do you want to be part of the subgroup?” I would seek opportunities for people to work alongside.

### ***Safe Space***

Micheal and Paula have shown me how they uniquely make it safe for people to speak up and share their voice. With Margaret, I learn that making yourself vulnerable helps to create safety and trust.

Margaret works in a relatively flat organization with only three layers. Margaret speculates that it may be easier “to get to know everyone as human beings, and maybe feel safer with questions, and raising things.” Creating safety is something that has always been

important to Margaret. Margaret draws upon Brene Brown's work on vulnerability saying, "I love Brene Brown for that. She found a way of saying that nice and smart can coexist."

Margaret champions vulnerability by being explicit about caring for the people who provide care to others. In palliative care, Margaret says, "We can't just say 'we're a nice place to work,' we have to actually put things in action." In the Executive Director role, Margaret feels able to "be more explicit" and to call out "this is how we care for you." I hear

Margaret's vulnerability as she tells me,

Sometimes when you say it, it feels kind of awkward, because there is this part of me that is "well duh, of course!" It's almost like I worry sometimes that perhaps the team is feeling. ... They could be feeling a couple things. They could be feeling a little bit like, "Well, I don't want them to feel like they need to care for me." Do you know what I mean? I don't want them to feel that there is a power imbalance.

The term, "carer" can be problematic if it puts the people you're caring for at an imbalance, like they have less to bring to the table. I don't want my team to feel like they need me or our leads to care for them, but I also want them to know that we prioritize their well-being and their wholeness as much as we prioritize the wholeness and well-being of those we are actually paid to care for. I don't think I have totally figured out.

Margaret shares a reflection on leading during COVID which supports Paula's view of "through caring, change happens":

As much as this pandemic has been incredibly difficult and tragic in many ways, at least we are now having conversations where people are more open to talk about caring for self and others. How we do that has opened up a chance for us to sort of

figure it out. And people are giving us the space to figure it out, as opposed to expecting leadership to know what to do. Instead of “You guys are the bosses” I think staff have a lot of patience for us, and I think they have understanding of the fact that we are on a journey. I don’t see it as we’re going to figure it out, tick the box and say, “Good stuff! Aren’t we smart?” It will evolve as our team evolves.

### ***Call It a Day and Go Home!***

My leaders share a love for story and storytelling. Margaret reacquainted me with *Chicken Little* by telling me a poignant story of when she worked in a chaotic atmosphere created by leaders who resembled Chicken Little, acting as if the workplace was in a continual state of panic:

I remember my first day as a Director. There was obviously something going on. My Vice President or Senior Director brought me into this meeting late in the day, and I thought, “Oh man, this must be really important!” I felt horrible for I wanted to make a good first impression and I was very aware of the time of day. I had no idea how much longer this meeting was going to go on for ... and I didn’t know what we were doing! At one point I knew I was going to be super late for daycare, and I had to say, “I am sorry, but are we wrapping this up because I am late for daycare? I am okay if you can tell me when this is going to end, and I will see if I can get someone else to pick up my kids.”

The VP said, “Oh no, I had no idea! Of course, go!” I thought wow! As much as I liked that leader, it continued. That was how it always felt. I never knew what was crisis, what was important, and what wasn’t? It was always a chaotic feeling.

The insight gained from this experience has followed Margaret into her new role. She says,

I don't like to *chicken little*. I'm a high energy gal. You will always get a lot of energy out of me. Some people think I'm a Chicken Little, but I'm not going to say the sky is falling when it is not. And I'm not going to ask you to put in extra hours when it's not necessary. But when it is, game on! We have to work this weekend, or we have a late meeting. If you do it all the time, your staff and you lose perspective on what's actually important. Then you can't figure your way out of a paper bag at that point.

Margaret has made a concerted effort to model going home and the need to replenish:

Something that I have learned that I try to share with new leaders is finding balance. I don't think even in healthcare we do enough to help people try and find that balance. Now, I know that *work life balance* is a ridiculous concept most of the time. It's really hard. I have seen (even in healthcare) far too many people chewed up and used for every bit they are willing to give. It's not cool. It's not healthy. Organizations will use up so much that there's not a lot left for families, or for personal wellness.

As the Executive Director, Margaret models work-life balance and champions tools such as the “Go Home Checklist” to help people connect with purpose, care for self and others:

We created the “Going Home” checklist to invite employees and volunteers to “check in” with themselves by posing questions:

What did you do today?

Was there something that was hard?

What are you proud of?

We had a big poster printed for the back hall last year. Then we realized, wait a minute, there's people who are working remotely—so my amazing admin created

bookmarks. We have identified resources on either side of the bookmark so people can remember how to access our Employee Assistance Program. There is also a poem. We have two different versions. We're constantly trying to speak to things like that.

### ***In Place***

Place becomes a shared knowing of the sense of organizational power, both noun and verb that influences, and shapes a holistic practice. My leaders acknowledge the power of their positions and show a deep sensitivity to the privilege they hold. I see deliberate effort to level the playing field, to see people and regard them as equals, and to reveal the humanity and vulnerability of the people who lead. I see "if I ever, I am never" build with self-awareness. I believe this helps my leaders to remember their pledges to become "this" and not "that."

## **Theme 6: Strategies for Leading Change**

### ***Position of People Strengths***

Dan is a strong proponent of strengthening people through education that invests in leaders. Dan is a firm believer in working from a position of people strengths as is Seligman (1991), recognized as the father of positive psychology. One way Dan learns of people's strengths is through the use of assessment tools. Dan says:

People are built differently. Assessments can be eye opening. I get an appreciation of why certain people that I work with might act in certain ways. For example, some people are extroverts and some are introverts. There are lots of leadership characteristics that you can find out through the assessment tools, which allows you to work better together, and also learn about skills that are different from your own.

### *See It, Share It*

Like Dan, Lance is familiar with assessments to discover things about his personality and leadership style that he could strengthen or leverage. Lance tells me of a pivotal piece of learning that surfaced when working with an executive coach and receiving feedback from taking an assessment:

I was very much a person who loves information, but I didn't share it. This was early in my career. I thought to myself, "Okay. ... If I want to improve, if I want to lead and be effective, I need to share information." That was probably within the first 10 years of my career and I started sharing information. That opened the gates. That was a pivotal point in my career.

I asked Lance if he recognized the coach's feedback as accurate. He said:

No, not immediately. She had examples and we talked it through. She said, "Go away and think about it." After weeks of thinking about it, I thought ... "She's right."

So, I went back to the coach and said, "You're right. I'm not doing this great." We developed some strategies. When I get information, I make a decision. Do I share it? If I share it, who will I share it with?

For years I had a screen saver on my computer reminding me of "See it, Share it." Also, I encouraged all my managers to ask the question as a first step, "Who should I share this with? Who needs to know this? Does this go into the inbox, outbox, or into the garbage?"

What a critical piece of learning this was for me! For so many people and places, information is power. If you have information and you are not sharing it, you may think you are very powerful. I became this very open, transparent conduit of



information. Obviously, you have to be smart about it. There is confidential information, but if there was information I could share, it was out there. That manifested itself in newsletters and me going out and having town halls to share information, constantly sharing. I'm kind of a clearing house.

I note the feedback that Lance received found him willing to change. His lesson of "See it, share it" has found an opening in me to also want to play the role of conduit and clearing house. These strategies, stories, and ideas are pulsating on my computer screen, desiring to be released and shared.

### ***Education as Strategy***

Participants viewed education unanimously as an important enabler of change. As Lance says,

Within the healthcare sector, education is a tremendous driver for most people in their careers. People are always looking for that next certification, the next degree or whatever. We gave all kinds of opportunities, and money for people to advance and to improve themselves. It was expected that people would keep getting more education.

I think that was very deeply ingrained in the culture, even before I got there.

### ***Metrics***

Dan has a 90-day plan that helps him to create and share a vision with his team. It also directs his focus on the things that he is accountable for. Dan cascades his 90-day plan to all team members with the expectation that they also develop their 90-day plans. Dan tells me that the 90-day plan is an effective tool for empowering people:

I ensure that the people who work with me do not feel micromanaged. I want them to know that they are empowered. Not to say that there is not a need to manage issues of

performance. You get right in there to discover what's going on, but you always remember that people don't come to work to fail. People fail because the leaders (such as us) don't give them enough communication on expectations, and they don't put the proper processes in place to set their individuals and teams up for success. So, as long as you've set somebody up for success, then you can performance manage your staff, but there are a lot of steps ahead of time such as ensuring clear communications and processes are in place before you criticize somebody. In most cases, it's the leader that sets people up to fail.

Paying attention to metrics is a personal strength that Dan leans into. Through keeping an eye on the metrics he is able to work with people "to make changes and adjustments along the way to ensure that we're hitting those targets." Dan also appreciates that "maybe not everybody has strengths in clinical analytics or quality improvement." I hear Dan reflect, "Maybe I need to put less pressure on that. While we don't need to force it on leaders, I think it is important to know what's happening in your organization."

Lance has developed a visual tool to track projects that could be used in conjunction with a 90-day plan:

I introduced a monthly and annual reporting framework with icons identifying the status of a project. For a project that was stalled for some reason, the icon was a stop sign. For a project that was going slow, I used a turtle. For a project that was finished, I had a checkered flag.

Particularly on the projects that weren't performing, I would get questions, "So about that turtle project on ...". People loved it! It was a way to be human, break

it down, be a little light, and to add some colour to the pages apart from red, green or yellow.

Typically, in healthcare, everything is red, green, or yellow like a traffic light signal. I wanted to get away from that because I am partially colour blind and I can't see the red or green in the graphs, or I would confuse them. So, even if they were printed in black and white, I would be able to see clearly with the icons.

Lance and Dan remind me of the importance of looking at strategy and tools with perspective, seeing our own way of looking at the world, and doing our best to see through other lenses. I must say, I like Lance's icons and want to replicate them. Throughout the writing of this inquiry, I have made friends with my inner turtle and have a new appreciation for a slow but steady pace.

### ***It Is About the Caring***

Paula makes strategizing change clear: "It's not about the change. It is about the caring." I repeat Paula's phrase with goose flesh rising on my arms in recognition that this may very well be my own "eureka" bathtub moment. Paula says,

People focus on the change, but it's really all about the caring. If people feel that they are more important than the change itself, they will move mountains for you. I have witnessed that in my own career. There have been some very challenging times. For example, in a former role as the Director of Infection Prevention and Control there was an outbreak. There was no hesitation for people to stay late or say, "I'll take care of that, don't worry about it." That is because they know that you care about them, and their efforts are being acknowledged and appreciated. And they are respected if

they are not able to go that extra mile in that particular moment, to stay a little later to get the job done. At the end of the day, it's really about the care and not the change.

That human connection is important. If people feel that they are part of something, if they truly authentically feel that you care about them, that they are working for an organization where they want to be, where they are able to be, and this is how they choose to be their best—it is about caring. Change will always be there, but it is in the caring that carries you through.

### ***The Personal Touch***

Dan says making the effort to know people as people is an important building block to develop relationships and trust:

I think the importance of engaging people with more of a personal touch is also important to make sure that people are feeling okay. Certainly, when people ask me in a genuine way, “How are things going?,” and are willing to get into knowing me as a person, it takes things a little bit off the work conversation. It really shows that people care beyond the work at hand. They care about how people are coping. It hits personally and it builds trust. Personally, when people genuinely ask me questions, and I get a sense that it is genuine, then a sense of trust develops into a strong relationship.

Dan takes this approach with him where-ever he goes whether it is with frontline staff, managers, and the people that he reports into. I can attest that Dan and I covered a lot of ground including buying cars, playing golf Frisbee, and peeking into family life by wandering off the interview guide to learn about the fun stuff that makes us more interesting and wondrously human.

### ***Small Conversations***

Paula tells me it's the small, small conversations and attention that reveal how in-tune with and interested you are in others. Greetings said with a smile such as, "Hello," "How are you?", or popping your head in to say, "Good morning," "Good night," and "See you tomorrow" are important.

### ***Learn People's Names***

Dan echoes Paula's attention to the small things that make a big difference. Dan also does his best to show up as present when talking with staff. He says, "It doesn't have to be about work. It's just about checking in to see how they are."

Dan believes leaders could be evaluated by learning how many people they know by name. Dan shares an interesting idea that would be fun to test out:

Some leaders here in the organization get the "hello" and you know, a lot of them keep their heads down. They don't say "hi" to people in hallways or elevators. Some people say "hi" to them. There's a different type of leader who says "hi" and actually know their name. There are different degrees of connection. You could evaluate on those three categories.

My takeaway is, learn people's names, how to properly pronounce them and, make a point of saying, "Hello \_\_\_\_\_." I asked Dan to tell me more about the things that work well. I learned:

I think what's working for me is, "walking the talk," being transparent, not having hidden agendas, and consultative leadership. I learned these lessons from David (mentor) 18 years ago. If you don't consult the right people, you are going to have lots of problems in the end.

### *Over Coffee*

Micheal often hears “that’s impossible” when wanting to make a change involving pharmaceuticals. He has heard “impossible” so many times that he now regards hearing the word as an indication to take that person out for a coffee. Micheal says,

I haven’t found a change that is impossible. I’ve found changes where maybe my perspective is too naïve, and I have to step back and understand the different populations. When we really don’t know where to start; when people tell us, “It is impossible,” it’s time to drill down over a coffee. We talk about the issues, and we ask questions such as:

What is the issue?

Do you have any objections?

What do you need for this to work?

Are you comfortable?

Do you need time?

Do you need a specific tool?

Are there specific questions that you need addressed by experts?

Do you need me to talk to a group of people?

Through such questions, I try to stay open. Sometimes, I am looking for a head nod. Sometimes the questions stay open and the person will come back to me a week later and say, “Well, this is the issue I think I have.” Once we get to this point of where, “No, no, this is not impossible,” we can actually do something!

Micheal plants two new questions in my psyche to take into my change work: “Is it impossible? Or is it just not easy? Not easy and impossible are different,” he says with a grin.

### *Language as Strategy*

“Think before you speak. Think about how the words will come out of your mouth” is a deliberate practice of Paula’s. Paula explains,

What we say may be interpreted as not what we intended to convey. Words have meaning and they carry weight. As we project words such as love or empathy and embody this type of expression, this becomes part of our character. Just as love cannot be used too loosely, words that may not project love, also need thought. We have to be mindful, since people can take them out of context.

So too we find Micheal deliberately mindful of his words, thoughts, and actions upon others:

The first thing that comes to mind is being aware of other people’s place—being mindful of where they are, be it in their life, career, or where they are in their comfort. Mindful of what I am saying to them, and how it is going to impact them, or their patients. I must be mindful of what they are thinking. I have to be mindful of what I am causing on the other end.

### *Smiles and Laughter*

We see in the leaders’ stories an ease to have fun and to poke fun at themselves. Wheatley (2017) claims having a sense of humour is an essential characteristic to lead sanely. I appreciate in Lance’s stories his use of self-deprecating humour and I asked Lance if it was intentional. He explains:

Well, to try and level the playing field so that people weren’t saying, “oh here’s the big suit from the big office” or, “boy, I’m afraid” or, “I’m intimidated” or, “another guy who walks on water.” The CEOs in hospitals are often treated as being next to God in many people’s minds. So, I was trying to be the “every man.” I’m just a guy,

doing a job! I make mistakes. I like to have fun and I like to poke fun at myself.

That's just my humour and I do that—not just in the workplace. That's just me. So, trying very much to be me in the workplace. Maybe they would feel comfortable, open up, and share their thoughts, frustrations, and ideas. And, they certainly did—both the positive and negative.

Seeing a smile and sharing a laugh even at our own expense just makes for more people smiling. Paula tells me what really puts a smile on her face is “seeing people work through their own strengths and abilities to achieve a goal.” We reminisce about the nursing clinics initiative she led and I supported as the “change management” person. This project started with a handful of people and then grew to be quite large. Paula laughs now thinking about developing the sense of bringing stakeholders, people, and ideas together in one space, saying:

Looking around the room I may have thought ... “I might have too many people here!” I didn't want to exclude anyone, and people could decline if they wanted to, but they wanted to participate! In a sense, it was a forum to be updated too. They didn't have to be there, but “Oh yes, they did!”

We enjoy replaying the scenarios that spark new laughter like this one. Paula says, “Thank goodness for technology because now it doesn't matter what the room limit is! You can accommodate everybody!” I think we need more COVID inspired jokes.

### **Theme 7: Cultivating the Culture of Healthcare**

To reveal the multi-layers of culture, I turn to one of Micheal's change initiatives that enables seeing the complexities of *place*, the application of safety, strategy, and strategic decision-making by keeping the story whole.



### ***Transplant Program and Generic Drugs: Fear of Loss***

Micheal tells me when it comes to medication, he knows to expect an emotional reaction. What is not clear is where the emotional reaction will come from. Micheal provides the background information of the pushback he encountered on a group of transplant drugs:

Generic Cyclosporine or generic Tacrolimus are drugs that you give to a patient to prevent rejection of an organ. My boss said, “We spend \$X millions on brand name product because our physicians refuse to use the generic because they feel it’s going to cause organ damage.”

One of the interesting things about solid organ transplant in Alberta, (i.e., the kidneys) is that we do a fair number of them for Saskatchewan patients. A fair number of people who need kidney transplant come to Alberta for surgery. Two weeks after surgery, they go back home. What was interesting about this situation is that Saskatchewan doesn’t pay for brand name transplant medication. They only pay for generic. The situation in reality is that we have Saskatchewan patients who are started on brand medications and when they go home, have to be switched to the generic. Our own patients (Albertans) stay on brand. One has to think, “Okay, so you’ve got a physician who has a portion of his patients who start on brand and don’t seem to have a problem with the generic, but they won’t allow their own patients.” Why is this happening? When we talk to the physician, he says, “No way!” He was adamant that this is the way. I found this to be interesting too. So, I was told by my manager to investigate this.

What I identified was the physician’s reason had nothing to do with the drug. The explanation had to do with the fact that the transplant program was supported

with a considerable investment from the brand name drug company. The manufacturer of the brand product(s) basically paid for a couple of researchers. The physician's academic career was at risk. Without funding, there wouldn't be anybody to help work in their labs. They didn't want their labs to be shut down. To switch to the generic drug, we had to address the emotional reaction with a solution.

I tried to figure out how much money they were getting. This is comical because my answer to my boss was, "You know, this is a \$3 million situation. You're going to save \$2.5 million dollars. Why don't you just tell them that we will share some of the savings in the form of paying for a nurse or whatever? I think things will go much better."

A meeting was held and the physician's response was, "Michael we want to look at the science." I said, "Science has nothing to do with this." I proposed that we use a natural experiment to address the issue about science. I said, "We will follow your Saskatchewan patients, and we'll follow the Albertan patients. We'll figure out if there's an increase in rejection." Very, very natural. They did not want to do that.

After about 6 months of negotiations, they agreed to switch to the generic one, once it was agreed that the organization would contribute \$300,000 to the program for maintaining research. It was all about money and fear about losing their place, their academic life.

Micheal's story is revealing of place, showing us that leading change in healthcare is often a complicated weave of political and personal. This story also brings culture and privilege into the weave, highlighting that sometimes our experience matches our expectations. Micheal elaborates:

Saskatchewan historically has always taken a very common-sense approach. You

know they're farmers, and they use common sense. They have never been ones with privilege and having certain things. Oil money is new to their perspective. So, they don't, and have not been able to politically manipulate situations. So, you have to understand what someone has. You know, if you're dealing with prima-donnas, let's be honest, you do have to approach them differently than when you're dealing with people who are very practical.

So, the healthcare system in Alberta has always been privileged. They throw money to reduce the political. Of course, today we're not in that situation. Early on when I joined this organization, there was a lot of money. My messaging was never really about cost savings. The transplant one is an exception of the system. The government said, "This is ridiculous." But in general, my messaging is always focused on patient outcomes, like "This thing doesn't work. Here's something that actually works."

Micheal's transplant change story weaving in our neighbours to the west helps me to see linearly, our "We Are Here" point has moved towards the middle. No longer are we at the beginning of the journey. This midpoint is helpful to see with greater clarity what is ahead.

### ***Cultivation of Culture***

When I think about holistic education as a complementary framework for leading change, I see we are cultivating what has already been seeded. Healthcare is funded provincially; it is a sector typically attractive to smart, caring people; it has unique stressors and it offers unique opportunities to do great work, show up and are shaped by experience.

I see my leaders looking ahead, envisioning what is and what needs attending to.

I learn from Dan that seeing and acknowledging the considerable stress and pressures people face working within the health system is where he is leaning:

I think that leaders in general, in all the places that I have worked in, (including myself) can be more empathetic. I think we could all do a better job acknowledging some of the stressors, pressures and challenges, and even good work that people do. For sure, everyone is reasonably compassionate in healthcare, but I think it's critical for people to find a way to really work on that acknowledgement piece. People care in healthcare but sometimes they can get kind of desensitized because they work in healthcare.

I learn from Paula the importance of keeping people close and in relationship with one another:

Hold tight. Hold on tight and stay close to the team because what will not change is the need to connect through human relationships. Remain authentic through the storm. We can lose our focus or sight of where we are going as an organization, but moment by moment through constant communication, we stay tight. The more change, the more touch points. We have to make time, and ramp it up.

Lance reinforces that some things such as being polite and holding respect for self and others are timeless qualities. As we navigate our future, we can do so by trusting that how we treat one another is important. In cultivating the future of healthcare, Lance says, "Respect the protocols, culture, and environment that you are within. Have manners towards others and treat them as you would like to be treated. I think respect is fundamental."

All my leaders recognize their privilege to work in a sector that attracts really smart people with fabulous assessment skills to decipher what is real versus a show. I learn from Margaret the importance of showing up to lead change with genuine caring:

I think a genuine concern for caring is beyond critical. Your staff are a pretty smart group of folks. If you are genuinely concerned, curious and grateful, the team will sense it, they will know it and they will hopefully respond accordingly. If you model it, demonstrate it, hopefully it will filter through the organization. To me, this is important.

My experience of change management/leadership is emotional, so when Micheal says, “These are emotional times and it is tough” I recognize it as validating my truth. In Micheal, I also hear a personality trait or the mysterious attraction to change work that can often be outwardly thankless sometimes, yet inwardly a very good fit:

I have learned, we may never be thanked for any of this work. We may never get an award. We may never be “top person of the year.” We may never get accolades. We may never hear, “Hey, this is great work!” Why? Because we’re disruptors.

I am privileged to learn from five generous disruptors who have demonstrated to me their tremendous concern for others. Through the sharing of stories, I have seen five leaders showing in their own unique way how to cultivate the kind of workplace where people are supported in their caring.

### **Stories for Change**

Through the storied themes I see the “You” in “you deserve better care” as inclusive. No exemption for mortals is required if we embrace the idea that we are all human, here to do a job well. The stories tell us that a holistic change practice is possible and rewarding even though it might not always be easy. Leaders have shared tools and experiences that they have

either appreciated first-hand such as growing through mentoring, feedback, and having once received someone's thoughtful time and attention. The high regard we see for being involved and engaged can translate to getting simple things right like smiling and other practices to remember we are all in this together.

As the stories and practice ideas wash over me, I find myself thinking about the metaphors and how I may personalize them. I endeavor to stretch like a lobster to reap the rewards of feeling good, chill like a chicken who is confident the sky is not going to fall, and coat check my big ego cape. For all of us have opportunity to take from the stories and ideas whatever speaks to the heart as purposeful, valuable, and important.

## Chapter 5: Conclusion and Implications

In this study, readers have a unique opportunity to learn of the experience of five seasoned healthcare leaders with extensive change leadership practice. The offer may be irresistible—the chance to see your own leadership life as growing, progressive, yet in development through the stories lived, told, and retold. The seven themes may hold a promising idea aiding personal discovery or building upon:

1. Who I am: Change enabled
2. Change leadership
3. Minting of mentors
4. Decision change leaders make
5. Holistic practice
6. Strategies for leading change
7. Cultivating the culture of healthcare

Atkinson (1995) says, “Story is a tool for self-discovery” (p. 3). Like Atkinson (1995), I appreciate the potent yet gentle power of stories as a “tool for making us whole” (p. 2). For readers, I draw upon the recommendations of Hesse-Biber (2017) and invite you to read for resonance.

### Recommendations to Readers

When reading a qualitative study, Hesse-Biber (2017) recommends asking oneself, “What are the factors that resonate in the research findings? Does the researcher capture an understanding of the social reality of the respondents he or she has studied?” (p. 60).

I share a few sparks of insights resonating with me for leading change through a holistic and interconnected life lens. I note the cautionary advice for me, the qualitative

researcher—resist the temptation of making bold pronouncements (Hesse-Biber, 2017). I will heed this advice by simply inviting readers and researchers to wrestle or dance with the social reality and to look for the ripeness of applying these insights into their own change context.

For me, an over-arching theme of this study is that holistic caring serves as a carrier of change. Caring is timeless yet requires a commitment to care.

## **Time to Care**

### ***Timelessness Is the Trick***

Seeing change leadership with a holistic lens may be new, but the values in action are old spanning many faith traditions including Sikhism, Buddhism, Judaism, Christianity, Hinduism, Islam, Baha'ism, Confucianism, and Jainism (Grant & McGhee, 2012).

Through Paula's stories we see the Christian tradition with love of relationship permeating her leadership practice. Through Jones (1995, 2021), a favourite leadership resource of Paula, the author harnesses biblical stories for becoming "the empowered leaders that the next millennium will require" (p. xv). Spiritual values manifested in the workplace according to Grant and McGhee (2012) include "equality, honesty, compassion, avoiding harm, respect, peace, justice, forgiveness, service, duty, trustworthiness, being a good citizen, peace, thankfulness" (p. 24). Whether spiritual values or human values, we see many of these values expressed in the participant leaders' stories. We also see many of these values as core organizational values (i.e., respect).

### ***Calls for Caring***

The COVID-19 pandemic has made caring (with, for, on behalf of) ripe for attention. My participant leaders have illustrated a comfort with expressing their genuine caring



concern. They have identified ways to make caring concern comfortable for others in the workplace through one-to-one meetings, team huddles, and in tools such as posters or bookmarks. This concern for caring shows up in their daily leadership practice whether working in close proximity or remotely. We see small relational ways to show genuine caring with staff that we are told is important to staff—eye contact, a smile, a warm hello with a name. While holistic practice is essential during the pandemic to anchor relationships and show to each other that we are in this together, I am optimistic that caring will be viewed as a fundamental change leadership practice that we will keep and evolve.

Five healthcare leaders drawn to caring professions show us that caring is not exclusive of healthcare professionals, neither is it bounded by a place in the hierarchy. Our current and our future work invites us to responsibly attend to see, hear, and act upon the real needs of people at all levels. This means we must also support leaders in their support of others. In my work context, I see leaders and healthcare workers who have been working during a long, difficult pandemic, who are telling their leaders and showing them in multiple ways they are exhausted, they are breaking, and they need support for coping with unrelenting pressures on the health system.

I believe that COVID-19 has given organizations a pause from attempting to manage the unknown, to shine a spotlight on the humanity of change. This study has provided some ways to foster a holistic mind, body and spiritual practice in leading and supporting change.

Participants have identified that bringing mindfulness, empathy, compassion, self-care, and loving kindness into practice is timely and that authors and scholars such as Bolman and Deal (2017), Brach (2003), Brown (2018), Cameron, (2012), Worline and Dutton (2017), and Zaki (2020) have made the language of the heart more accessible. Will

mindfulness, empathy, and compassion practices take root in organizations and be sustained by a new crop of leaders or followers? How do we optimize our current reality and give caring immediacy?

### ***Embodiment of Mindfulness, Empathy, and Compassion***

From the literature and also now cemented in learning five leaders' change journeys, I see the practice of mindfulness, empathy, and compassion are essentials to develop, model, and go forth with.

As I play connect the dots of understanding, I see empathy begets more empathy, resulting in more affiliative relationships, and more kindness (Zaki, 2020). By genuinely valuing and deliberately cultivating caring relationships, pro-social acts of empathy and kindness will be an integral part of form (Zaki & Oschner, 2016).

### ***Wise Selfish***

In the leaders' stories mined, I see a strategic wisdom in recognizing that *smart and kind* work well for these leaders. Goleman (2015) refers to such a pairing as “wise selfish” (p. 54). When we choose to be considerate, compassionate, and smart, the result produced is positive for both the giver and the receiver. Positive organizational scholars such as Cameron (2012) reports on promising empirical evidence showing that compassion, gratitude, and other virtuous actions encourages higher organizational contributions from followers.

The ability to see one's “own well-being lies in everybody's welfare” may be the key to making caring the imperative choice (Goleman, 2015, p. 54). According to Goleman (2015), who has a close personal relationship with the 14th Dalai Lama, “The first person to benefit from compassion is the one who feels it” (p. 54). The message to me is: If this concept feels like a leap of faith, take it.

While my leader participants demonstrate virtuous actions, I hear them pinpoint what works for them is authenticity, trust, and consistency. They do not need a business case to convince them that smart and kind is important. They learned it through experience. Positive and negative mentoring behaviour had a strong influence on how my five leaders show up to lead others. Through the leaders' stories, we get a glimpse of the impacts of positive leadership on followers and we discovered narratively that positive values are well received, and returned in kind.

Choosing the life giving, positive qualities of the holistic path to leading change is a compelling choice, one that is also sustainable. It may not be right for everyone. My leaders have forewarned that if caring does not come from an authentic place, then it may be received by others as hollow and manipulative. Yet when holistic practice is embraced as authentic, the leader who genuinely cares is often cared for by their followers. Holistic leaders must show an authentic commitment to caring for oneself and their team members. Caring is a long lever of leadership when extended in earnest.

If one needs a business case to sell others on the benefits of showing up smart, positive, optimistic, compassionate, and kind, the growing body of positive organizational scholarship and positive leadership research are interesting areas to explore. My interest in learning from positive deviants continues. Next, I turn to fleshing out my growth and development understandings beginning with a sense of obligation.

### **Stories Create Obligations**

When I reflect upon the seven emergent themes stemming from my leaders' stories, I see new obligations that are mine to come along with me into new work. As this study comes to a close, I see new opportunities to sustain this learning, to serve it, and help it to live with

possibility. The desire within is strong to serve as a conduit of information. Having seen it, I feel compelled to share it. I hear Lance's words and I realize that I choose to seize the opportunity to serve as "a clearing house."

I am drawn to Caine and Estefan's (2011) narrative inquiry experience and their finding that, "Stories are people's obligation to others, and stories create obligations" (p. 965). When obligation also feels purposeful, it strikes me as an energizing opportunity.

### **Time as a Constructivist's Helper**

In a short time (4 years), I see I have changed. I am no longer the same change management practitioner. My toolbox has broadened and deepened with holistic education principles and practices that I now weave into workplace conversations.

Making friends with time to construct meaning is an important practical takeaway for me. Time as a medium has enabled and deepened my learning. How I learned to be a narrative inquirer is steeped in process and rendered in time, including my shortcomings.

### **Holistic Education**

My theoretical commitment to holistic education has greatly influenced my research, work, and life experience. I utilized time differently. I took time to go on walks into the woods to get out of my head and think with my eyes, lungs, and legs. I used bedtime to empty my thoughts of the day into a journal. Often, I found my sleep disrupted with ideas to work with in the morning.

Time conspired with me to realize a goal or keep a promise. When I promised participants that I would return typed transcripts within 3 days, I was able to fulfill this promise. Yet creative thinking and constructing time was much more elusive, requiring my own backward, forward, inward, and outward (Clandinin & Connelly, 2000) curing.

Throughout this inquiry, moments and weeks have their own reveals. Learning to wait has been integrally important for I have come to understand that a holistic way of knowing takes a curing process that (in time) coalesces into ever new ways of knowing.

Caine and Estefan (2011) speak to this concept of time as they share their narrative inquiry experience of waiting; as narrative inquirers, we “enter into the midst of lives” by listening to the stories our participants tell (p. 965). We become emotionally involved in this experience as we work alongside each other: “As researchers we are not separate from this experience, we are part of it, and as such, we take a place in the experiences of our participants and they take a place in ours” (Caine & Estefan, 2011, p. 969). We wait to move forward, searching for, and in “Finding ways to be with and stay close to participants who are no longer with us is one way to transform the waiting spaces into generative moments that sustain our ontology of experience” (Caine & Estefan, 2011, p. 970).

Next, I turn to sharing what I believe are the strengths and limitations within this study.

### **Strengths and Limitations**

The literature on leading organizational change supports taking a whole-systems approach requiring highly involved, engaged participants. This study offers holistic education as an additional whole-systems approach. Practice ideas have emerged from five leaders’ experience which may be replicable for others to integrate mind, body, spirit, and emotions into their efforts to support people through change, providing a life-giving experience.

A strength of this study is the surfacing of relationships and the importance of fostering strong, healthy relationships in workplaces in a state of constant flux, such as the healthcare sector. We have learned the perspectives of five healthcare leaders who lead

change similarly and also differently. These five leaders reinforce a notion that we cannot depend on one change framework to provide all leaders of change with a recipe. What generally works for leaders is examining what works well for them, and always learning. The perspectives of my leaders are important and meaningful without needing to be generalizable (Hesse-Biber, 2017). This study aims to have achieved a generalized understanding of the topic using an inductive, exploratory approach.

A limitation of this study is I have only captured the stories of exemplary leaders. The stories of exemplary followers are unknown. What is exemplary is in the eye of the beholder and it might be helpful to explore measures pragmatically with a mixed methods approach. An additional qualitative research opportunity for future work might further explore the experience of high involvement in planning and implementing whole systems change initiatives to understand the pacts of understandings in developing caring professional relationships between mentors, followers, and peers.

While not a limitation, I feel there is one more story to share. I will tell it short.

### **My Story of Growth**

Going into this inquiry, I was curious to know if through participating in this study, any leaders would describe personal growth—would any of us describe becoming more of whom we know ourselves capable of becoming? I am the sole known benefactor. I am becoming. I do not know if this is true or untrue for participants. I did not ask them out of concern that I might be fishing for compliments.

Instead, I played witness to my own transformation as a reflective narrative inquirer, a gatherer of stories that pulsed with voices wanting to be heard, and that mixed and mingled with the knowing ways of my head, heart, hands. My psyche hears, my soul

ponders, my heart grasps as truth, and I want to keep these inherent story gifts by giving them away—back to their owners and out into circulation—so that unknown benefactors receive their story gifts. It is true; I have collected many gifts in the stories shared that have become embodied and move with me into circulation.

It is my hope that readers of this narrative inquiry may also see their lives as progressive and unfinished as well. I wish for unfinished learners that they will find a spark on the pages to enliven their leadership experience and rekindle their heart's desire to connect with people on a deeper level.

This research lives within me. It shapes and influences how I practice. It shows up to work with me, in my conversations and is having a tempering effect on my behaviour. It makes me hold my tongue when I am angry, cues me to step away and go outside, take a walk, look up at the sky, and breathe. I wait for the exhale. I am aware of my beating heart.

Throughout this narrative inquiry, I have reacquainted with my younger self, the farmer's daughter who raised her hand in the air to pledge her heart, head, hands, and health to greater service. I see that she has not changed as much as I thought she might have. I recognize her as perennially hopeful, wishful, and intensely emotional. I see too, that she has always wanted to be known. I sense she is the one who holds my hand softly, and pulls me into each day when I have difficulty getting out of bed. Through the course of this study, I recognize her as the one who Palmer (2004) describes as a hidden wholeness.

Last, but not least, I am grateful for this wondrous journey and want to give thanks.

### **Gratitude**

The five leaders participating in this study were generous in sharing their humanity. Often, they did so with laughter and perverse pride. I am grateful they did not leave out the

mishaps, bumps, and bruises. Through the multiple stories shared, we get to see a shaping of lives, the sorts that include both planned and surprising career trajectories, which resulted in knowing better the people whom they always wanted to be and become. Through their stories, we get to see how leadership practice is shaped by experience—our own and others’.

Through our Who I Am stories, we are invited to see, celebrate, and share the person who is wanting to be known, a unique person who is learning, who has learned from some of the best, and who likely also has scars that prove we are unlikely to learn from only the best. Through this study we have the opportunity to appreciate both light and dark experiences with discernment. Seeing our best and worst as possibilities helps to remind us of the pledges and reinforce the promises we hold for ourselves and for others.

The constructs of leaders’ action and their application of change management continues to intrigue me. Through dialogue with leaders, we see strong support for pausing, reflecting, and contemplating while leading change. We could all do well to listen for the exhale.

I am deeply grateful for this chance to see our working lives as ever growing and developing. Wandering with Lance, Paula, Dan, Margaret, and Micheal to hear the voices of their younger and older selves, I see that while we have all changed physically and deepened emotionally, intellectually, and spiritually, there is also a timeless quality to being and becoming. Our early stories can be seen as markers of where we have been, offering clues as to where we are headed next.

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## **Appendix A: A Traditional or Narrative Literature Review Approach**

I conducted a comprehensive literature review for the purpose of a dissertation following with the traditional or narrative literature review approach (Charles Sturt University, 2022) to develop and demonstrate skill in information seeking and the critical appraisal of my topic (Taylor, n.d.).

### **Gathering and Organizing Information with My Topic of Interest**

I commenced the literature review with a broad leadership focus to deepen my understanding of leadership practices in the context of leading transformational change and the research questions in development.

Tactically, I met with Harris Learning Librarians, tapping into their expertise and assistance to optimize Nipissing University Library Services including accessing physical and electronic resources. The following databases were used in the conduct of my literature search:

- EBSCO Open Dissertations
- Education Research Complete
- ERIC
- Humanities International Index
- Nipissing University Theses and Dissertations
- PsycArticles
- Pubmed

My search terms were peer reviewed English-language titles published between January 1, 2000 to December 31, 2021 with specific phrases or terms:

- Positive psychology or healthcare leadership,
- Positive organizational scholarship or change,

- Holistic education in healthcare,
- Leadership capabilities and empathy or compassion or mindfulness.

Typically, it was the title of the article that first caught my interest, followed by reading the abstract. With full articles that I judged as being a good fit with my research interests, I would look for the opportunity identified as future work and scan the reference section making note of other articles and/or frequently occurring names to suggest seminal authors as well as additional reading sources.

### **A Community Build of Literary Resources**

A bounty of information resources came to my attention through the interest of people both directly and indirectly involved in my research. I received articles and books to read from Nipissing University professors, my committee members, peers in the PhD program, and work colleagues.

Dr. Susan Elliot-Johns, Associate Professor was especially instrumental in alerting me to a scholarly opportunity to attend a three-day forum hosted by Queen's University in Kingston, Ontario to explore Positive Leadership for Flourishing Schools (September 18–20, 2019) to which I embraced. This rich learning opportunity offered an additional way to engage in my topic by meeting other researchers and practitioners with an interest in sharing knowledge and practices on positive leadership and wellbeing.

Additionally, I found helpful my subscriptions to Google Scholar and Academia for “alerts” to published material fitting my search terms. I used ProQuest Refworks to organize material.

### **Formulation of Research Questions with Themes**

In my first summer residency at Nipissing University (EDUC6116, 2018) I created a poster of key words, concepts, and research questions drawing from leadership literature. The

construction of this poster enabled me to begin to see possible connections and relationships between scholarly literature and the integration of my own ideas.

## Figure 4

### Poster

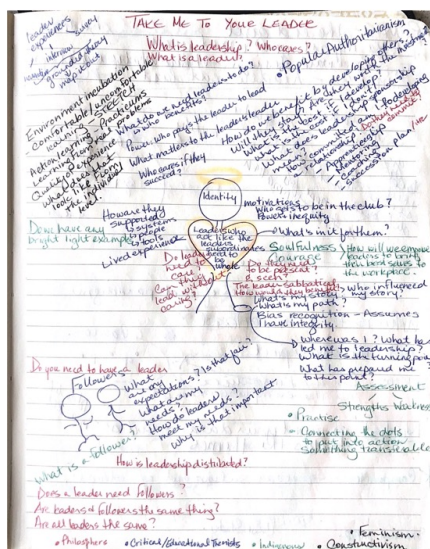


Photo Credit: Betty Jo McCabe

## Thematic Synthesis

The major works of leadership literature offered important definitions that guided the study. From the onset, a question thread fascinated me—Does a leader need to care about followers? What is involved in caring? My review of scholarly articles, other publications including dissertations, white papers, podcasts, webinars, and websites suggested caring in the context of leading change holistically was an opportunity where I could make a positive contribution to building new knowledge.

## Identifying Areas of Controversy in the Literature and For Me as Researcher

While reading widely across the disciplines of social-psychological, positive psychology, whole systems organizational change, holistic education and leadership, important areas of controversy emerged from the literature which I saw as important for me to engage in reflectively:

- A history of poor change results: What has led me to care about leading change differently?
- A shift from problem to possibility: What has prepared me to this affirmative turning point?
- Capability and capacity of leaders to meet complex needs: What are my expectations of leaders? Is it fair to have these expectations? How do leaders meet my needs? Why is that important?

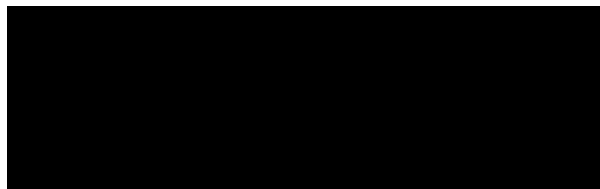
### ***Formulation of Questions to Become the Narrative Inquirer Researcher***

The interplay between reading for building current knowledge and preparing to step into the role of qualitative researcher / narrative inquirer helped to prepare me for holding empathetic conversations with leaders and in identifying key interview questions for my narrative inquiry.

To the best of my current knowledge, a narrative inquiry mining the experience of healthcare leaders using a holistic education framework offers something new to the academy, to organizational leaders, and to practitioners.



## Appendix B: Participant Information Letter



### Individual Participant Information Letter and Informed Consent

#### Title of Research: The Heart of Change: What stories do leaders tell?

**Researcher:** Betty Jo McCabe, PhD Candidate, Nipissing University  
 Email: [REDACTED]

**Faculty Supervisor:** Carlo Ricci, PhD  
 Faculty of Education and Professional Studies, Nipissing University  
 Email: [REDACTED] Telephone: [REDACTED]

**Institutional Contact:** This study has been reviewed and received ethics clearance through Nipissing University's Research Ethics Board. If you have questions regarding your rights as a research participant, contact: Research Coordinator, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7 [REDACTED]

#### Invitation to Participate

You are invited to participate in a research study entitled, *The Heart of Change: What Stories do Leaders Tell?* I am conducting this research study in fulfillment of a PhD in Sustainable Education at Nipissing University.

#### Purpose and Objectives of this Study

The purpose of this study is to capture the stories of leaders who have successfully led people through complex change. Through these stories, I aim to discover how to cultivate a working environment where people feel cared for and enabled to flourish even as their work and ways of working are disrupted and transformed.

#### Description of the Research Procedures

If you volunteer to participate in this study, you will be invited to take part in the following procedures:

**Three Interviews** of approximately 60 minutes each, scheduled bi-weekly over a six-week period. At each interview, I will ask you questions about your change leadership experience. You have the right to refuse to answer any question(s) that you find objectionable or which make you feel uncomfortable.

I will use the time between interviews to shape our interviews into stories infused with an experiential quality of time, scene, character and plot. I will share all “storied” work with you for “member checking” or feedback.

Sequencing of the three interviews:

- Initial Interview to explore your experience leading change of the research topic and questions.
- Second Interview to talk about the initial interview, review transcript and explore new questions.
- Third Reflective Interview to talk about the narrative inquiry process, to review the second transcript, explore remaining questions and possible plot lines for telling and sharing stories.

**Ongoing Member Checking:** (approximately 60–90 minutes)

I will share with you for your review typed transcripts of our interviews within 3 days. You will have a minimum of 10 days to highlight changes you would like me to make, concerns you have, and/or questions that arise regarding the study. We will have time reserved during our second and third meetings to discuss revisions. I anticipate it may take you between 15–30 minutes to review each transcript and make edits or clarifications.

**Virtually Held and Recorded Interviews:**

Interview meetings will be held virtually, using MStTeams or Google Meet conferencing. With your permission, I will record the meetings for the purpose of transcription. Following each interview, a copy of the typed transcription will be shared with you, and the video recordings will be destroyed.

**Possible Risks of Participation in the Study:**

There are minimal risks to participating in this study. A perceived risk might be that sharing stories of change may raise difficult memories and cause psychological discomfort. If during the study you have growing concerns about your mental well-being in response to participation, there is help for you. Resources include:

Distress and Crisis Ontario, an instant support for anyone who is feeling distressed accessible at [www.dcontario.org](http://www.dcontario.org).

The Big White Wall, an online peer-to-peer support community for your mental health accessible at [www.togetherall.com](http://www.togetherall.com).

**Possible Benefits of Participation in the Study:**

Sharing your stories may lead to an increased understanding of experience for storytelling can be viewed as a leadership tool for “self-discovery; stories tell us new things about ourselves that we wouldn’t have been as aware of without having told the story” (Atkinson, 1995, p. 3).

Through participating in the study, you may feel a sense of gratification that comes from knowing you are advancing knowledge through making an important contribution within the social science communities.

Atkinson, (1995). Understanding the transforming function of stories. In *The gift of stories. Practical and spiritual applications of autobiography, life stories and person mythmaking.* (pp. 3-17) Westport, CT: Greenwood Publishing.

**Compensation:** There is no compensation for participation in this study.

**Voluntary Participation:**

Participation in this study is completely voluntary. At any time during the research process (up to the final submission of the dissertation), if you feel you do not wish to continue, you have the right to withdraw without penalty or consequence by contacting Betty Jo McCabe by email at [REDACTED] or by telephone at [REDACTED]. You may elect to have all data pertaining to you removed from the study.

**Privacy and Confidentiality:** I would like to interview you “on the record” so that I can identify you with your stories resulting from this research. However, if you wish to remain private and confidential, I will not use your name. Instead, I will use a pseudonym of your choosing and I will omit any identifying details.

Even with pseudonyms and the careful use of creating composite characters, you may be identifiable in the text through a style of dialogue, place or plot that readers may be able to identify. In the event your identity is revealed, I will contact you immediately.

All data collected throughout the research study will be securely stored on my personal computer hard drive and on an additional external encrypted hard drive that will be stored in a locked cabinet in my home office. The only individuals who will have access to the data are my research supervisor, Dr. Carlo Ricci, and me.

Participants will be given the option of requesting their data be destroyed or kept for use in future research, such as peer reviewed journals, books, and conferences. Unless otherwise requested, data will be kept and archived for future research purposes. Data will be stored on an encrypted hard drive, in a locked cabinet. Data will be retained for 5 years, after which it will be destroyed.

I understand, by consenting, I have not waived any rights to legal recourse in the event of research related harm.

I clearly understand what I am agreeing to do, and that steps are being taken to protect me. I have read this Consent Form and have had any questions, concerns or complaints answered to my satisfaction.

**Dissemination of Results and Subsequent Use of Data**

Results of the study will be shared and disseminated in a number of ways: e.g., shared with participants and opportunities will be sought to share the research study at academic conferences as well as in articles for publication.

### **Consent**

Consent will be given with a digital signature, to be given prior to beginning the initial interview. Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have any questions answered by the researcher.

_____	_____	_____
Name of Participant	Signature of Participant	Date
_____	_____	_____
Name of Researcher	Signature of Researcher	Date

Note: A copy of the signed, dated consent form will be kept by the Principle Investigator(s) and a copy will be given to the participant.

#### **Research Ethics Board**

100 College Drive, Box 5002, North Bay, ON, P1B 8L7  
tel: (705) 474-3450 • ext. 4378

