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EXPLORING EFFECTIVE LEADERSHIP QUALITIES OF RURAL HOSPITAL CEOs:  
A QUALITATIVE INVESTIGATION

by

KARL D. HITTLE

A DISSERTATION

Presented to the Faculty of the University of the Incarnate Word  
in partial fulfillment of the requirements for the degree of

DOCTOR OF BUSINESS ADMINISTRATION

UNIVERSITY OF THE INCARNATE WORD

July 2024

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## ACKNOWLEDGMENTS

I would like to thank my wife of 35 years who was supportive of the crazy idea of a 57-year-old going back to school. Her love and support throughout my life have been incredible. Without her, my life would have less joy and meaning.

I want to express my gratitude to all faculty members at the University of the Incarnate Word, whom I have worked with, relied on, and learned from throughout my journey. Specifically, I would like to recognize Dr. Bob Kiser. His support and passion for my studies motivated me to finish this journey.

Karl Hittle

## DEDICATION

I dedicate this project to my Lord and Savior, Jesus Christ who has blessed me beyond measure while riding shotgun with me on my life's journey.

## ABSTRACT

### EXPLORING EFFECTIVE LEADERSHIP QUALITIES OF RURAL HOSPITAL CEOS: A QUALITATIVE INVESTIGATION

By: Karl Hittle

University of the Incarnate Word, 2024

Competent healthcare executives who successfully lead the healthcare delivery systems in small communities are limited in number despite the tremendous need for their expertise. Information describing the specific characteristics of successful Chief Executive Officers (CEOs) for rural medical centers is lacking in the current body of literature. The leadership characteristics of successful rural hospital CEOs are investigated using information gleaned from those who have proven to be successful in this critical section of the healthcare industry. A qualitative phenomenological approach to the investigation was used with the intentional selection of ten subjects using face-to-face interviews. Interview questions were designed to solicit in-depth, personal responses from those hospital CEOs in Texas who have achieved success and are recognized as successful amongst their peers. Using the MAXQDA software (VERBI Software, 2022), interview data were coded and condensed into three themes that revealed the characteristics the participants believed to be important for success in their roles. Those themes include Authenticity Personally and Professionally, Approachable and Accessible, and Integrity Builds Trust and Credibility. This study will provide valuable insights for hospital CEOs and hospital board members seeking the development or recruitment of a CEO to lead their organization. Those who are interested in enhancing their leadership effectiveness may also find this study to be a useful resource.

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## Chapter 1: Introduction

Leading a rural hospital in the United States today demands an uncommon set of qualities that are tailored to meet the challenges that only come with meeting the needs of underserved populations in remote areas. The sustainability, growth, and quality of care provided by these hospitals can be attributed to the leadership of the hospital administrator whose role requires a unique combination of skills and characteristics when compared to their colleagues in urban medical centers (Putnam et al., 2023).

This study focuses on the leadership qualities and characteristics of rural hospital Chief Executive Officers (CEOs)/hospital administrators as viewed through the lens of Bass' Transformational Leadership Theory (Bass, 1985). It seeks to provide valuable insights into effective characteristics for addressing the distinctive needs of rural hospitals by examining the application of Transformational Leadership Theory principles in the context of rural healthcare. Rural leaders deal with limited resources, difficulty recruiting clinical staff, and a distant voice in state and federal policy decisions (Putnam et al., 2023). Understanding the qualities that enable hospital CEOs to navigate these challenges is crucial for enhancing healthcare delivery in underserved areas. This study may provide a resource for small community hospital board members to use when they recruit a leader for their organization or want to develop the skills of their current CEO. It may also serve as a resource for young careerists in healthcare who desire to improve their effectiveness as leaders.

This study employs a phenomenological qualitative approach which comes from philosophy and psychology in which the researcher describes the lived experiences of an individual about a phenomenon as described by participants (Creswell, 2014). Consistent with this approach, the investigator conducted in-depth interviews, surveys, and content analysis, to

identify the key transformational leadership attributes that contribute to the success of rural hospital CEOs in Texas. Each interview was recorded and the comments from the participants were transcribed and uploaded to the MAXQDA (VERBI Software, 2022) software. Once all data were uploaded, the software was used to code and analyze the data obtained during the interviews. The data from the coding process, combined with extensive field notes during the interviews were used by the investigator to determine the themes for the study. This process to develop the themes of this study will be explored in more detail in a later chapter.

The findings of this study promise to contribute valuable insights for leadership development and healthcare management in rural settings. Future research and practical application of these characteristics may well be critical for sustaining and improving rural healthcare delivery.

### **Statement of the Problem**

There is limited literature available to board members of small community hospitals outlining specific skills needed to be successful in the CEO/Hospital Administrator position. There is no known literature regarding the leadership skills needed to be successful in delivering healthcare and related services specific to this complex environment.

Approximately 15% of the total population of the United States lives in a rural area. Rural areas represent 72% of the land area of the country; rural hospitals represent more than half of all hospitals in the United States (Health Resources & Services Administration, n.d.). They provide essential access to inpatient, outpatient, and emergency medical services in remote areas. The residents living in rural areas depend on their hospitals as critical providers of healthcare services. The availability of local, timely access to healthcare saves lives and reduces the added expense, lost work hours, and inconvenience of traveling to facilities farther away

(National Rural Health Association, n.d.). The community hospital is also an economic driver for the local economy, employing residents and purchasing goods and services from local businesses.

The obstacles healthcare providers face in rural areas are vastly different from those in urban areas. Economic factors, cultural and social differences, educational shortcomings, lack of recognition by legislators, and the sheer isolation of living in remote areas create healthcare disparities in rural communities (National Rural Health Association, n.d.).

More than 600 rural hospitals are at risk of closing. This represents over 30% of all rural hospitals in the United States (Center for Healthcare Quality & Payment Reform, 2023). According to the American Hospital Association (2020), 59% of the decline in the number of United States community hospitals between 2015 and 2019 were rural hospitals. Texas leads the nation in rural hospital closing and has twenty-nine of the 165 rural hospitals in the state at risk of being shuttered (Figure 1). Dwindling populations in the rural markets, inadequate revenues to cover expenses, and extremely low financial reserves place many small community medical centers in a fragile state (Center for Healthcare Quality & Payment Reform, 2023).

## Figure 1

### *U.S. Rural Hospitals at Immediate Risk of Closing*



Source: Center for Healthcare Quality & Payment Reform (2023)

These factors make the rural hospital administrator's job distinctly difficult and complex. Often the small community hospital CEO has been promoted from within the organization or pulled from another entity within the community to oversee the local hospital. Finding well-trained, competent leaders who are willing to live and work in a smaller community is a difficult responsibility for a community hospital board. The hospital board is usually made up of leaders from the local area with limited or no healthcare-related experience.

### **Purpose of Study**

The purpose of this phenomenological qualitative study is to explore the leadership qualities and characteristics of successful rural hospital CEOs and identify the specific traits that make them successful in meeting the challenges they face. By examining the factors related to successful leaders such as management approaches, decision-making patterns, and

communication styles, this inquiry will uncover those areas that are consistently found and are indicative of success.

This study will add to our understanding and fill a knowledge void about the characteristics of these specific leaders. Leadership research specific to the healthcare industry, and specific to the rural component of the healthcare industry, is limited. This study could be helpful to hospital governing boards looking for key characteristics of successful leaders whom they are considering for their organization. It may also be useful for those looking to advance to the CEO position of a rural facility, aiding them in their career development.

The objectives of this study are twofold. The first is to identify common characteristics of successful, rural CEOs/hospital administrators; the second is to disseminate the information gathered in a useful format for hospital board members and healthcare executives interested in rural healthcare. Identifying and fostering the traits specific to this portion of the healthcare industry can play a crucial role in ensuring rural healthcare institutions' continuing viability and success.

### **Research Questions Guiding Study**

This study seeks to determine the characteristics that successful hospital CEOs possess in rural markets. It is guided by key research questions designed to procure the qualities needed to lead an organization in a complex and dynamic rural setting. The research questions include:

R1: What are the unique traits and behaviors that contribute to successful leadership that are possessed by rural hospital CEOs?

R2: Are the qualities of successful rural healthcare executives consistent with Bass's Transformational Leadership Theory (Bass, 1985)?

R3: Do the participants value the additional qualities of integrity, self-awareness, transparency, and humility?

The research questions were developed to understand the leadership qualities that assist CEOs with navigating the challenges of limited resources, evolving regulatory demands, aging populations, and geographic isolation specific to rural areas. They also probe which of these theoretical qualities are recognized and possessed by the leaders interviewed for this study. Those qualities include Idealized Influence, Inspirational Motivation, Intellectual Stimulation, and Individualized Consideration. Finally, the research questions examine the additional qualities that were found in the literature regarding successful leaders in general. Delving into these additional characteristics allowed the study to explore the qualities outside of the guiding theory to determine if the leaders interviewed placed importance on them. Answering these research questions provides an understanding of the aspects a leader values and retains as the essential qualities needed to stabilize and lead an organization in today's ever-changing industry that meets the healthcare needs of the community it serves.

### **Theoretical Framework**

The Transformational Leadership Theory (Bass, 1985) was used to guide the study. Transformational leaders create greater alignment around strategic vision and missions and are associated with growth in sales, market share, and earnings (Barling et al., 1996). Avolio and Bass (2002) define transformational leadership behavior as that which achieves superior results by using one or more of the four qualities. Those qualities include Idealized Influence, Inspirational Motivation, Intellectual Stimulation, and Individualized Consideration (Avolio and Bass, 2002). To lead a complex organization such as a medical center in a rural market, a CEO must be able to motivate different stakeholders in an organization using different approaches. A

CEO, for example, may address a complex medical issue, resolve a dietary complaint, and discuss community issues with leaders outside the organization within one typical morning of work. It takes an experienced leader to be able to use different approaches with different stakeholders to encourage them all to move the organization in the same direction.

Bass's Transformational Leadership theory, developed in the late 20th century, is built upon the premise that transformational leaders foster higher performance, morale, and motivation that inspires their employees to exceed their expectations and capabilities. This theory offers a relevant perspective to examine the distinctive requirements of leaders in rural healthcare settings. For decades, the charismatic, transformational leadership qualities of Bass's research have been promoted, encouraged, and developed as a strategy for increasing the effectiveness of leadership within all types of organizations (Bass & Avolio, 1994)

Transformational leaders are usually genuine, self-aware, empathetic, and humble (Bass & Riggio, 2006). The four key components that characterize this leadership style include: 1. Idealized Influence: leaders serve as role models whom followers seek to emulate; 2. Inspirational Motivation, leaders have a clear vision for the future and can articulate this vision in an inspiring manner, motivating followers to align with this direction; 3. Intellectual Stimulation, leaders challenge organizational norms and encourage creativity and innovation among their followers; 4. Individualized Consideration, leaders show genuine concern for the needs and feelings of their followers (Bass, 1985).

Bass's Transformational Leadership Theory provides a robust framework for understanding the rare leadership qualities of CEOs in rural hospitals and describes the context within which the study was conducted. The use of a tested theory such as Bass's Transformational Leadership Theory may increase the credibility of the study's results.

Transformational leaders who foster a culture of inspiration, motivation, innovation, and individual consideration, have been found to navigate the myriad challenges like those presented in rural healthcare settings and will drive their institutions toward excellence (Avolio & Bass, 2002).

### **Sampling and Sample Size**

The sample size for this inquiry was ten CEOs or hospital administrators working within the state of Texas. This sample size was determined to be appropriate by the investigator to provide sufficient data that best answers the research questions and allows for an understanding of the phenomenon being studied. The participants in this study were selected based on their longevity and operational success as a small community hospital CEO/ hospital administrator. Potential candidates for the study were considered if they had been in the CEO position for five or more years. This sampling approach was chosen given the desire to solicit the depth of data needed to determine common characteristics of rural hospital CEOs. Participants were selected based on their demonstrated history of success in this specific sector of the healthcare industry. An objective sampling process was used to select the participants who provided information needed for analysis. A thorough review of the publicly available financial data for each candidate's institution was conducted to narrow the list of potential participants. This information was used in the selection process to provide an objective measure for the selection of participants. The potential candidates were then selected as the final participants for the study. A list of additional participants was generated should one or more of the recommended candidates not have participated.

### **Definition of Terms**

For this study, the following terms are used, and their definitions are provided.

1. The Board of Directors (or Board) is the group of people who reside in the local community who were chosen or elected to govern the affairs of the community hospital.
2. The Center for Medicare and Medicaid Services (CMS) is a federal agency within the U.S. Department of Health and Human Services that administers the Medicare program. CMS also works in partnership with state governments to administer the Medicaid program and health insurance portability standards.
3. Characteristic is a term describing a feature or quality belonging typically to a person and serving to identify them. This term is used interchangeably with the terms “quality” and “trait” in this study.
4. The Chief Executive Officer (CEO) is the individual who has ultimate senior executive responsibility under the oversight of the Board of Directors for the operations of the organization.
5. Commercial Payor refers to publicly traded insurance companies like UnitedHealth, Cigna, or Humana that provide individual and group health insurance plans. Coverage by the plan is coordinated through an employer or purchased directly through an insurance marketplace or insurance broker. These payors pay for the care services administered by a healthcare provider.
6. Early Careerist is a term to describe a professional who is in the beginning stages of their career.
7. Hospital Administrator is used interchangeably with “Chief Executive Officer” (CEO). Both are titles that exist for the person who is the ultimate senior executive responsible for the hospital's operations and reports to the Board of Directors.

8. Medicare is a national insurance coverage provided by the United States government and is administered by the Centers for Medicare and Medicaid Services. Its primary purpose is to cover those who are sixty-five years of age and older.
9. Medicare Advantage Plan is a term used to describe Part C of the Medicare coverage offered to those sixty-five and older. Providers of healthcare services for Medicare Advantage Plans are paid differently than under traditional Medicare. Participants who choose Medicare Advantage Plans over traditional Medicare receive additional benefits but have fewer choices of providers.
10. Multi-factor Leadership Questionnaire (*MLQ*) is a respected quantitative survey tool that asks participants questions to discern the frequency with which they exhibit traits and behaviors. Results produced by this tool measure the psychological inventory of a leader's leadership style (Avolio & Bass, 2002).
11. Rural Hospital, Rural Medical Center, and Small Community Hospital are terms used interchangeably. They are defined as an acute care hospital licensed by a state, located in a county of less than 60,000 population, and not located in a Metropolitan Statistical Area (Health Resources & Services Administration, n.d.). These terms refer to an acute care hospital that provides secondary healthcare services to patients who are active and have short-term lengths of stays (6-8 days on average) in the facility. Typical treatments provided include an injury or episode of illness, an urgent medical condition, and recovery from an illness or surgery. The number of hospitals designated as rural is subject to change as hospitals close, designations change, and rules and statutes are modified.

12. Texas Organization of Rural and Community Hospitals (TORCH) is a state-wide association of rural and community hospitals that represents the special needs and issues of rural and community hospitals at the State and Federal level.
13. Transformational Leadership Theory is a leadership approach that causes a positive change in individuals by connecting the follower's sense of identity to the mission of the organization (Bass and Avolio, 2002). Transformational leaders provide followers guidance in four areas including:
  - a. Idealized Influence – the followers seek to identify with their leader and emulate them.
  - b. Inspirational Motivation – the followers seek challenges that provide meaning and understanding.
  - c. Intellectual Stimulation – followers expand their abilities through intellectual stimulation.
  - d. Individualized Consideration – followers receive support, mentoring, and coaching.

### **Significance of Study**

Research concerning the characteristics of successful rural hospital CEOs is significant in the realm of healthcare administration because it addresses the challenges that smaller communities face when attempting to provide the best healthcare possible for their residents. The effectiveness of CEOs within these communities is crucial for ensuring the continued delivery of healthcare to a population that is often underserved and possesses different needs compared to those who live within urban and suburban settings.

Strong guidance provides a better opportunity for the medical center to become a viable part of the community. Understanding the characteristics of those leaders who have achieved success in the rural setting has implications for healthcare policy in addition to the benefits to the local communities. The struggles related to financial constraints, workforce shortages, and access to resources that are limited, highlight the need for effective leaders working to overcome these obstacles. By providing more visibility to the leadership approaches that provide positive outcomes in these areas, this research may inform policymakers, small community hospital board members, and healthcare leaders in the development of support mechanisms and evidence-based practices to strengthen rural healthcare delivery systems (Crosby et al., 2012).

### **Organization of Study**

Chapter 1 as the introduction to this inquiry has laid the foundation for the comprehensive exploration of the leadership characteristics of successful rural hospital CEOs. Finding a talented and dedicated CEO will make the difference between a high-performing and a low-performing organization in almost any setting. Not every leader thrives in a rural environment. It is important to identify those who can (Putnam et al., 2023). This study will make a significant contribution to the literature by highlighting the skills needed to face the unique challenges of rural hospitals and the crucial role played by their leaders. Astute guidance is needed to keep the community hospital fiscally solvent and meet the healthcare needs of the community. Chapter 1 has also set the stage for the subsequent chapters, which will involve a rigorous examination of the literature, methodology, and findings to provide a comprehensive understanding of the characteristics that define successful rural hospital CEOs.

Chapter 2 presents a comprehensive literature review. The literature review provides a better understanding of what is available in the current research body and how this inquiry will

contribute to that body. An exploration into the literature regarding the qualities of successful leaders in general and those pertinent to this study's context is provided. A general review of the literature regarding the challenges faced by rural hospitals and their leaders is also completed revealing issues that are also specific to this segment of the healthcare industry.

In addition to the qualities and issues specific to rural healthcare, the most prevalent leadership theories are explored and include Servant Leadership Theory, Situational Leadership Theory, and the guiding theory for this study, Transformational Leadership Theory. A deeper dive is taken into this well-established management theory as the guiding theory of this inquiry to provide a thorough understanding of its principles.

By reducing and analyzing existing research into the information that is most relevant, Chapter 2 sets the stage for the qualitative investigation into the leadership characteristics of successful rural hospital CEOs. All literature referenced in this study is scholarly, topic-related, and obtained from respected academic, and professional sources.

Chapter 3 outlines the methodology used to collect and analyze the data from the structured, face-to-face interviews conducted for this inquiry. A review of the reasons why a phenomenological qualitative approach was selected is provided, which presents the appropriateness of this approach in capturing the experiences and perspectives of the leaders who participated in the study.

A review of the research questions is provided which includes reasoning for their construction and selection as a part of the overall investigation design. The process of selecting the participants is covered along with the structured steps of how the data will be collected, coded, and categorized for analysis. Chapter 3 concludes with a review of ethical considerations and the process to maintain the validity and reliability of the data and how each participant's

rights are protected. This detailed overview of the study's method provides a comprehensive template for how the study was conducted setting the stage for in-depth analysis of the data collected.

Chapter 4 provides the findings derived from the comprehensive analysis of the data collected during the interviews of the successful rural hospital CEOs who participated in this study. A review of the participants' characteristics is provided to illustrate the competence and quality of those who participated in the study.

A detailed overview of the thematic analysis conducted for this study will be reviewed including how the data were collected from the participant interview transcripts, coded, analyzed, and then segregated into three themes. The process provided the information needed for a thorough discussion of the findings in the last chapter of this study.

The last chapter, Chapter 5, presents a discussion of the findings of the study and its contributions to the literature by providing a deeper understanding of the characteristics possessed by those who successfully lead rural hospitals in the state of Texas. I reviewed the implications of the data procured for this study and summarized the findings to better inform those interested in developing skills as leaders or hiring strong leaders for the rural segment of the healthcare industry.

The discussion contained in this last chapter also addresses the limitations of the inquiry and makes recommendations for further research on this important topic. Chapter 5 synthesizes the investigation findings, scrutinizes them when compared to the existing literature, and offers closing recommendations for those interested in advancing their career in rural healthcare.

### **Delimitations of Study**

The literature presented and referenced in this study delimits the qualitative phenomenological investigation study. The theoretical foundation and literature review for the investigation only included: leadership theories, leadership styles, and healthcare leadership specifically. Geographically, the study's participants were limited to acute care hospital CEOs in Texas. The final delimitation for the study is focusing only on leaders responsible for overseeing small community hospitals as the CEO.

### **Limitations of Study**

The participants selected were limited in number, were known to the investigator, and were working only in Texas. Although half the hospitals in the country designated as rural face similar challenges, Texas hospitals have specific, regional issues not faced by other rural hospitals in the United States. Efforts were made when compiling the results to limit any characteristics not found in areas of the country outside of Texas, such as knowledge of border-related health issues. The participants were also from one primary demographic (Caucasian).

The investigator's bias as a career healthcare executive who has worked for the participants, has collaborated with the participants on state-wide issues, and held the CEO position of several small community hospitals throughout a lengthy career may also impact the results. Efforts were made to ensure that the results given are not simply the investigator's views on the subject and are backed by leadership characteristics presented in the current literature. Efforts that were made to ensure that the results were not simply the investigator's views on the subject are reviewed in this study's findings and include the use of Angen's (2000) substantive approach to analysis to improve the validity of the study's findings. For many qualitative researchers, reaching the desired goal and meeting the requirement of trustworthiness becomes

particularly problematic due to the considerable debate about what it means to do valid research in the field of qualitative inquiry (Angen, 2000). This approach allowed ethical and substantive procedures of validation to be incorporated into the results.

The typical challenges of phenomenological qualitative research of participants' tendency to provide routine answers regarding their qualities and not adequately describing those qualities in detail could have also limited the study's results. Further prompting of the participants to focus on describing their leadership qualities in more depth will be done to minimize this potential impact.

## **Chapter 2: Review of the Literature**

### **Introduction**

The literature review focused on research that examined the challenges that face rural hospital CEOs and the requisite leadership characteristics required to succeed in this market. The literature review sourced information relevant to the problem statement of this study because the current research available is void of data specific to this issue within the healthcare industry, particularly within the rural component of the healthcare industry leadership.

Researchers continue to focus on the characteristics of leaders to determine what consistent traits successful leaders possess. Leadership theory has evolved significantly over the past 130 years (Hunt & Fedynich, 2019) with potentially as many definitions for the word "leader" as there are leaders. The study of leadership characteristics has spanned across cultures, decades, and theoretical beliefs (Horner, 1997). Literature regarding the characteristics of successful leaders, in general, is plentiful. However, there is a lack of information available specific to the sector of rural hospitals and the specific challenges faced by these leaders.

The literature review included multiple databases in the fields of healthcare management and the field of leadership theory. This extensive search found a limited number of studies that examined the topic of characteristics of successful healthcare leaders. In addition, there were no known studies related specifically to rural hospital executives. The objective of this study was to identify and articulate the specific traits that make a rural hospital CEO successful in meeting the challenges they face. By examining factors such as management approaches, decision-making patterns, and communication styles, this inquiry will uncover those areas that are consistently found and indicative of successful leadership.

The literature review is divided into the following sections:

- Evolution of Leadership Theory
- Overview of Transformational Leadership Theory
- Overview of Characteristics of Successful Leaders
- Overview of Characteristics of Successful Healthcare Leaders
- Overview of Rural Healthcare
- Overview of Leadership Characteristics Specific to Rural Healthcare
- Literature Map
- Themes Found in the Literature
- Delimitations For Study
- Gaps in Current Literature
- Conclusions.

These sections follow Chapter 2 and provide a comprehensive overview of the existing research related to the inquiry's topic. A review of the available research is evaluated and compared to the study's purpose.

## **Evolution of Leadership Theory**

Leadership theory has evolved over the decades in which it has been researched and studied with various approaches and methods. The introduction of new theories, and the testing of existing ones, have reflected the changes in organizational structure, the globalization of the economy, management, and societal norms. In the late 1800s the Trait Theory of Leadership, also referred to as the Great Man Theory of Leadership, was studied by researcher Thomas Carlyle. The foundation of this theory is that leaders are born with traits that propel them to become successful leaders (Penney et al., 2015). This theoretical approach was prevalent until the mid-1900s when Stogdill outlined a list of personal traits associated with effective leaders that included social ability, decisiveness, and intelligence. Trait theory was found to be deficient because it did not account for the impacts on leaders in different situations or contexts.

Leaders' behaviors during various situations were researched against the backdrop of prominent theories such as contingency and behavioral theories. These theories addressed specific contexts in which leaders were successful, and the behaviors exhibited by successful leaders. Contingency theories highlighted situational variables that produced the most impactful leadership style. Fiedler (1967) was the leading theorist of contingency theory with his Contingency Model. Fiedler's Contingency Model suggests that effective leaders are either task-oriented or relationship-oriented. Task-oriented leaders focus on completing tasks and achieving goals, while relationship-oriented leaders prioritize maintaining positive relationships and team cohesion.

Behavioral-based theories were founded upon the identification of behaviors exhibited by successful leaders. Theories that addressed leaders' behaviors such as consideration, decisiveness, and developing structure were introduced during the mid-twentieth century (Saltik,

2023). The addition of these varied theories initiated a shift to evaluating and understanding leadership as an ever-changing process influenced by several factors including context and behaviors.

During the latter part of the decade, leadership theories were developed and researched. They explored a wider range of characteristics of effective leaders. These theories include Burns' (1978) Vision Theory, Authentic Leadership Theory (George, 2003), Transactional Theory (Guerrero et al., 2016), and Servant Leadership Theory (Greenleaf, 1970). The Vision Theory expanded upon other theories to incorporate the leader's ability to envision a new social condition and inspire followers to become leaders (Burns, 1978). The Authentic Leadership Theory states that leadership effectiveness is increased by leaders becoming more self-aware, self-regulating, and positive modeling (Avolio & Gardner, 2005). Those who possess these characteristics are authentic leaders who foster authentic followers' development. These two theories have applications relevant to this study. They were not as thoroughly researched as Bass's theory and therefore were not selected as the framework for this study.

Transactional Theory was present throughout the literature. Transactional Leadership Theory has multiple positive components. Its premise is based on reward-based leadership techniques. The qualities of transformational leadership are often compared to those of transactional leaders because transactional leaders often use contingent rewards and reinforcement to motivate subordinates to achieve goals (Guerrero et al., 2016).

The servant leadership concept was made popular by Rober Greenleaf who introduced the concept in an essay in 1970. This philosophy makes serving others a priority and places the needs of those under one's responsibility above their own by serving their needs, professional growth, development, and well-being. Servant leaders foster trust and loyalty among followers

which leads to a higher level of job satisfaction (Sendjaya, 2010). Greenleaf's (1970) work is a prominent management theory within literature and is the basis for numerous studies. This theory has continued to remain prevalent in the business world today. When compared with Transformational Leadership Theory, servant leadership emphasizes a participant leadership style whereas transformational leadership involves a greater degree of influence and appeal to those under the leader's responsibility.

### **Overview of Transformational Leadership Theory**

Bass's Transformational Leadership Theory is one of the most widely studied and influential leadership theories found in literature. It emphasizes the leader's ability to inspire and motivate followers to achieve higher levels of performance and personal growth (Avolio & Yammarino, 2002). The Transformational Leadership Theory framework addresses these challenges and emphasizes the leader's ability to inspire and motivate their teams to overcome obstacles and work towards a shared vision. Applying Bass's Transformational Leadership Theory to this study provides a context for understanding the successful leadership practices of rural hospital CEOs.

This literature review explored the theoretical foundation of Bass's theory and its relevance to a rural hospital CEO. Transformational Leadership comprises four main components that include 1) Idealized Influence, 2) Inspirational Motivation, 3) Intellectual Stimulation, and 4) Individualized Consideration. Idealized Influence, or charisma, relates to leaders who are role models for their followers and inspire them through their beliefs, values, and actions. Inspirational Motivation is a characteristic of leaders who use inspiration to formulate a compelling vision for the future while setting elevated expectations and fostering enthusiasm among followers. The third characteristic of a transformational leader according to

Bass (1985) is Intellectual Stimulation. Leaders possess this characteristic when they encourage creativity and innovation among their followers. They challenge those around them to think critically and solve problems using innovative solutions.

The final characteristic is Individualized Consideration which means transformational leaders exhibit genuine concern for their followers' individual needs and development. Change and adaptability are characteristics of transformative leaders as well (Hunt & Fedynich,2019). These challenges require approaches that can adapt and thrive in resource-constrained environments. Bass's Transformational Leadership Theory offers a framework for addressing these challenges by emphasizing the leader's ability to inspire and motivate their teams to overcome obstacles and work towards a shared vision.

A literature review specific to the study's framework of Transformational Leadership Theory and its application in research was conducted. This search revealed over 32,000 peer-reviewed articles which were reduced to those articles specific to healthcare executives in the United States. This narrowing revealed 19 peer-reviewed articles specific to healthcare leadership and none related to leading a rural hospital as the CEO. The predominant theory used in the literature as an interpretive theory for qualitative research was the Transformation Leadership Theory. While transformational leadership has received widespread reviews and commendation, it is not without its critics. Concerns have been expressed about its contextual dependence and the need for more comprehensive research regarding the factors that influence a leader's effectiveness.

### **Overview of Characteristics of Successful Leaders**

The leadership capabilities of the CEO of an organization are a clear differentiator for successful organizations. Those capabilities occur in the context of the industry and are unique to

each organization's culture, strategies, processes, and people (Swensen et.al. 2016). Numerous studies have been conducted regarding what qualities successful leaders of all types possess. Furthermore, communication emerges as a cornerstone of effective leadership. CEOs who excel in their role possess exceptional interpersonal skills, fostering open lines of communication with staff, customers, and community stakeholders alike (Hopen, 2010). By cultivating a transparent and collaborative organizational culture, these leaders engender trust and engagement, which are essential for navigating the complex challenges leaders face.

Research that identifies characteristics that contribute to leaders' success across various fields is unlimited and has been studied for decades. Prevalent traits that appear consistent amongst successful leaders found in the literature are emotional intelligence, self-awareness, self-regulation, empathy, and social skills. Leaders who possess the characteristic of high emotional intelligence can understand and manage their own emotions effectively while also empathizing with and motivating others, fostering positive relationships and team cohesion (Goleman, 1998). Additionally, the available literature emphasizes the importance of visionary and transformational leadership, where leaders articulate a compelling vision, inspire, and motivate followers to achieve it, and foster innovation and change within their organizations (Bass & Avolio, 1994). As the guiding theory for study, there are numerous applications of the transformational leadership traits of charisma, Intellectual Stimulation, Idealized Influence, Individualized Consideration, and Inspirational Motivation, driving organizational growth and success.

Adaptability and resilience are characteristics that are prevalent in literature and are recognized as important attributes for effective leaders, particularly in rapidly changing environments. Leaders who can navigate uncertainty, learn from setbacks, and pivot strategies as

needed are better positioned to steer their teams through challenges and capitalize on emerging opportunities (Luthans et al., 2005). Integrity and ethical behavior are fundamental for building trust and credibility among followers and fostering loyalty and commitment to organizational goals (Brown & Treviño, 2006). Successful leaders have proven to possess these attributes to achieve short-term goals and cultivate long-term organizational viability.

Procuring research specific to healthcare leadership revealed few articles that related to qualities in general for healthcare executives. Hunt & Fedynich's (2019) research did contain significant comparative information for healthcare leadership in general and was found to be one of the more complete studies available. It defined a leader and reviewed how leadership has evolved throughout history. The debate over a consistent measurement methodology for effective leadership was also discussed in their research.

Hunt & Fedynich (2019) utilized databases to evaluate various leadership traits and theories including the theories of Great Man, Trait, Behavior, Situational, Authentic, Servant, Evolutionary, and Transformational. The study provided a good overview of these theories as well as the evolution of leadership principles through history up to the modern era. The information that discussed the Transformation Leadership Theory was beneficial. However, as with other literature that was sourced, it was not specific to healthcare executives in general and rural hospital CEOs in particular.

### **Overview of Characteristics of Successful Healthcare Leaders**

Leadership characteristics of hospital CEOs, in general, were found to be a prevalent theme in the literature. In a mail survey of 118 participants, Janssen (2004) surveyed Iowa hospital CEOs and their colleagues to determine characteristics possessed by the CEO. In

addition to the data, six to eight peers, superiors, and subordinates of the CEO were selected from the same organization to complete a survey about the CEO's leadership qualities.

The survey tool used was the Multi-factor Leadership Questionnaire (MLQ): 360 Degree Evaluation. The MLQ is a questionnaire developed to measure the psychological inventory of a leader's leadership style (Bass & Avolio, 1994). The 360-degree version of the questionnaire is completed by those within the organization equivalent to, superior to, and subordinate to the executive providing comprehensive feedback on the executive's leadership style from each level of the organization. A total of 3,786 responses were received. The CEOs also completed a values study and provided biographical information. The data were evaluated and analyzed based on the key attributes of transformation leaders, which was also the framework used for this study.

Janssen (2004) provided research regarding CEO leadership characteristics using the MLQ survey tool. Multiple evaluators provided ratings of each CEO as a part of the 360-degree evaluation format. However, the number of evaluators used for each CEO, and the position held by the evaluator within the organization, were inconsistent. This yielded biased and inconsistent results for each CEO. This research had a different focus from this project that determines what characteristics a CEO believes to be critical for their success. Also, the specific results related to rural hospital CEOs were not broken out for review. Characteristics of the leaders working in a rural setting were sought because they face different challenges compared to their urban counterparts.

Sieveking & Wood (1992) studied the career attitudes of 324 hospital CEOs and how they influenced future executive recruiting and training practices. This study was limited to CEOs of hospitals owned by a single, for-profit healthcare organization that offered acute care (87%) or psychiatric (13%) services. Approximately 24% of all U.S. community hospitals are

for-profit, however, less than eight percent of hospitals designated as serving a rural community are owned by a for-profit corporation (AHA, 2020).

A survey sent through the mail was used to determine the challenges hospital CEOs faced and the skills they viewed as essential for success. The results of this study were beneficial in terms of the universal characteristics a large sample of CEOs would possess to be successful. However, a copy of the study questions was not provided with the study for review. The investigator acknowledges the study may have inherent sampling bias given that all participants are from a single large healthcare organization, there may be design flaws in the questionnaire such as biased questions, and the survey may only have a biased list of limited responses to the questions for the participants to choose their response.

Studies specific to the array of characteristics a rural hospital CEO needs to be successful were absent in the current literature. However, studies were found that focused on a particular characteristic. For example, Rezac (1996) conducted a study with data obtained from hospital CEOs who worked in rural South Dakota. The authors discussed how CEOs of small community hospitals in South Dakota perceived themselves as having an above-average rating for their internal locus of control and their need for achievement. Researchers mailed a questionnaire to 42 community hospital CEOs located within the state and 83% of those responded. The analysis of the data indicated that personality characteristics had no relationship to the frequency of organizational change. The investigators concluded that a CEO of a small community hospital would benefit from an increased understanding of the change process relative to their ability to affect organizational change.

Another example of literature regarding one specific attribute of rural hospital CEOs is the study by Alexander & Lee (1996) that focused on the length of the tenure of the CEO of a

rural hospital and its impact on the organization's financial solvency. Once a CEO has been within an organization for more than six years, the potential for the long-term viability of the rural hospital diminishes. They also were able to demonstrate that when the CEO leaves the organization, there is a tremendous negative impact on its future solvency.

This well-organized study demonstrated the significant impact a rural hospital CEO has on the organization. However, the purpose of the research was not to determine which leadership characteristics were displayed by the CEO, but only the impacts of CEO succession and tenure on the organization. The research described the challenges facing rural hospitals but did not provide the characteristics of successful CEOs which would have enhanced this study.

### **Overview of Rural Healthcare**

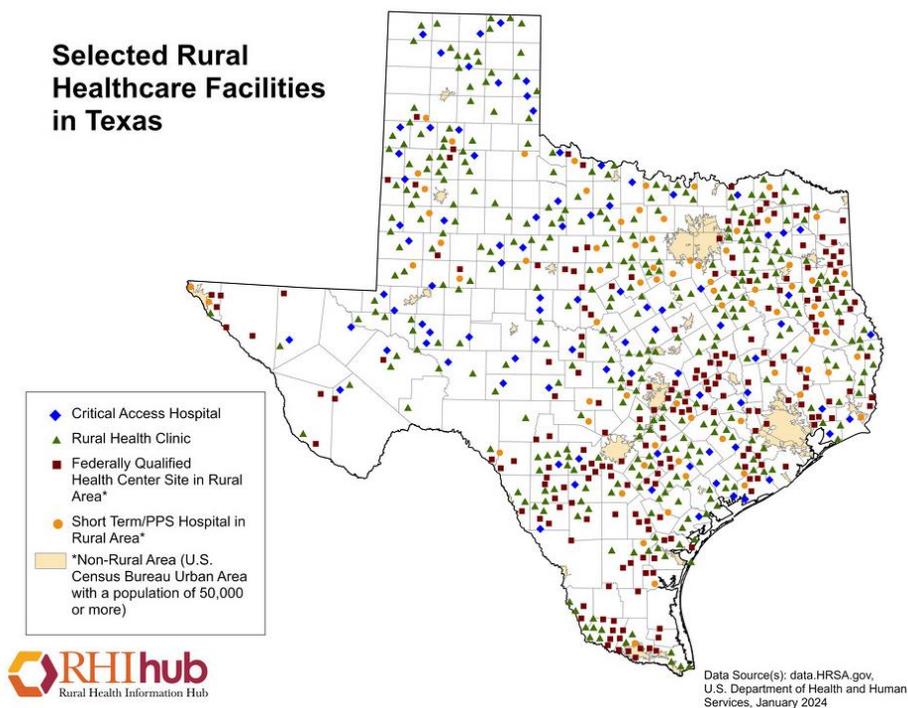
The rural population is older and poorer than the population that exists in urban communities (Thrall, 2007). Residents of rural communities are generally less educated and have a greater likelihood of unemployment or underemployment (Robertson & Cockley, 2004). Challenges faced by rural hospital leaders also include limited resources, recruitment of professionals, and geographical isolation (Moscovice & Stensland, 2002). The combination of these factors is found in a typical rural community with varying needs for healthcare services and a large portion of the community unable to pay all or part of the cost.

The main provider of healthcare services for the community is the local hospital. A rural or small community hospital is an acute care hospital licensed by a state, located in a county of less than 60,000 population, and not located in a Metropolitan Statistical Area (Health Resources & Services Administration, n.d.). These medical hubs provide secondary healthcare services to patients who are active and have short-term lengths of stay (4 to 6 days, on average) in the facility. Typical treatments provided include addressing issues related to an injury or an episode

of illness, an urgent medical condition, and recovery from an illness or surgery. The number of hospitals designated as rural is subject to change as hospitals close, designations change, and rules and statutes are modified. Figure 2 contains a map of the hospitals designated as rural in the United States. According to the American Hospital Association Annual Survey Data Bases (2020), 47% of rural hospitals have 25 beds or less with 89% being owned by a local governmental entity or a non-profit organization. The financial viability of a rural hospital is primarily dependent on the hospital's volume of patients, efficiency, the community's financial stability, and reimbursement rates for inpatient and outpatient services. As reimbursement policies change, hospital strategies change. The challenge for rural hospitals and policymakers is to reward efficiency while maintaining reasonable access to care (Moscovice & Stensland, 2002).

**Figure 2**

*Rural Healthcare Facilities in Texas*



In addition to the financial challenges facing rural hospitals, the healthcare system is rapidly evolving with the introduction of new and expensive technology and the expansion of commercial payors and Medicare payments into aggressive payment models that can direct care away from rural facilities (Ricketts, 2000). Rural facilities do not have sufficient volume to justify the purchase of expensive technology like the technology available in the closest urban medical center. Because of the lower volume associated with rural hospitals, the care provided is not as cost-efficient, making it difficult for a rural medical center to provide quality care as efficiently as their urban counterparts. The networks maintained by the third-party payors for healthcare, i.e., insurance companies and Medicare Advantage plans, divert patients away from the less efficient rural providers to the more cost-effective urban centers which further reduces the volume of patients able to seek care at a rural facility.

As a result of the complex nature of overseeing a small community hospital, the governing boards for these organizations face the challenge of finding and retaining a leader who will manage the local hospital to meet the health needs of the rural community it serves. As a result of the small size of the hospital, fewer levels of management exist for the CEO to delegate responsibility. This lack of resources increases the CEO's need to be directly involved in all aspects of the medical center's operation. Hospital board members in these communities should consider candidates for their CEO positions who come from a rural environment or enjoy the small-town lifestyle to give them the best chance to be retained (Heady, Phillips, & Briggs, 2006). The literature is currently void of what characteristics of leaders have proven to be successful to guide them in their selection of a CEO.

A comprehensive review of literature specific to the characteristics of successful leaders in general, and the characteristics of successful healthcare leaders specifically, was conducted.

Within these topics, information specific to rural healthcare was reviewed to include rural hospital management and leadership. The Transformation Leadership Theory (Bass, 1985) is the guiding framework used for this study. Therefore, the literature review included current research regarding Transformational Leadership Theory. Themes emerged from the literature review that were discussed, as well as the gaps that exist within the current body of research related to this inquiry's purpose statement.

The disparities between urban and rural hospitals have been extensively documented in literature which examines the differences in community resources, patient demographics, and healthcare outcomes. Urban hospitals may benefit from deeper financial resources, the availability of advanced medical technologies, and the availability of specialized healthcare providers that may only be found in larger, urban settings. Additionally, research has shown that urban areas are more attractive to highly skilled medical professionals. Putnam et al. (2023) explored this difference and demonstrated that having a broader and deeper pool of available medical professionals leads to improved patient care and outcomes. These disparities contribute to accessibility to quality healthcare and lead to different care outcomes between urban and rural populations with rural residents experiencing higher rates of chronic diseases, lower life expectancies, and increased difficulty accessing timely medical care (National Rural Health Association, n.d.).

A relevant inquiry examining the healthcare disparities between the urban and rural markets includes a study by Rosenblatt et al. (2006), which revealed the shortage of healthcare providers in rural areas and its impact on healthcare access. Casey et al. (2018) also explored the unique challenges faced by rural hospitals in their study and found financial instability and workforce shortages hinder their ability to provide quality care more so than in urban hospitals.

Finally, geographic disparities in healthcare resources and emphasis on the concentration of healthcare facilities and services in urban areas that demand community members travel significant distances to seek care were reviewed in research conducted by Hartley et al. (2014). Each of these works highlights the complexities of urban versus rural healthcare markets that may exist.

Because of the challenges rural healthcare leaders face, the qualities possessed by urban healthcare CEOs may not be as beneficial and are much different than those used by their rural counterparts. Rural community hospital oversight is a challenge with leaders requiring definitive attributes to maintain and grow a successful organization. Leaders may need to modify and shift the emphasis on specific traits and characteristics to work in rural health services (Doshi, 2020). The leadership characteristics associated with successful rural hospital CEOs are multifaceted and nuanced, encompassing a blend of communication skills, adaptability, resilience, and community engagement (Joynt & Harris, 2011). These leaders play a critical role in shaping the future of rural service delivery models, fostering new delivery methods, and developing fiscally sustainable operations that meet the needs specific to their communities.

### **Overview of Leadership Characteristics Specific to Rural Healthcare**

Interpersonal skills have long been considered essential to success in healthcare management. Kim et al. (2021) found in their study that deliberate engagement was the dominant method young healthcare leaders in general developed to be successful as early careerists to enhance their approach as leaders. The literature underscores the significance of resilience and perseverance in the face of adversity for the healthcare sector. Rural hospitals often operate within resource-constrained environments, grappling with financial pressures, workforce shortages, and geographic isolation (National Rural Health Association, n.d.). In this context,

successful CEOs must exhibit resilience, drawing upon their determination and tenacity to overcome obstacles and sustain organizational viability. Healthcare leaders demonstrate a capacity to inspire and motivate their teams, fostering a culture of resilience that enables staff to navigate challenges with confidence and resolve (Joynt & Harris, 2011).

In addition to these key qualities, the literature review revealed that hospital CEOs must prioritize community engagement and collaboration as central tenets of their approach to leading within the community. By forging strong ties with local organizations, educational institutions, and grassroots movements, CEOs can leverage collective resources and expertise to drive holistic approaches to healthcare delivery (MacDowell, et al., 2013). Leaders in rural communities must actively participate in community initiatives and partnerships aimed at addressing issues within the community that are detrimental to maintaining a healthy population. Unlike the urban settings, rural communities and counties do not have governmentally provided public health services and this burden often falls upon the local hospital to address this need.

Competent leadership is critical to the quality provided by a healthcare institution. Research has demonstrated that there is a strong correlation between competent leadership and better quality of care and services provided. Hospital leaders play a pivotal role in shaping patient outcomes. The literature contains studies that demonstrate the significance of leader's behaviors, styles, and practices in influencing various aspects of patient care. The guiding theory for this study, Transformational Leadership, is often found in literature to be connected to improved patient safety, satisfaction, and clinical outcomes (Cummings et al., 2018). This correlation is true of all medical centers regardless of size. In a smaller facility which may have limited resources and support of the quality initiatives needed to provide excellent care, the challenges require the CEO to be directly involved in those efforts.

The importance of sincere engagement and involvement by healthcare leaders in quality improvement initiatives is found throughout the literature. Leaders who champion evidence-based practices, promote interprofessional collaboration, and actively participate in quality monitoring and improvement efforts contribute to reduced medical errors, decreased hospital-acquired infections, and enhanced patient experiences (Pronovost et al., 2016). Effective communication and transparency from hospital leadership have been proven to facilitate information sharing and mitigate errors or adverse events (Weick et al., 1999). Strong leadership by the hospital CEO in general has been shown to foster a culture of patient safety, continuous improvement, and excellence in healthcare delivery.

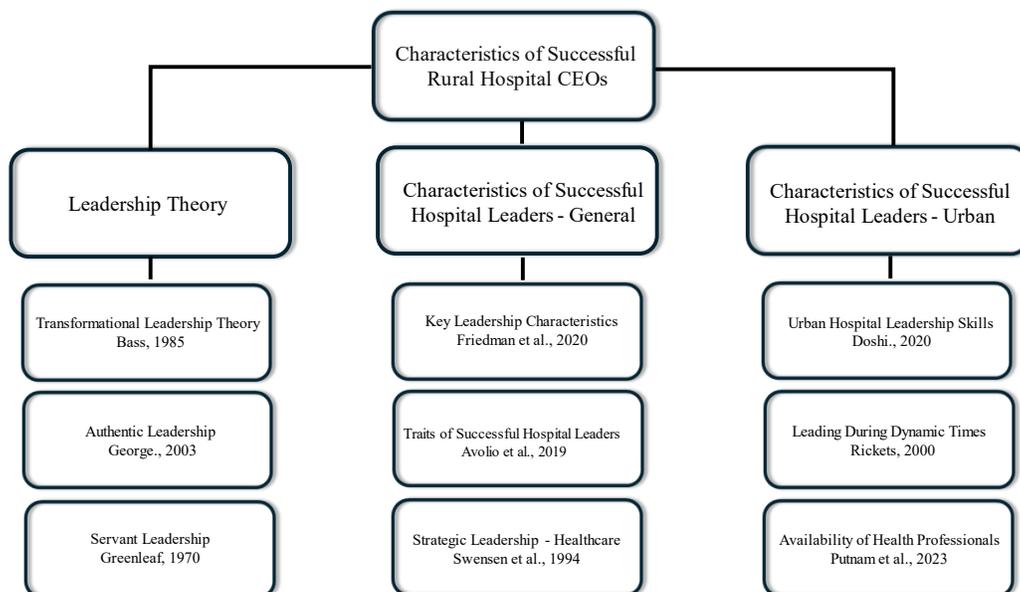
As an industry, healthcare continues to implement complex responses to the rapid changes in health technology, professionalization, and growing specialization. Inadequate leadership weakens health systems and can contribute to adverse events, including refusal to prioritize and implement safety recommendations consistently, and resistance to addressing staff burnout (Swensen et al., 2016). Globally, increases in life expectancy and the number of people living with multiple long-term conditions contribute to the greater complexity of healthcare systems. Such a complex environment requires the contribution of competent leadership over multiple professionals sharing viewpoints and knowledge (Swensen, et al., 2016).

Based on the literature review conducted for this inquiry, it is apparent that future research concerning collaborative solutions to rural healthcare issues could enhance what is currently available to those seeking solutions. Panagariya (2014) provides research that not only explores rural healthcare leaders' obstacles of resource allocation, staffing, infrastructure development, technology integration, policy compliance, and community engagement, this study also provides innovative strategies for improving healthcare in rural and underserved areas. My

study reviews effective strategies including innovative human resource management, financial sustainability models, operational efficiency programs, acquiring technologically advanced equipment, policy reforms, and community-based approaches. More research of this type is needed to assist rural healthcare leaders in implementing innovative strategies that will help them adapt to the changing and challenging environment specific to their communities.

### **Literature Map**

A literature map, also known as a Litmap, was developed for this inquiry (Figure 2); and used to organize the review of the literature into a visual summary of the studies that have been conducted by others. It may also be called a Literature Matrix and is a valuable tool when conducting a comprehensive literature review (Creswell, 2014). A literature map can enhance the literature review process, improve the quality of scientific articles, and contribute to the advancement of knowledge in various fields (Sulisworo, 2023).

**Figure 3***Literature Map*

The development of the literature map followed a three-step process to form the final map and use it for this study. First, the considerable number of studies on leadership gathered from various sources were categorized for easier organization. Themes and similar concepts were noted along with relationships between the different studies. Second, an evaluation was conducted of the credibility and reliability of the literature sourced including the information being current and using credible references. This process also aided in the foundation of the themes that exist in the literature and provided a foundation for the exploration of those themes in the next section.

### **Themes Found in Literature**

After reviewing the literature map the development of the recurring themes found in reviewing the literature were completed. The three prominent themes regarding leadership

qualities of rural hospital CEOs would be the significant studies regarding leadership theories, studies identifying the characteristics of successful hospital leaders in general, and the availability of studies regarding successful urban hospital leaders specifically. The first theme in the literature review emerged quickly.

### **Leadership Theories**

A significant amount of research has been conducted on leadership theories for decades and there is a significant body of studies that contain the exploration of these theories. Leadership theories such as Transformational Leadership, Transactional Leadership, and Servant Leadership are commonly explored in this context. Literature has focused on the characteristics of leaders to determine what consistent traits successful leaders possess. As mentioned, leadership theory has evolved significantly over the past 130 years (Hunt & Fedynich, 2019) with potentially as many definitions for the word “leader” as there are leaders. The study of leadership characteristics has spanned across cultures, decades, and theoretical beliefs (Horner, 1997). As explored in the Evolution of Leadership Theory section of this inquiry, research regarding the characteristics of successful leaders, in general, remains plentiful in the current body of literature. As this theme emerged, literature was found that is more specific toward the focus of this inquiry and provided qualities specific to healthcare leaders.

### **Successful Hospital Leadership**

Secondly, the recurring theme relating to the characteristics of successful hospital leaders for all hospitals emerged. Regardless of the setting in which they may work, leaders who are successful in leading hospitals typically possess distinct traits. Effective communication, strategic vision, emotional intelligence, and the ability to foster collaboration are key characteristics of hospital leaders in general (Friedman et al., 2020). The Avolio et al. (2019)

study of the importance of ethical leadership in healthcare that includes the traits of integrity, accountability, and a commitment to focusing on the care provided to the patient was another study that is an example of those studies available relating to overall characteristics of leaders in hospitals regardless of their size or location. Healthcare leadership studies were also abundant in the literature. A theme within general hospital leadership emerged as a significant amount of current research on United States hospitals was found in the current body available.

### **Urban Hospital Leadership**

The third and final theme found in the literature map identifies the leadership characteristics needed to be successful in leading an urban hospital. Urban hospital CEOs encounter larger and more complex organizational issues because of the larger sizes of the organization, the more competitive market in which they are located, and the complexity of healthcare services offered. Leadership qualities such as adaptability to change, effective delegation, and the ability to navigate bureaucratic processes are important in leading urban medical centers (Lin et al., 2019). Research conducted with all industry leaders and studies within urban healthcare settings may not fully capture the multifaceted challenges faced by rural healthcare leaders, such as navigating limited financial resources, recruiting, and retaining skilled staff, and fostering strong community partnerships (Hartley et al., 2014).

By utilizing multiple resources to find literature relevant to this study and then categorizing the studies found by using the literature mapping technique, the three recurring themes of the research available regarding leadership theories, available research identifying the characteristics of successful hospital leaders in general, and the availability of research regarding successful urban hospital leaders specifically. These three themes indicate the need for additional

studies specifically to determine the characteristics of successful CEOs that serve rural healthcare markets.

The literature review of current, peer-reviewed studies found an overabundance of comprehensive studies of leadership theories and applications in general, successful leaders of all types of healthcare organizations, and characteristics of successful leaders for urban hospitals.

### **Gaps in Current Literature**

There is a need for more contemporary studies of rural hospital CEO leaders in the context of sustaining a solvent medical center within an evolving healthcare industry. Existing literature often overlooks the nuances of leadership within rural healthcare, resulting in a significant knowledge gap. Additionally, the body of available literature on the impact of a CEO on a rural hospital's financial stability is quite narrow. Because the literature on leadership qualities of hospital CEOs focuses on urban settings, leaving a significant gap in our understanding of effective leaders within rural hospital environments. There is a generous amount of literature exploring leadership in healthcare, but the inquiries specifically researching the rare challenges and qualities required for rural hospital CEOs are deficient. This gap is notable, given the distinct operational and organizational challenges rural hospitals face, including limited resources, workforce shortages, and geographical isolation. Without a comprehensive understanding of effective leadership in rural hospital settings, there is a risk of applying urban methods that may not be applicable or effective in rural communities. This application may hinder the performance and sustainability of rural healthcare hospitals.

Existing research emphasized quantitative approaches to understanding the most effective leadership qualities. This approach may overlook the benefits and insights a qualitative approach to research may gain through in-depth investigations. Qualitative research methods, such as

interviews and focus groups, allow for a deeper exploration of the complexities and nuances of leadership within rural hospital settings (Creswell, 2014). By utilizing qualitative methodologies, researchers can capture the diverse perspectives of those who have successfully led a rural hospital to gain a universal understanding of effective leader attributes specific to rural hospital CEOs. This would indicate that there is a need for qualitative investigations to fill the gap in the literature and provide valuable insights into the leadership qualities required for success in rural hospital administration.

### **Summary**

Within healthcare, the role of CEOs as overseers of rural hospitals is vital, given the challenges these institutions face. This literature review concerning characteristics associated with successful rural hospital CEOs synthesized findings from assorted studies and academic sources. The literature regarding the areas of the rural healthcare industry, characteristics of leaders in general, core leadership characteristics specific to rural healthcare, and an overview of the literature specific to the guiding theory of this study, Transformational Leadership Theory, was also completed. The themes found in the literature were reviewed and gaps in the literature of inquiries specific to rural hospital CEOs and qualitative studies related to this topic are identified.

The lack of a comprehensive review of characteristics needed to be successful in the rural sector of healthcare limits our understanding of how practices impact organizational performance, patient outcomes, and patient experience in rural communities. Healthcare-specific research regarding successful leaders makes a valuable contribution to the broader body of literature regarding leadership by focusing on the challenges only found within the healthcare industry. Hospitals and healthcare service organizations operate within a complex system that

contains significant regulations by numerous regulatory bodies at the State and Federal levels, ethical considerations related to treating humans, keeping up with the advancement in technologies, and a guiding mission to improve health outcomes while not harming the patients. Therefore, leaders within this industry require a multitude of skills and the ability to understand these issues and successfully navigate within them. By integrating data from successful leaders within the field and academic research available within the literature, this study aims to enrich the understanding of the specific attributes possessed by successful leaders in this specific sector of the healthcare industry.

The literature contains a wealth of information regarding the characteristics of successful leadership approaches in general and in various industries. Unfortunately, the literature lacks current, specific studies regarding healthcare leaders who manage within rural environments. Rural hospitals and communities present challenges not often found in urban settings. As mentioned previously in this chapter, those challenges include geographic isolation, limited resources, lack of available healthcare professionals, and distinct population health issues. Much of the literature is devoted to leadership approaches and structures that are conducted or based on non-healthcare or urban settings. These studies often ignore the competencies needed by leaders of rural medical centers. This lack of focused research has created a gap in the literature related to leadership characteristics in rural hospital CEOs which is the purpose of this inquiry.

Based on the review of the current literature available, this study will contribute to available research specifically focused on rural hospitals. It will provide insight into the common characteristics of those individuals who have achieved prominent levels of success in the specific field of rural hospital leadership. This study will provide a resource that does not currently exist

for hospital boards seeking the recruitment of a competent CEO to lead their organization or assist an existing CEO with their continuing educational needs.

### **Chapter 3: Methodology**

#### **Introduction**

This phenomenological study aims to explore the leadership attributes of successful rural hospital CEOs. Qualitative methods demonstrate a different approach to scholarly inquiry than quantitative or mixed-method approaches (Creswell, 2014). Phenomenological researchers attempt to perceive the human experience of the everyday world as a valid way to interpret the world. The phenomenon being studied is not measured or defined through the lens of accepted reality, rather an understanding is sought of how the study's participants make sense of their everyday world (Eddles-Hirsch, 2015).

The methodology employed in this study was designed to extract data that highlights the challenges in rural healthcare administration. By using qualitative research methods that include in-depth interviews, detailed coding of responses, and a thematic analysis of the data collected, the study seeks to capture the perspectives and experiences of rural hospital CEOs, offering valuable insights into the dynamic world of leaders in this specific sector of healthcare.

#### **Research Questions**

Research questions serve as a guide in phenomenological qualitative research to uncover a deeper understanding of lived experiences and the essence of phenomena (Eddles-Hirsch, 2015). The research questions for this study were developed to provide a better understanding of the leadership characteristics that are most relevant and effective for CEOs in Texas rural hospitals. They allow for the exploration of the specific attributes possessed by those who are successful leaders in this uncommon setting. Focused research questions are essential in a

phenomenological inquiry. They should narrow the focus of the study and identify the theoretical construct for the study (Creswell, 2014).

With this foundation to build upon, the research questions for this inquiry include:

R1: What are the unique traits and behaviors that contribute to successful leadership that are possessed by rural hospital CEOs?

R2: Are the qualities of successful rural healthcare executives consistent with Bass's Transformational Leadership Theory (Bass, 1985)?

R3: Do the participants value the additional qualities of integrity, self-awareness, transparency, and humility?

## **Study Design**

A phenomenological approach was used to determine the leadership characteristics common to successful hospital CEOs working in rural Texas. Qualitative research explores open-ended, first-hand responses from the participants' perspective to learn about complex issues (Lewis et al., 2003). The design was selected to understand the phenomenon of characteristics that led to rural hospital CEOs' success.

Following the guidelines proposed by Moustakas (1994), the investigation design for this inquiry used purpose-driven sampling to select the participants who demonstrated success in leading rural medical centers in the State of Texas. Efforts were made to select participants from various-sized organizations and different regions within the state. Data collection methods involved in-depth, semi-structured interviews allowing each participant to convey the challenges, strategies, opportunities, and experiences that led to their success.

## **Process Used for Data Collection**

Video conferences and in-person interviews were conducted with each of the ten participants to acquire their thoughtful perspective on what qualities and characteristics are

important to possess as a successful rural hospital CEO. Because a typical CEO may have multiple interruptions during the day, the investigator requested uninterrupted time for the interview to avoid any disruptions in the data collection process. Each CEO was asked to reflect on the question before answering to assist the participant in focusing on the question and providing a more thoughtful response. After each response, an open-ended question was asked to encourage the participants to share further information concerning the question topic. The interviews were recorded, and extensive field notes were taken by the investigator to supplement the comments made during the interviews. This data collection process used a videoconference platform to record the interviews that provided data for analysis.

### **Population and Sample Size**

Ten individuals were selected to participate in this study based on their longevity and operational success as a small community, hospital CEO. The selection of ten participants for this study was accomplished using purposeful sampling which involves using several key criteria typically considered to ensure the relevance and adequacy of the sample. According to Patton (2015), these criteria may include the participants' knowledge, experience, and involvement in the phenomenon of interest, as well as their ability to communicate their experiences effectively. Ten were selected because the investigator believed that ten participants represented a range of perspectives to provide sufficient findings for analysis.

The participant pool of candidates was selected based on two criteria. First, the participant must have held the CEO position for five years or more. Having been in an organization for five years or more allows for the CEO's leadership decisions to have an impact on the performance of the hospital. Culture is viewed by employees as a set of values, attitudes, and behaviors that are shared by a group of people (Matsumoto & Juang, 1996). Changing a

culture that reflects the CEO's values and attitudes takes time. The financial decisions and practices that support a fiscally responsible organization also take time to implement. A CEO can move quickly to change a culture and the financial results of a hospital. However, those changes need to be viewed by the stakeholders of the organization for the CEO to gain long-term respect and success.

Second, a review was conducted of publicly available financial data available as of July 2023. The financial data used was the current cost report information available through CMS. Each hospital that participates in the Medicare program overseen by CMS must file a cost report after each fiscal year is completed. A basic review of profitability and financial stability was conducted by reviewing each institution's Total Margin. The Total Margin for a hospital considered in this study was calculated as follows:

$$\text{Total Margin} = \frac{\text{Total Net Revenue (Including Tax Support, if any)} - \text{Total Expenses}}{\text{Total Revenue}}$$

The institution must have had a positive, average Total Margin in the previous three years to be eligible for this study.

Potential participants who held the CEO position for five years or more and had a financially profitable hospital were then ranked based on the financial performance of the organization. The highest average profitability (Net Margin) was ranked first followed by the next highest profitability percentage. This process was followed until all candidates were ranked.

Once the list of candidates was ranked and finalized, an email was sent to the ten highest-ranked candidates requesting their participation in the study (Table 2). If a candidate did not respond within one week a follow-up phone call was made to them to request participation. This process was repeated for the fifteen highest-ranked participants until the desired sample size of

ten participants was achieved. One candidate declined to participate. The other four candidates who were not selected did not respond to the email or phone call.

Once a candidate agreed to consider participation, the Informed Consent Form (Appendix A) was emailed to them, with a follow-up phone call to answer any questions or concerns regarding participation in the study. When the candidate was satisfied with the process and understood the purpose of the study, they were asked to sign and return the form. Once received, the form was fully executed and sent back to the candidate before the interview was conducted. This process was repeated until all ten qualified candidates had completed their interviews. No candidates withdrew from the study after signing the consent form.

### **Validity and Reliability**

Consistency throughout the process was enhanced for this study by ensuring that the content representation in the instrument construction and evaluation processes is sound. The development of the questions for the participants, the method of collection, the use of the MAXQDA software (VERBI Software, 2022) for coding the data, and the thorough process of developing the themes for the data enhanced the reliability of this inquiry.

This process enhanced transparency and reflexivity by allowing participants to confirm the accuracy and intent of the findings with their lived experience. Achieving reliability in this study does not involve replicability in the conventional, quantitative sense. Consistency in the collection practices and analytical methods is important to the credibility of the study's findings.

Ensuring the consistency of the analysis of the findings is crucial in all investigations to uphold the integrity and trustworthiness of the study. Phenomenological qualitative studies are no exception, although traditional quantitative measures do not apply directly to this type of

inquiry due to its focus on subjective experiences. Different strategies must be implemented to provide the rigor and credibility needed for a qualitative inquiry.

### **Instrumentation**

The primary data collection instrument for this study, MAXQDA (VERBI Software, 2022), was selected based on its proven history of appropriateness for qualitative projects. Microsoft Word (Microsoft, 2021) was used to transcribe the audio of each interview. Once all data were collected, the transcribed data was uploaded into the software to code the data and identify the terms most often used by the participants. MAXQDA (VERBI Software, 2022) is a respected software tool that offers benefits for use in qualitative investigation. The software has coding capabilities that were used to streamline the process of organizing and analyzing the data collected during the participant interviews. The software was used to identify patterns and then themes within the data. With the use of the framework consistency and accuracy throughout the analysis of the data were maintained to enhance the reliability of the findings.

The data obtained by using MAXQDA (VERBI Software, 2022), combined with the extensive field notes taken during the interviews, were used by the investigator to develop the themes for the study. Using these tools to extract the data, a conscious effort was made to avoid interjecting personal beliefs into the collection and analysis of the data which also helped to ensure the accuracy of the data. This approach prioritized reflexivity and bracketing as outlined by Finlay (2009) to maintain transparency and rigorous analysis of the data. Reflexivity involves the researcher critically examining their assumptions, biases, and preconceptions that may influence the investigation process and findings. By adhering to these principles, efforts were made to mitigate the influence of the investigator's experiences, perceptions, and interpretations of the data collected.

Finlay (2009) also suggests the use of bracketing which involves suspending any preconceived notions or assumptions about the phenomenon being studied. This also allowed the approach to the analysis process to be open-minded and cognizant of unexpected findings. By applying reflexivity and bracketing, the credibility of the data analysis and the production of the findings improved.

### **Interview Questions**

Research questions in a phenomenological qualitative study are inherently open-ended, inviting the participants to engage in reflective dialogue and articulate their lived experiences in their own words (Moustakas, 1994). The following questions were asked during the interview with each participant:

1. Transformational Leadership Theory is a leadership approach that causes a positive change in individuals by connecting the follower's sense of identity to the mission of the organization. The transformational leader provides followers guidance in four areas. The first area is Idealized Influence which has followers seeking to identify with their leader and emulate them. What characteristics do you possess that make those who follow you seek to identify with you and emulate your behavior?
2. The second area related to a transformational leader is Inspirational Motivation which is when a follower seeks challenges that provide meaning and understanding for them. What characteristics do you possess that make your followers seek challenges that are meaningful to them?
3. The third area related to a transformational leader is Intellectual Stimulation which is when a follower expands their abilities through the Intellectual Stimulation you provide as their leader. What characteristics do you possess that intellectually stimulate your followers?

4. The fourth and final area related to a transformational leader is Individualized Consideration which is when a follower receives mentoring and coaching from you as their leader. What characteristics do you possess that provide this type of support?
5. Other characteristics of transformational leaders are believed to be important. Do you believe integrity is an important leadership characteristic? If so, why?
6. Do you believe being self-aware is an important leadership characteristic? If so, why?
7. Do you believe transparency is an important leadership characteristic? If so, why?
8. Do you believe humility is an important leadership characteristic? If so, why?

### **Data Analysis Process**

Each interview was conducted via a Zoom video conference (Zoom Video Communications, Inc., n.d.), digitally recorded, and later transcribed by downloading the audio into Word (Microsoft, 2021) and using its transcription feature. All data were securely stored on the investigator's computer. The investigator took extensive field notes during each interview. Notations were made regarding the value that each interviewee conveyed regarding the characteristics being discussed. The notes were reviewed for completeness immediately after each interview was concluded. The notes taken during the interviews were reviewed several times and pertinent information was included in the coding process. An effort was also made to improve reliability through accurate data recording and transcription of the participants' comments, emotions, and feelings.

The Van Manen (2001) six-step approach was the initial method used to analyze the data for this phenomenological study (Table 1). This approach to analyzing qualitative data is a detailed methodological framework designed to help investigators interpret and make sense of

their data, particularly in the context of phenomenological studies. This approach focuses on deep, reflective inquiry into lived experiences, aiming to uncover the essence of phenomena.

**Table 1**

*The Measures and Activities Conducted by the Investigator for Data Analysis*

<b>Suggested Steps</b>	<b>Activities</b>
Orientation to the phenomenon under study	Experience in Healthcare Leadership
Immersion in the phenomenon under study	Selecting experienced candidates
Reflecting on developed themes	Describing phenomenon, writing/rewriting
Describing the phenomenon writing/rewriting	Writing/rewriting for best descriptions
Maintaining conscious communication	Checking the contents of interviews and finding their value in the transcripts
Aligning the research using a holistic approach	Reviewing whole then part – part then whole

The first step in this approach involved identifying a phenomenon of genuine interest that holds significant meaning for the investigator and is relevant to human experiences. The phenomenon explored in this study was to understand the characteristics of successful rural hospital CEOs from their perspective, based on their opinions and experience. The next step emphasized the importance of exploring experiences in their raw, lived form without filtering them through pre-existing conceptual frameworks. Reflecting on the essential themes was the next step whereby the investigator reviewed and considered the data to be extracted into key themes that consistently appeared, indicating their essential role in shaping this phenomenon. Describing the phenomenon by writing and rewriting using writing as a tool to elucidate and elaborate on the themes was used next. This step included continuous rewriting to refine the descriptions and ensure they convey the depth of the experience.

To assist the investigator in maintaining the integrity of the inquiry, an investigator must stay deeply connected and committed to the phenomenon, ensuring that their focus remains aligned with the essence of the experience being explored. This step was accomplished in the

maintaining conscious communication portion of the process. The last step involved considering both the individual elements and the overall context of the phenomenon. In this step, the investigator continually moved between looking at specific details within the broader picture to ensure a comprehensive understanding. This six-step approach proved to be reflective and beneficial, providing an avenue to engage more thoroughly with the data and continually reassess the interpretations to ensure the focus is on the essence of the participant's lived experiences.

Once the initial compiling of the raw data was completed, the MAXQDA software (VERBI Software, 2022) was used to code each response. This software has been used for qualitative data analysis to code data and text for analysis. Utilizing this software to code the data allowed for themes to be developed that provided further insights and understanding of the responses. The data were examined for common constructs of leadership characteristics. The coding process was repeated to ensure the characteristics mentioned by the participants were not missed. Initial themes from the coded data were developed and quotations from the comments were selected to represent the emotions and feelings of the participants supporting that theme.

One approach was used throughout the analysis to improve the findings' validity and reliability. The Angen (2000) substantive approach involves self-reflection through analysis and is often used to keep in check the investigator's principles, feelings, and interests. Self-reflection enabled me to consider how those issues may influence the interpretation and analysis of the data and limit bias as much as humanly possible.

After this three-step process was completed, the three themes that emerged were reviewed in detail several times, modified, and finalized for discussion in this study. This thorough process provided themes that reflect the recurring characteristics that the participants expressed as critical to their success and the success of those in their positions.

## **Data Security**

Ensuring the security and confidentiality of the data collected during this study is paramount to producing a valid study and protecting the participants' rights. Anonymizing participant identities, securing data in protected storage that is encrypted, and obtaining informed consent are the safeguards used to protect all involved. Ensuring robust data security measures not only protects the participants' privacy but also supports the credibility and trustworthiness of the research findings (Smith & Osborn, 2008).

For this study, all data collected during the study, including audio recordings and transcripts, were securely stored with restricted access. Electronic data were encrypted to prevent unauthorized access. Anonymity was maintained using pseudonyms for participants to ensure their identities remained undisclosed. Confidentiality of their responses was ensured by securely storing all data in a locked office and limiting access only to the investigator and Dissertation Chair.

## **Participant Rights and Ethical Considerations**

Ensuring the ethical treatment and protection of subjects is a fundamental aspect of conducting a qualitative investigation. Measures were taken to respect the privacy and dignity of the human subjects used for this study. In addition to the measures outlined within this section, the study methodology was submitted to and approved by the Institutional Review Board (IRB) of The University of the Incarnate Word. The IRB reviewed the processes for this inquiry and the investigation design and procedures to assess compliance with ethical standards.

The Informed Consent Form (Appendix A) described previously was emailed to each potential participant and reviewed. After addressing any questions or concerns, the participants

were asked to sign the form and scan the signed form to me via email. Once both parties possessed a fully executed form, the interview with the participant was scheduled.

Once the interview was completed, each participant was asked if there were any further questions or concerns related to the interview. None of the participants expressed concerns about the processes that they reviewed for confidentiality and the security of their responses.

### **Summary**

This chapter reviewed the methodology applied to the study design process of a phenomenological qualitative approach. This approach was utilized to explore the attributes of successful rural hospital CEOs. The methodology was chosen to better understand the lived experiences and perspectives of rural hospital CEOs concerning what characteristics they believe are important to achieve success in rural hospital leadership. The methodology used Bass's (1985) Transformational Leadership Theory as a guiding theory for the study in addition to the research of Creswell (2014) to guide the qualitative investigation processes.

The three research questions were reviewed with the process for collecting the data via interviews conducted via video conference with ten rural hospital CEOs located in Texas. The qualified participants were selected through purposeful sampling to provide in-depth insights into the topic. This approach allowed the participants to share their perceptions, experiences, and challenges of leading a complex organization in the context of a dynamic industry.

The validity and reliability of data were ensured by using the same eight open-ended questions to encourage discussion of characteristics consistent with Transformational Leadership Theory. The Van Manen (2001) six-step, self-reflective approach was applied by the investigator during each step in the process to reduce the potential investigator's bias when analyzing the data and to guide the process of developing the themes.

At the end of this chapter, the data collection and security were reviewed to explain how the confidentiality of the participants was protected, and their rights were communicated. This complete methodology was important to the success of this inquiry and laid the foundation for a better understanding of the perspectives these successful leaders believed important to achieving success.

## **Chapter 4: Findings**

### **Overview**

This phenomenological study sought to identify common leadership characteristics of successful hospital CEOs located in rural Texas communities. This chapter contains the results of the data analysis. The data revealed three themes that aligned with the qualities found in the study's guiding theory of Transformational Leadership.

The sampling process was completed after recruiting ten eligible participants from a pool of fifteen CEOs, ranked by profitability percentage. Each participant signed an informed consent document, and a discussion was held to answer any questions or concerns before participating in the study. After this discussion, each candidate expressed willingness to be available to participate in the structured interviews. Each interview occurred in a video conference via the Zoom platform (Zoom Video Communications, Inc., n.d.). Interviews were recorded digitally within the platform and detailed notes were taken by the investigator.

### **Participant Characteristics**

Information regarding the ten participants is included in Table 2. It provides a basic overview of the candidates selected and reveals the depth of experience possessed by each participant. Two of the ten participants retired from their CEO position within six months of the

interview. Their responses were included in the results because their long-tenured success was reflected in the financial data used during the participant recruitment process.

There are four columns in Table 2. The first column lists the candidates by pseudonym (number) in the order in which they were interviewed. The second column displays the average profitability percentage (Net Total Margin percentage) for the hospital and the ranking for the participant. The ranking is based on the profitability percentage for all candidates in Texas who met the first criteria to participate in the study - holding the CEO position for five years or more. The third column displays the years of experience as a CEO followed by the column which displays the size of the workforce they oversee expressed as the approximate number of employees. This number, along with their years of experience as CEO was provided by each of the participants after the interview was concluded. The participants averaged just over 10 years of experience, had an average profitability percentage of 21.3 %, and were responsible for the operations of a hospital that had an average of 273 employees.

**Table 2**

*Participant Demographic Summary*

<b>Participant ID</b>	<b>Profitability % (Rank)</b>	<b>CEO Experience</b>	<b>Approximate # of Employees *</b>
1	10.3 (13)	6 Years	350
2	17.3 (12)	11 Years	210
3	46.3 (5)	15 Years	150
4	30.4 (7)	8 Years	260
5	19.1 (10)	25 Years	170
6	16.4 (15)	5 Years	350
7	21.7 (9)	8 years	170
8	29.8 (8)	13 Years	450
9	11.3 (11)	7 Years	350
10	106.5 (2)	5 years	310

*Note: The Approximate Number of Employees includes full-time and part-time employees.*

Figure 4 illustrates the geographic location of the participants within the State of Texas. Each quadrant of the state had at least two qualified CEOs from that quadrant participate in the study. Although each quadrant may have regional issues specific to the region, a vast majority of the issues managed by the CEOs are specific to Texas healthcare in general.

#### **Figure 4**

##### *Participant Location by Region*



#### **Data Gathering**

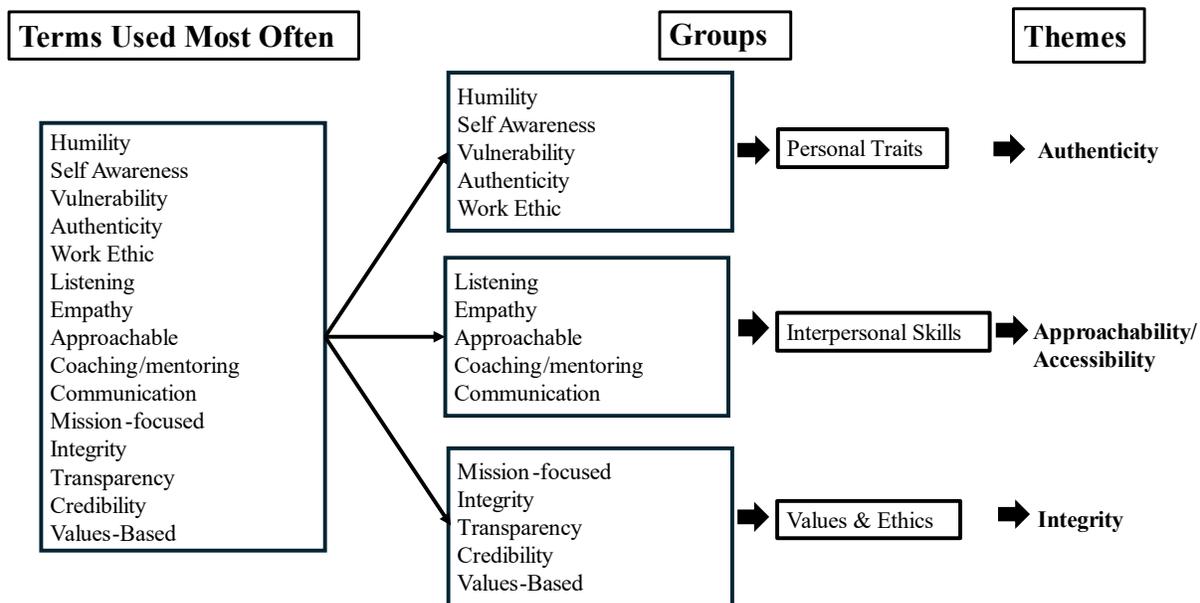
All interviews were conducted using the Zoom video conference platform (Zoom Video Communications, Inc., n.d.) during a two-week period. The discussion was digitally recorded and downloaded to Microsoft Word (Microsoft, 2021) for transcription of the audio file. All data were securely stored on the investigator's computer. Extensive field notes were also taken by the investigator during each interview that included the emotions conveyed by the participants. Notations were made regarding the value that each interviewee shared regarding the leadership

characteristic being discussed. The notes were reviewed for completeness immediately after each interview was concluded.

Each participant in the study took the time to provide outstanding responses to the research questions which strengthened the data they provided. By providing thoughtful responses, the participants conveyed their emotions and feelings toward the characteristics being discussed. A typical challenge of phenomenological qualitative research is the participants' tendency to provide routine answers (Robinson, 2014). This tendency did not present itself because the participants took the time to reflect on the questions and provide detailed responses based on their experiences. Each participant was asked at the end of their initial response to each question if they had anything more they would like to share. This allowed further reflection by the participants. Although no participant provided an additional response to every question, each participant provided additional responses to several questions during each interview.

### **Data Analysis**

Once all data were collected, transcribed, and uploaded, the MAXQDA software (VERBI Software, 2022) was used to analyze and code the data from the audio recording of each interview. Coding each interview was done based on the terms used by the participants to describe characteristics essential to the success of a rural hospital CEO. This software assisted with organizing and analyzing the data. The terms most often stated were listed. The list was then distilled into groups that represented like terms. Those groups included personal traits, interpersonal skills, and values and ethics. Labels were developed to better describe the groupings and encompass the common theme of the characteristics of each group. Table 3 contains a visualization depicting the process resulting in the three themes for the findings.

**Table 3***Theme Development Process*

The investigator maintained consistency and accuracy throughout the analysis of the data to enhance the reliability of the findings. The investigator's initial approach to the analysis was also to remain reflective as outlined in the approach developed by Van Manen (2001) (Table 1). This framework assisted in the interpretation of the data and assisted in keeping the coding and theme development as objective as possible.

**Findings**

The analysis process revealed three themes for the data. The process revealed that participants believe a rural hospital CEO must be authentic, approachable, and accessible, and demonstrate integrity in all that they do to be successful in the rural environment. Rural Texas hospital CEOs must possess numerous skills and attributes to be successful. The participants in

this study made comments most often, and sometimes emphatically, about the characteristics mentioned in these three themes.

**Theme 1: *Authenticity Professionally and Personally***

Authenticity is a multifaceted trait that serves as the cornerstone of genuine human interaction and personal development. Authenticity is referred to as the unobstructed operation of one's true self in one's daily enterprise (Kernis, 2003). Authenticity is a personal trait and intrinsic quality that defines a leader's true behaviors and approach. The participants in this study mentioned this characteristic often and believe authentic leadership involves a combination of humility, self-awareness, and work ethic. Together, these qualities help rural hospital CEOs navigate the complexities of healthcare management with a grounded and realistic perspective, essential for gaining the trust of their team and communities.

As an overriding theme of the participant's responses, the general characteristic of authenticity as a CEO of a large employer within a small community is critical because their interaction with the employees of the organization and the citizenry of the community occurs during the work and more often when not at work. A rural CEO represents the hospital and themselves and must be consistent in their approach to issues in all aspects of their life, professionally and personally, or they will lose credibility as a leader. This was explained by a participant who conveyed the environment that rural leaders work within. He stated rural CEOs must be more relatable because they are a little less isolated by layers of management. Hospital system CEOs and urban centers may be harder to gain access to. Rural leaders, just by the nature of where they live and work and make their career, must be authentic in all aspects of their lives, personally and professionally. It is a different personal lifestyle from an urban hospital CEO who may live in a different neighborhood or suburb from the one the hospital is located within and

because of the vastness of a metropolitan area they become separated from those with whom they work.

In contrast to a large, urban medical center with thousands of employees that the CEO may never personally interact with, a rural hospital has employees who live in the same community as the CEO. The CEO will interact with them daily inside and outside of the facility. They will attend church, participate in civic activities, participate in children's activities, and socialize with their employees, board members, and other stakeholders of the organization often. As a leader, one must be authentic in all relationships to be successful in their work because everyone in a small town knows everyone else and information in a rural community travels quickly. Working within a small community has a unique requirement for a rural hospital CEO that their counterparts in larger organizations do not have to possess.

### **Humility**

One aspect of authenticity mentioned by the participants often was the leadership characteristic of humility. Humility allows leaders to acknowledge their limitations and learn from their experiences, fostering a culture of continuous improvement (Collins, 2001). A humble approach was mentioned by most of the participants. In a small community where everyone is aware of each other's approach to life, each participant shared that they must lead by example and not let their ego get in the way of their success. CEO 2 summarized being humble in their role by stating:

You see so many times where a leader of an organization will come in and try to establish themselves as the subject matter expert on all things instead of being honest and saying I don't know the answer to that, and I will do what I can to find the answer. To have that approach shows them that you have credibility and truthfulness. Everyone has an ego; it

is what brought them to their job and what they do. I believe humility with a healthy ego is paramount. It keeps you self-centered, you can lose focus sometimes and you start making poor decisions. Humility is a great way to temper that and center you to make you think and make better decisions.

CEO 1 described the humble approach succinctly and directly, “Humility adds value to others. Admit when you are wrong and shut up when you are right.”

In a small community, humility is respected and expected. Arrogance is not a welcomed trait in smaller communities. Conveying that CEOs need to be seen as human and humble, CEO 8 stated:

You are human and you are going to make mistakes. You are going to stumble. You are going to fall. If someone gives you grace when that happens and you have humility about it, it makes you a stronger leader. You have to be humble. And I always tell people, do not ever forget where you came from.

### **Self-Awareness**

Self-awareness provides a clear understanding of one's strengths, weaknesses, and opportunities for self-improvement. It enables personal growth and the building of meaningful connections. Self-awareness is crucial for understanding one's strengths and weaknesses, which helps in better decision-making and personal growth (Goleman, 1998). Commenting on the importance of self-awareness CEO 8 stated:

Yes, I absolutely believe in self-awareness because if you are not self-aware, not only yourself but those around you, you cannot be an effective leader. If you value yourself to a degree that can be considered offensive or belittling of others around you and if you don't see that, then you are not self-aware. Being self-aware is key to gaining trust from

those around you. Also, being self-aware is understanding your shortfalls. When you are self-aware and you are transparent about it with your board, your medical staff, your directors, I think they appreciate that and expect it from their CEO.

CEO 6 shared additional thoughts regarding self-awareness:

Authentic leadership, self-awareness or being self-aware, ... means knowing your strengths and weaknesses, and it is important how others see you, how others perceive you, and how you affect them based on your actions relative to your words. A good leader can reflect on their actions, thoughts, and emotions and you can stay true... to their core values.

Authenticity in their support of their community and all aspects of their life is necessary for them to be successful in an environment that has every aspect of their life reviewed by the stakeholders of the organization.

### **Work Ethic**

Finally, authenticity is enhanced as a leader when they possess a strong work ethic. It underscores the dedication and integrity required to pursue one's goals with sincerity and perseverance. Thomas Edison is quoted as saying: "Opportunity is missed by most people because it is dressed in overalls and looks like work." Unlike most organizations, a hospital operates 24 hours every day. Issues will arise outside of the normal workday that may need the involvement of the CEO. A successful CEO is available to the employees at all hours of the day and night every day of the week because there are not multiple management levels available to resolve issues. CEO 1 reviewed his work ethic and the impact it has on his employees when sharing:

I'm at work more often than our employees and the first one here and the last one to leave. Employees will follow a good leader as long as that leader is setting a good example by working hard, being at work early, staying late, doing what it takes to get the job done, no matter what time of day it is, no matter if it is a weekday or on a weekend.

Citizens of small communities in Texas value a strong work ethic and a humble approach to issues. The participants believed a CEO working in this environment would not be successful without working hard and having humility as a characteristic.

The community is also observing the work ethic of the hospital CEO as they volunteer in civic organizations, volunteer at community events, work on their property, or aid community members and friends when they request it. Working hard in all aspects of one's life is a respected trait in rural America and Texas is no exception. Having a strong work ethic in all aspects of one's life builds respect and credibility. Comments by participants about the need for the CEO to be authentic through a leadership approach that is humble and hardworking were consistently highlighted throughout the findings of the study.

### ***Theme 2: Approachable and Accessible***

The participants' responses during the interviews stressed the importance of having good interpersonal skills that build and maintain effective relationships within the organization. Possessing the characteristics of approachability and accessibility was deemed important by the participants who stated one must be an active listener, consistently display empathy towards others, and be an effective communicator. Being approachable ensures that leaders are accessible and open to feedback, which is critical in all contexts as a leader, but especially in a rural healthcare setting where management resources may be limited, and staff may need more direct support and guidance from the CEO. The approachability and accessibility of a leader help to

build a positive and productive culture where everyone believes they are heard and valued which leads to them being motivated to contribute their best.

### **Listening and Empathy**

Active listening and empathy were mentioned together often as important characteristics that are essential traits for effective leadership. Empathy allows leaders to connect with their team on a deeper level, understanding their challenges and providing appropriate support (Goleman, 1998). A CEO must be present and convey an understanding of the personal and professional needs of their team as stated by CEO 8:

I think the characteristics that I possess to help an individual are truly being empathetic and being an active listener, a compassionate listener. They don't want you to tell them everything, they want you to listen. They want you to listen to what they have to say, give them accurate feedback, and be empathetic to their cause.

Coaching and mentoring are essential for developing the potential of staff, ensuring continuous professional growth, and improving overall organizational performance (Whitmore, 2009). Whether it is through mentoring, coaching, or simply being an empathic leader, the goal is to build trust and encourage a culture of continuous improvement. The commitment to investing in people not only enhances their capabilities but also contributes to the overall success and cohesion of the organization. CEO 6 shared the connection between empathy and humility stating:

It helps you appreciate the input of others. Humility can be influential in how you adjust your actions as a leader and how they impact me (as CEO). What would change with situations of change? How do I react to those kinds of things? It gives you a better or heightened sense of mission. Why you are there or what is the reason why you are doing

what you're doing. The second thing is empathy. It allows you to have empathy for the folks who support you, empathy for the community, and empathy for everyone involved. I was glad to see that question because I had not realized the impact humility has on leadership. It has a huge impact.

## **Communication**

Communication is critical for any relationship to be effective. For most leaders, effective communication and active listening are fundamental for understanding the needs and concerns of staff and patients, thereby fostering an inclusive and supportive environment (Covey, 1989). All participants without exception mentioned effective communication as a critical personal trait needed to be successful. The importance of open communication was emphasized by CEO 2:

I think you have to be open in your communication. I think you have to reveal information when it's the right time and at the right place. You have to give your honest thoughts and feelings. There are sometimes you can't because of whatever the circumstance is. Just be honest in your thoughts and feelings, you know, and just create that channel for communication for your team or your followers. They need to have an opportunity to share their feelings too at the same time.

Leaders communicate to align everyone with organizational goals by clearly articulating the mission and the role each stakeholder plays in the process of meeting the mission. Honest and straightforward communication was found to be important with the CEOs interviewed especially with CEO 5 who stated:

I think that if they know that the leader is clear and transparent, that they are going to be encouraged to communicate. Clear and transparent manner of communication so

everybody has a really good understanding of what everybody else is doing, everybody is rowing the boat in the same direction.

The importance of communicating details to the employees was mentioned by CEO 7:

I believe that you are going to win more followers by really being open and upfront. That is communication, they cannot follow blindly, so they have to understand what is going on. That is the biggest factor in someone's skill set, or the biggest thing that I bring to the table, is really laying things out on the table so staff understand, even if it is not the popular thing.

Within the community, being approachable is an interpersonal skill and leadership characteristic needed to be successful because the CEO often manages issues with friends, neighbors, and extended family. Accessibility to these important stakeholders is also viewed as a tremendous positive quality.

### ***Theme 3: Integrity Builds Trust and Credibility***

Integrity was consistently mentioned by every participant as an important characteristic of a successful rural hospital CEO. Several participants believed integrity is most important in all aspects of life and important for leaders in every situation. Rural Texas communities tend to be family-centered and reflect conservative values. “Integrity is doing the right thing when you don’t have to when no one else is looking or will ever know, when there will be no congratulations or recognition for having done so” (Marshall, 2003). If a CEO working in a rural community does not do the right thing in every situation, their reputation will suffer because someone in the community is always watching.

The characteristic of integrity is found frequently in the current literature as an important characteristic for a leader’s success. A leader exhibits integrity when their actions reflect high moral and ethical standards. (Mitonga-Monga et al., 2019). A leader who demonstrates integrity

builds trust and the cohesiveness of followers. When discussing integrity, each participant shared extensive comments that were passionate in their tone as conveyed by CEO 1:

It goes to the core of your credibility and the creditworthiness amongst the people you are leading. If you do not have trust in the people you are trying to lead, they are not going to follow you. That goes hand and hand with trust and integrity. Trust with the folks who you are leading, who you are working with, and the community. I think if people believe that you are not transparent it is going to be hard to persuade. As a leader that is your job... pretty much 90% of the time is influencing and persuading. You can make decisions all you want, but if you cannot persuade or influence people to follow you it does not matter how smart you are, it goes back to their trusting you.

CEO 7 was quick to comment regarding the importance of possessing integrity as a CEO, “Arguably the most important characteristic of any leader in my mind. Because power without integrity is a dangerous combination. Integrity in leadership and integrity in all things matter.”

Integrity was also mentioned as a characteristic that is essential to collaborate effectively with a team as explained by CEO 3:

By far it is probably one of the most important for me, it has helped me with so many issues that have come up...integrity and honesty. It breaks down barriers, it builds trust, and you are able to get to the meat of the issues. You can get past the personal and get down to the logical part of accomplishing a goal.

The participants believed that the brightest and best employees within an organization will not remain for long if they work for a disingenuous leader. This was mentioned by each participant and described by CEO 10 succinctly, “Doing the right thing at the right time. Because followers can’t or won’t work for individuals who have corrupt behavior.”

The importance of being a leader who possesses integrity is not specific to rural healthcare. Leaders may also enjoy success if they lack integrity outside of the workplace when working in a metropolitan setting. To be successful in leading a hospital in a small community, each participant conveyed the importance of this essential characteristic in all aspects of their life if they expect to be successful.

### **Mission-Focused**

Each participant in the study believed a successful CEO must be committed to the mission of the hospital and ensure it is understood by everyone within an organization. If the hospital board, leaders, and staff understand and work toward accomplishing the same mission, the organization will not only survive but thrive. Witmer & Mellinger (2016) found that commitment to the mission is a primary characteristic of resilient organizations and to be resilient organizational members must share a deep belief in the value of the organization's purpose.

Communicating the organization's mission to the hospital's team at all levels was viewed as paramount to the success of the organization and its CEO. CEOs must clearly articulate the mission to instill in the employees a sense of purpose and direction, fostering teamwork and engagement throughout the hospital. CEO 5 provided lengthy comments that were representative of mission-focused leadership as being a big component of integrity.

It all goes back to the mission and why and what we are doing. I try to relate that mission and make it very personal for the people that are serving. Especially in a rural community, healthcare I think becomes a little bit more personal. You are working closely in a place usually where you have grown up or where you are from. A lot of times you are taking care of friends and neighbors, people who go to church with people you

see at the ballparks. It becomes a little bit more personal. I think that when you can have people relate to that and let them know that it is a little bit more meaningful. In a way, because you know the person that you are taking care of or providing service for. It usually is somebody that you have a personal relationship with.

Consistent messaging about the mission can strengthen organizational culture, promoting a unified vision and values among employees (Sinek, 2009). Research has shown that organizations with leaders who effectively communicate their mission are more likely to achieve higher levels of employee satisfaction and organizational performance (Witmer & Mellinger, 2016). Being mission-minded as the leader is what CEO 4 believes is a responsibility of a rural hospital CEO stating:

I believe in the responsibility... I do not think I would be as effective selling cigarettes or something like that. But when it comes to having energy around a purpose that you can feel good about, obviously, when it comes to access to care in rural communities there is a lot of responsibility that goes along with that.

CEO 1 mentioned that the foundation for decision-making is the hospital mission that should be present always, “We keep the mission in mind no matter what is thrown at us. Our subordinate managers and leaders can see that we have the reins and that we keep the ship upright and going in the right direction.”

As the leader of the organization, the CEO must be committed to the purpose of the organization and communicate that purpose so that everyone believes their job has meaning and is working to move the organization toward the same goals. When commenting on how to direct the employees of a hospital, each participant in the study was adamant that a successful CEO

will not only explain what is needed to accomplish the task, they must communicate why it is needed for the organization and the entire community.

### **Transparency**

Participants stressed that authentic leaders must also be transparent in their communications, or they will be viewed as disingenuous. Authenticity relates to the person's values, while transparency reflects how the person shares information. The Business Dictionary (n.d.) defines transparency in the leadership context as the practice of being open, honest, and straightforward about company operations, decisions, and processes with employees and stakeholders. It involves sharing information freely to foster trust and accountability within the organization.

Honestly disclosing the information is not enough to foster transparency. Hood (2007) stressed that transparent communication should include the audience and consider the audience's ability to process and interpret information. When discussing the importance of transparency as a part of a leader's integrity one participant best described it. CEO 1 discussed the importance of transparency:

It is terribly important. I believe transparency is incredibly important. I believe transparency breeds trust, it breeds cohesiveness, and teamwork...all of these things that propel our mission. There is no mistrust with transparency. Transparency to me is always the best policy. Without transparency, it is a festering ground for disbelief. In everything, transparency is critical.

Transparency is a character trait for a successful CEO because it promotes a healthier and more effective organizational environment that fosters better decision-making and mutual trust among all stakeholders in the organization and community.

## Summary

This chapter detailed the three themes that emerged from the interviews with the participants in this study. Each theme contained direct quotes of the comments from the participants regarding the characteristics they believed to be important to successfully lead a rural hospital in Texas.

The responses from the participating hospital CEOs emphasize the theme of authenticity as a crucial aspect of effective leadership in rural healthcare. Each leader underscored that authenticity fosters a sense of connection and trust with their team, as it demonstrates their human side and their willingness to acknowledge mistakes and learn from them. By embodying authenticity in all aspects of their lives, CEOs within rural hospitals have a reputation wherein the staff feels valued and respected, the citizens trust the leader of its valuable community asset, and the leader's behavior personally and professionally continually reinforces their trustworthiness.

The characteristics of approachability and accessibility gleaned from the responses of these individuals were an overarching theme. This theme encompassed active listening, empathy, and effective communication as “must haves” by leaders. Each participant emphasized the importance of being available and genuinely investing time and effort into understanding and aiding the growth of their team members. These characteristics involved guiding while fostering a supportive environment where employees felt valued and empowered to make decisions to pursue their goals alongside the goals of the hospital.

The final theme discussed in this section was collectively underscored by every participant. Integrity is not just an essential characteristic but the very bedrock upon which trust, respect, and successful leaders are built. Integrity ensures that leaders can be trusted to make ethical decisions, act transparently, and uphold the values of the organization contained in the

mission. Chapter 5 provides a discussion of the implications of these results and recommendations for future study.

### **Chapter 5: Discussion**

Chapter 5 discusses the lived experiences of CEOs who oversee a rural hospital in the State of Texas and their beliefs regarding the leadership characteristics that are important for success in this unique setting. The Transformational Leadership Theory guided the development of eight semi-structured questions that generated narratives from ten participants. This chapter evaluates the findings as they pertain to the study's theoretical framework and answers the study's research questions. It also includes an interpretation of the findings. The chapter concludes with a discussion regarding the potential implications of this study and recommendations for future research.

#### **Theoretical Framework Alignment**

The Transformational Leadership Theory identified four attributes that transformational leaders possess. The qualities align with the three study themes characteristic of successful rural CEOs. The specific themes are listed in Table 4 across from the Transformational Leadership qualities with which they specifically align.

**Table 4**

*Theme Alignment with Bass Transformational Leadership Theory Qualities*

<b>Leadership Theme</b>	<b>Bass Theoretical Qualities</b>
1. Authenticity Professionally and Personally	Idealized Influence
2. Approachable and Accessible	Individualized Consideration Intellectual Stimulation
3. Integrity Builds Trust and Credibility	Inspirational Motivation

Avolio and Bass (2002) define transformational leadership behavior as that which achieves superior results by using one or more of these four qualities. The alignment of the findings with the theoretical framework of the study is important as it confirms that rural hospital CEOs possess attributes that are consistent with a proven, researched leadership theory. Their responses provided nuances in addition to attributes of the guiding theory and reflected the environment in which they work as leaders for their hospitals.

### **Idealized Influence**

The first attribute of Transformational Leadership Theory is Idealized Influence. Leaders with this quality serve as role models whom followers seek to emulate. This aligns with the characteristics mentioned by the participants and was reflected in the first theme, *Authenticity Professionally and Personally*. Participants spoke about the characteristics they modeled for the staff to emulate. They reported that if they were not authentic in their approach as CEO, that information spread quickly throughout the organization and community. Several mentioned that as a leader within a community, there is someone always watching how they manage issues and conduct themselves.

Exhibiting behaviors for followers to emulate is a personal trait participants mentioned they endeavored to demonstrate. Participants repeatedly said they considered the traits of humility, self-awareness, and work ethics to be authentic behaviors that portray a positive role model for the staff to emulate. They believed these traits must be practiced in every aspect of a rural hospital CEO's life. These characteristics directly align with Idealized Influence.

Authentic leaders are characterized by the transparency and consistency between their words and actions. They inspire followers by embodying the ideals they promote and are perceived as

credible and trustworthy, which enhances their ability to influence and motivate their followers effectively (Northouse, 2018).

A hospital CEO working in a large metropolitan area may not interact with other stakeholders of their organization in their personal life. They may be involved in community organizations, such as the Chamber of Commerce, but may be less likely to attend church or other events where they would interact with those who know them as the medical center CEO. A rural CEO would need to leave the community to enjoy this level of anonymity. As their tenure as CEO develops and they become established in the community, the responsibility to demonstrate authenticity in both a personal and professional capacity is paramount.

### **Individualized Consideration**

According to Bass (2002), Individualized Consideration is the quality in which leaders show genuine concern for the needs and feelings of their followers. This aligns with the findings of this study for leaders who have the characteristics of approachability and accessibility. To inspire others, a leader must first be approachable and accessible to the employees of the hospital and to the members of the community. The participants stated that they must have effective communication skills, listen empathetically, and strive to be a leader who is available to coach and mentor those who would like to grow in their roles.

The personalized approach is based on the approachability of the rural CEOs who are viewed by staff as more attentive and responsive to their needs. By providing this individualized consideration and genuine concern for their personal and professional development, the CEO creates an environment where stakeholders feel valued and understood. Being approachable and accessible fosters open communication so the staff and community members are more likely to approach them with their concerns and ideas, knowing they will be met with empathy and

support (Bass & Avolio, 1994). By being approachable and maintaining an open-door policy, CEOs facilitate a culture of inclusivity and continuous improvement.

An ideal rural hospital CEO consistently communicates key information regarding the services and mission of the hospital. The CEO is recognized as a leader within the community and communicates information regarding the hospital at their church, civic events, sporting events, and at the local restaurant while dining with family. There are numerous opportunities within a rural community to convey the mission of the hospital and provide information that will dispel negative rumors circulating within the community.

Being accessible also provides opportunities to reinforce the positive messages regarding the services and occurrences at the local hospital. Urban hospitals are tasked with making public appearances often as a part of their daily duties. However, once they leave the workplace there is a sense of anonymity that can be found when one disappears into a large metropolitan area with no access to stakeholders of the organization and limited opportunities to share information with them.

The quality of Individual Consideration, a key component of Transformational Leadership Theory, aligns perfectly with approachability and accessibility because they both strive to foster a supportive and nurturing environment. When leaders are accessible to their stakeholders it builds trust and open communication which creates a cohesive and effective culture.

### **Intellectual Stimulation**

The quality of Intellectual Stimulation aligned in several ways with the study's theme related to approachability and accessibility. Transformational leaders who possess the quality of Intellectual Stimulation challenge organizational norms and encourage creativity and innovation

among their followers. Encouraging innovation, which was mentioned often by the CEOs who participated in this study, must occur in an environment free of fear. A CEO must be approachable and accepting of innovative ideas for the employees to be comfortable with proposing innovative solutions to issues.

Approachability is important for rural leaders because it creates an environment where questioning and divergent thinking are not only accepted but encouraged. Followers feel comfortable presenting novel ideas and challenging the status quo, knowing they will be met with openness and curiosity rather than resistance (Bass & Riggio, 2006). A rural CEO does not have the resources available to them equivalent to an urban medical center CEO. The urban medical centers have leaders who have expertise in all areas to address issues and develop solutions. In the rural setting, the CEO is a generalist with limited resources to address issues.

A leader in a small community hospital must create a culture that intellectually stimulates the staff of the organization to bring forth creative ideas and solutions. The CEO must be approachable and accessible to mentor those around him to provide an environment where all feel comfortable in bringing solutions to the issues that impact the hospital. Avolio & Yammarino (2002) found in their research that accessibility is evident in the CEO's readiness to provide the necessary resources, time, and guidance to nurture the intellectual and creative capabilities of their team. A rural hospital CEO must be accessible and able to respond to the needs of the hospital staff and the residents of the community. As with staff, the members of the community want to have access to discuss issues with the leader of their hospital.

### **Inspirational Motivation**

Inspirational Motivation aligned well with the theme of *Integrity Builds Trust and Credibility*, in this study. Inspirational leaders have a sharp vision for the future and can

articulate this vision in an inspiring manner, motivating followers to align with this direction. This quality is intrinsically tied to integrity because it relies on the CEO to be transparent, credible, and make value-based decisions that align with the mission of the hospital.

Transparency was often mentioned as a quality that goes hand in hand with integrity. Each participant emphasized that effective leadership hinges on being open and clear with team members, ensuring that they understand the reasons behind decisions and the broader goals of the organization. Typically, stakeholders are aware of what is occurring at the hospital in a small community and a lack of transparency when communicating hospital information would be news that travels through the hospital and community very quickly.

This transparency fosters trust and cooperation, making it easier for leaders to guide their teams through challenges and toward collective success. In a small community, honest communication and integrity-based behaviors are not only rewarded but required.

Participants in this study mentioned being mission-driven as a leader and communicating that the mission is important for providing a consistent focus for the employees to motivate them to pull together to accomplish goals. The mission of a rural hospital is more personal for staff who work in a hospital located in a small community. The stakeholders of the organization know the patients whom they are providing care for each day. The participants in this study believe that communicating the importance of the mission to continue the hospital's viability is important for the community of friends and family they serve.

Transformational leaders communicate from a position of integrity; they create an environment where followers are more likely to feel a shared sense of purpose and commitment (Northouse, 2018). This consistency in decision-making is important for building credibility and trust within the organization. Being a leader with integrity fosters trust and credibility, essential

for followers to buy into the leader's vision and feel motivated to strive for collective success (Bass & Riggio, 2006). Bass's Inspirational Motivation quality, when coupled with integrity, cultivates a trustworthy and ethically driven leadership style that inspires and mobilizes followers toward achieving shared goals.

The characteristics mentioned by the participants aligned with the qualities of the theoretical framework for this study. There are numerous characteristics that crossover between the themes of the findings and the four qualities of the theoretical framework. Each theme contains characteristics mentioned in each of the four theoretical qualities. This crossover was anticipated when comparing leadership theories and the characteristics of successful leaders.

Leading a small community hospital in Texas is a complex and difficult job. The CEOs who are successful in leading their small community medical centers are truly exceptional. When one considers the challenges small community hospitals in Texas must address with limited resources available to meet those challenges, they may appear insurmountable. There is no shortage of challenges for any hospital to address. However, in the rural setting, the resources to address those challenges are more limited than in an urban setting. Compounding these factors is the pressure from knowing that failure means lives and livelihoods are at stake and that the closure of a rural hospital can signal the slow and steady decline of an entire community (Putnam et al., 2023). To be successful in this position the participants in this study provided comments based on their experiences that were distilled into the three themes of the study in Chapter 4.

### **Authenticity Personally and Professionally**

Rural hospital leaders work in an environment that requires a different skill set than those of their urban hospital contemporaries. This was best conveyed within the theme which found that rural CEOs must always be authentic within the organization and within the small

community in which they reside. If the CEO is not authentic in their approach to issues personally and professionally, the entire organization will learn of their actions in a brief period impacting their ability to successfully lead.

Authenticity of leaders is not a new concept. It has been a critical characteristic of leaders in business and other settings for many years. Bill George introduced Authentic Leadership Theory when he wrote *Authentic Leadership: Rediscovering the Secrets to Creating Lasting Value* (George, 2003). This theory has become a predominant leadership theory. The theory lists five qualities of authentic leaders to include self-awareness, integrity and empathy, build relationships through effective communication, achieve goals with self-discipline, and have qualities that are not imitations of others. Similar personal traits were shared by the participants in this study relating to authenticity. The traits of humility, self-awareness, vulnerability, and work ethic were consistently mentioned. Rural CEOs live in a community of less than 10,000 residents. If they are not authentic and possess the authentic characteristics mentioned in this study in all aspects of their life, personally and professionally, it will be easily seen by someone and communicated throughout the entire community. A leader strives to be authentic no matter the size of the community in which the hospital is located. However, CEOs who work in larger communities may not interact with a large number of their employees, physicians, and board members as they live their personal lives. They may act differently in their personal lifestyles which would have less potential to impact their work.

The CEO is closer to the employees of the hospital because a rural hospital does not have the depth of staff an urban medical center CEO may have to interact with each day. The rural hospital CEO usually addresses issues directly with all levels of the organization on a day-to-day

basis. This requires them to be approachable at all levels within an organization or community, which is the second theme of this study.

### **Approachable and Accessible**

In my experience, small communities in Texas tend to be respectful, but less formal than larger communities. As an example, community members tend to go to the hospital unannounced to discuss issues with the CEO instead of calling for an appointment. The employees see the CEO during the work week and out in the community. Because of the visibility of the CEO and their family, the community gets to know them on a very personal level. Most everyone in the community is known to everyone at some level and as a result, all employees and stakeholders expect to have access to the hospital CEO.

Successful rural CEOs are consistently available and approachable. They tend to have a better understanding of the daily challenges and successes of their employees and community stakeholders. This open-door approach creates a supportive work environment where everyone feels valued and a part of the hospital's success. A rural hospital CEO will address personal issues more frequently than their urban counterparts because of their accessibility. They know most of the staff personally and address those issues so that the staff can continue to be effective in their work at the organization.

Approachability and accessibility also provide countless opportunities to communicate the mission of the hospital and address issues. It fosters an environment conducive to effective, two-way communication. The rural CEO operates in a less formal and more familial manner. They cannot operate in a "crystal palace" as one participant stated and require all stakeholders to make an appointment to see them.

Approachable leaders encourage their team members to share ideas, concerns, and feedback without fear of retribution. This accessibility promotes a culture of transparency and collaboration, which is essential for problem-solving and innovation (Kerns, 2004). This is critical in a rural hospital because the organization has fewer layers of management than an employee or community member must go through to get to the CEO. The CEO is known, and the expectation is that they will be available regardless of their position and regardless of their need.

### **Integrity Builds Trust and Credibility**

Integrity is a cornerstone of effective leadership, providing a foundation for trust and credibility between leaders and those they oversee. Considerable studies have been conducted discussing the value of integrity for a successful leader. Craig & Gustafson's (1998) research is one example. They found that leaders with integrity are consistently truthful, transparent, and adhere to a strong moral code, which fosters a culture of honesty and accountability within an organization. Conduct that demonstrates integrity encourages similar behavior among those a CEO interacts with and creates an environment where trust and credibility can thrive. A rural hospital CEO works and lives under a microscope and must be a person of integrity to be successful and to enjoy that success over the long term in a small town. Participants mentioned the importance of communicating and working toward the hospital's mission, making value-based decisions, and being transparent in all things to demonstrate that they are working from a position of integrity. Participants conveyed that in their daily work if they cannot always be truthful and explain in a clear, precise manner the staff will quickly know that they are not forthright in their words and actions.

The challenges faced by small community hospitals are significant. Integrity in leading a hospital with limited resources plays a crucial role in navigating complex challenges and

maintaining long-term success. Integrity is not only essential for immediate leadership effectiveness but also for fostering sustainable growth and resilience within an organization (Caldwell et al., 2010). This is critical when working in a rural setting and leading a complex organization.

### **Research Questions**

The review of the findings revealed three themes that produced answers to the research questions. These themes met the purpose of the study and provided the leadership characteristics of successful rural hospital CEOs that are believed to be important and specific to rural healthcare in Texas. The research questions include:

R1: What are the unique traits and behaviors that contribute to successful leadership that are possessed by rural hospital CEOs?

R2: Are the qualities of successful rural healthcare executives consistent with Bass's Transformational Leadership Theory (Bass, 1985)?

R3: Do the participants value the additional qualities of integrity, self-awareness, transparency, and humility?

The interpretations of the findings provided the themes that contained the traits and behaviors sought in R1. Table 3 provided a listing of the terms most often stated by the participants. Those terms were reduced into groups that represented like terms that included personal traits, interpersonal skills, and values and ethics. Labels were developed to better describe the groupings and encompass the common theme of the characteristics possessed by successful rural hospital leaders.

The study's findings demonstrated that the characteristics possessed by the participants were in alignment with the four qualities found in the theoretical framework guiding the study as

outlined in Table 4. This alignment of the findings with the theoretical framework of the study is important as it confirms that rural hospital CEOs possess attributes that are consistent with a proven, researched leadership theory and provides the answer to R2.

The findings also revealed that participants expressed the value and importance of the additional qualities in R3 on numerous occasions. The discussion of the findings in Chapter 4 reviewed the importance that the participants placed on the qualities of integrity, self-awareness, transparency, and humility. Their responses highlighted why these qualities are valued at a prominent level within the rural setting.

Each research question was answered by the qualitative approach to this study. The thematic analysis of the participant's interview responses offered deeper insights into participants' experiences while responding directly to the three research questions.

### **Implications**

Qualitative research aims to explore the richness of human experiences and the meanings individuals assign to their experiences. The primary goal of qualitative studies is not to generalize findings to a broader population but to provide deep, contextual insights into specific phenomena. (Creswell, 2017). The purpose of this phenomenological study was to explore the leadership qualities of successful rural hospital CEOs and identify the specific traits that make them successful in meeting the challenges they face. As evidenced in the lives of the participants and the opinions the participants shared based on the experiences that they possess, this investigation will impact future studies by providing a foundation to build upon for those interested specifically in rural hospital leadership. The current body of literature is void of information specific to this work environment. There is still a need for further study of this topic.

The current literature contains an enormous number of studies regarding the characteristics of successful leaders in general and transformational leaders specifically. The literature review revealed a few studies focused on the characteristics of successful hospital CEOs. Examples of more specific research would include Gabbert's (2005) study providing information specific to hospital CEO leadership characteristics in large healthcare systems. Janseen's (2004) research provided data relating transformational leadership characteristics to hospital CEOs in general. These studies were completed almost twenty years ago, and no recent studies were available to be sourced. This study provides a contribution to the current body of available data by conveying the different environments in which a rural hospital CEO works and how the characteristics of a successful CEO in this less common setting as a visible community leader are specialized for the communities they serve. By consolidating these characteristics into one study, this study will add to the current body of literature and provide a resource to those interested in what characteristics are desired to become a successful rural hospital CEO.

Rural hospital governing boards need resources to rely upon when looking for a successful leader for their organization. Those looking to advance to the CEO position of a rural facility also need resources to aid them in their career development. This study provides a contribution to the body of available information for a hospital board or an early careerist within healthcare by providing insight into the common qualities of those individuals who have achieved elevated levels of success in this specific field.

### **Recommendations for Future Research**

The contributions of this study could be improved by having additional studies completed that contain more specific research questions. The questions in this study were broad by design to solicit in-depth responses from the participants. The comments provided by the participants

oftentimes discussed leadership theories in general. The information provided was not as specific to the actual qualities that a rural hospital leader needs to be successful as desired. By having more focused questions, additional information may be revealed that would improve the findings of this study.

The 10 participants selected for this study worked in Texas and were known to the investigator. In addition, all participants were within the age range of 50-65, were 90% white, and were 80% male. Expanding the sampling pool in future studies to have a more diverse sample would promote rich data and facilitate deep insight into the phenomenon.

A future study might consider the use of a mixed-method approach. Mixed methods involve combining qualitative and quantitative methods in a research study (Creswell, 2014). By applying both quantitative and qualitative methods, a larger sample of participants may be sought, and the combination may neutralize the bias and weaknesses of each approach. A survey of successful rural hospital CEOs could be undertaken in a larger region than Texas. This would provide quantitative data that could lead to a qualitative approach that gleans additional characteristics not found in this study.

## **Conclusion**

This study produced findings that will benefit a small community hospital board when evaluating potential or existing CEOs. It may guide the board in their evaluation of a candidate to determine if that candidate has the characteristics of the successful participants in this study. This study may also assist existing healthcare executives in career development. An executive considering an opportunity in a rural community or being the CEO of a small community hospital may wish to review the characteristics found in this study to determine if the rural market is a good fit. Although the findings of this study are specific to rural healthcare, they may

also apply to leaders in organizations based in small communities or with similar complexity within their operations.

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## APPENDIX A

Subject Consent to Take Part in a Research Project  
Exploring Effective Leadership Qualities of Rural Hospital CEOs:  
A Qualitative Investigation  
University of the Incarnate Word

### Authorized Study Personnel:

Project Investigator:

Karl Hittle  
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830.743.2468

Project Supervisor:

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210.387.1406

### Key Information

Your consent is being sought for a research study. This research study investigates the leadership characteristics of successful rural hospital CEOs using information gleaned from those like you who have proven to be successful in this important sector of the healthcare industry. A qualitative phenomenological approach to research will involve an interview in person or via teleconference with eight questions designed to solicit in-depth, personal responses based on your experiences as a successful CEO. The interview is expected to last less than one hour. There are limited or no foreseeable risks, discomforts, or benefits that are expected of you if you participate. Your participation will benefit others such as hospital boards looking to hire a CEO by providing insights into what leadership characteristics proven CEOs possess.

### Invitation

You are invited to volunteer as one of the ten subjects interviewed for the research project named above. The information in this form is meant to help you decide whether to participate. If you have any questions, please ask.

By signing below, you volunteer to participate in the research project conducted by Karl Hittle and The University of the Incarnate Word. You understand that the project is designed to gather information about the leadership characteristics of successful small community hospital Chief Executive Officers (CEOs). You also understand:

1. My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without loss or penalty. I understand there is no cost to me to participate in this research.
2. I am aware of any relationship my organization may have with the investigators and I have no concerns. I do not view this study as a conflict of interest.
3. I understand that most interviewees will find the discussion interesting and thought-provoking. If, however, I feel uncomfortable during the interview session, I have the right to decline to answer any question or to end the interview.

4. Participation involves being interviewed by the investigator for a study prepared under the auspices of The University of the Incarnate Word. The interview will last less than 60 minutes. Notes will be written during the interview. The interview will be recorded for a later review. If I do not want to be recorded, I understand I will not be able to participate in the study.

4. The results of the interviews will be included in an investigation prepared for The University of the Incarnate Word. I understand that the investigator will not identify me by name in any documents using information obtained from this interview and that my confidentiality as a participant in this study will remain secure. I also understand that subsequent uses of records and data will be subject to standard data use policies that protect the anonymity of individuals and institutions. All data will be destroyed upon completion of the project.

5. I have read and understood the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I understand I may retain a copy of this consent form.

6. If I have questions or concerns about any aspect of this study in the future, I know I may contact the Investigator, the Supervisor, or the Research Compliance Office by using the contact information provided on this form.

### **Research Compliance**

Human Research Protection Program  
Office of Research and Graduate Studies  
University of the Incarnate Word  
210.805.3555 / 888.585.3210  
[hrpp@uiwtx.edu](mailto:hrpp@uiwtx.edu) / [www.uiw.edu/orgs/research](http://www.uiw.edu/orgs/research)

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Participant                      Date

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Investigator                      Date