



University of Pennsylvania
ScholarlyCommons


Master of Applied Positive Psychology (MAPP) Capstone Projects Master of Applied Positive Psychology (MAPP) Capstones

7-30-2015

Learning from Health Care Exemplars: How The Best Produce Extraordinary Results

Donna M. Payne
donna Payne01@gmail.com

Follow this and additional works at: https://repository.upenn.edu/mapp_capstone

 Part of the [Health and Medical Administration Commons](#), [Industrial and Organizational Psychology Commons](#), and the [Leadership Studies Commons](#)

Payne, Donna M., "Learning from Health Care Exemplars: How The Best Produce Extraordinary Results" (2015). *Master of Applied Positive Psychology (MAPP) Capstone Projects*. 91.
https://repository.upenn.edu/mapp_capstone/91

This paper is posted at ScholarlyCommons. https://repository.upenn.edu/mapp_capstone/91
For more information, please contact repository@pobox.upenn.edu.

Learning from Health Care Exemplars: How The Best Produce Extraordinary Results

Abstract

Health care is once again in the midst of turmoil, and the need for effective leadership in this domain is as strong as ever. We can intuitively understand that leadership in this complex system is hard and that leading through chaos and change is particularly challenging and difficult, potentially predisposing these leaders to burnout. There has been little if any research into flourishing health care leadership. I hypothesized that health care leaders who produce exceptional results would exemplify characteristics from which rising leaders could learn, and particularly these leaders' attitudes, behaviors and values would exemplify constructs of human flourishing, the goal of positive psychology. A small sample of exemplar leaders were interviewed to learn what factors they perceive contribute to their success. The results identified the strengths of courage, humanity and transcendence as foundational to their health care leadership. These results open the door to further inquiry and to the development of a character strength-based model for flourishing health care leadership.

Keywords

Health Care, Exemplars, Flourishing, Leaders, Character Strengths, Courage, Transcendence, Humanity

Disciplines

Health and Medical Administration | Industrial and Organizational Psychology | Leadership Studies

Learning from Health Care Exemplars: How the Best Produce Extraordinary Results

Donna Payne

University of Pennsylvania

A Capstone Project Submitted

In Partial Fulfillment of the Requirements for the Degree of

Master of Applied Positive Psychology

Leona Brandwene

Advisor

July 30, 2015

Learning from Health Care Exemplars: How the Best Produce Extraordinary Results

Donna M. Payne
donna@dmpayne.com

Capstone Project
Master of Applied Positive Psychology
University of Pennsylvania
Advisor: Leona Brandwene
July 14, 2015

Abstract

Health care is once again in the midst of turmoil, and the need for effective leadership in this domain is as strong as ever. We can intuitively understand that leadership in this complex system is hard and that leading through chaos and change is particularly challenging and difficult, potentially predisposing these leaders to burnout. There has been little if any research into flourishing health care leadership. I hypothesized that health care leaders who produce exceptional results would exemplify characteristics from which rising leaders could learn, and particularly these leaders' attitudes, behaviors and values would exemplify constructs of human flourishing, the goal of positive psychology. A small sample of exemplar leaders were interviewed to learn what factors they perceive contribute to their success. The results identified the strengths of courage, humanity and transcendence as foundational to their health care leadership. These results open the door to further inquiry and to the development of a character strength-based model for flourishing health care leadership.

TABLE OF CONTENTS

Introduction	Page 4
Positive Psychology and Health Care Leadership	Page 6
Positive Leadership	Page 8
Authentic Leadership	Page 9
Transformational Leadership	Page 10
Virtuousness	Page 12
Character Strengths	Page 13
Flourishing	Page 17
Methodology and Study Design	Page 21
Methodology	Page 21
Procedure and Protocol	Page 22
Description of Sample	Page 22
Results and Analysis	Page 23
Introduction	Page 23
Strengths of Courage	Page 24
Bravery	Page 25
Perseverance	Page 26
Honesty, Authenticity and Integrity	Page 27
Zest and Vitality	Page 28
Strengths of Humanity	Page 30
Love	Page 30
Kindness	Page 31
Social Intelligence	Page 33
Close Relationships	Page 33
Strengths of Transcendence	Page 35
Gratitude	Page 35
Hope/Optimism	Page 36
Humor	Page 37
Spirituality	Page 37
Practical Wisdom	Page 38
Mindfulness	Page 38
Limitations	Page 40
Conclusions and Future Directions	Page 41
References	Page 43
Appendix	
Consent	Page 54
Interview Questions	Page 57
Acknowledgements	Page 58

Learning from Health Care Exemplars: How the Best Produce Extraordinary Results

Introduction

Health care is once again in the midst of turmoil. This complex, \$2.9 trillion a year (Center for Medicare & Medicaid Services, 2014) interconnected system of providers, hospitals, insurers, and the government is experiencing unprecedented change. An increase in the population over the age of 65, and the newly insured population resulting from the implementation of the Affordable Care Act are two of the challenges facing the U.S. health care system (Ortman, Velkoff, & Hogan, 2014; U.S. Department of Health & Human Services, 2015). Adding to these complexities are evolving payment models based on value and quality along with the need to determine both the supply and mix of health care providers necessary for the anticipated shift toward more primary and preventative care (Health Care Financial Management Association, 2011; U.S. Department of Health & Human Services, 2013). The Institute of Medicine's landmark report, *To Err is Human* (2000) estimated that as many as 98,000 people die each year as a result of preventable medical errors. This report accelerated efforts that continue today by the best and the brightest leaders and clinicians in health care to mitigate errors and improve the quality and safety of health care that touches each of our lives. From these facts we can intuitively understand that leadership in this complex system is hard, and leading through turmoil and change is particularly challenging and difficult.

So how do the most respected and admired leaders in health care, lead, and importantly, how do they sustain their well-being in the midst of difficult circumstances? The field typically looks to outcomes as the measure of successful healthcare leadership. The Baldrige National Quality Award (Baldrige National Quality Award, 2015), U.S. News & World Report rankings (U.S. News & World Report, 2015), Magnet Status (American Nurses Credentialing Center,

2015), and national recognition by peers are a few of the marqueees that point to accomplished leadership. What is less understood are the leadership processes and characteristics that result in these outcomes. What can we learn from speaking with leaders who motivate, inspire and deliver these exceptional results?

To explore this question further, outcome awards were used to identify those leaders who produce exemplary results, on the assumption that studying the leaders that produce great outcomes will provide an initial snapshot of what constitutes remarkable and sustainable health care leadership. Studying exemplars (the exceptional performers), provides information that is substantively different than studying the average of all performers. High performers demonstrate a combination of skill, passion, drive and energy that create magnitudes of value (Bersin, 2013). What do exceptional health care leaders do in moments of chaos and when times are hard that produce aspirational outcomes? How do they sustain their own well-being through these times so that they can continue to contribute and lead? What can we learn from what they do that can inform how we develop our future leaders?

I hypothesized that when we studied health care leaders who produce exceptional results, their attitudes, behaviors and values would exemplify constructs of flourishing, and through the identification of these characteristics, a preliminary conception of flourishing health care leadership would surface. It was expected that through this qualitative study of leader's stories, salient constructs of positive psychology would emerge. The insights that emerged were both surprising and poignant.

Preceding the findings of this study is an introduction to positive psychology and a review of selected literature germane to this study of exemplar leaders: positive leadership, character strengths and virtues, and flourishing. Although there is little, if any, literature on

positive health care leadership, collectively these three areas provide context for the interview findings and the recommendations for further study.

Why is Positive Psychology Relevant to Health Care Leadership?

Those of us in health care are familiar with the traditional medical model in which the aim is to minimize or fix what is wrong resulting from injury or a disease process. We assume that the mitigation of problems yields a return to health, yet by definition health is not merely the absence of disease but a state of physical, mental and social well-being (World Health Organization, 2006). Health, and by extension flourishing, is a state beyond merely neutral. What if we were to look north of neutral, beyond the mere absence of disease to what constitutes and cultivates well-being and human flourishing? The posing of this question was the foundation for the emerging field of positive psychology, the scientific study of human flourishing.

In many respects, “positive psychology,” or the inquiry into human flourishing, is thousands of years old, dating back to the ancient Greeks, Stoics and Epicureans who affirmed happiness (*eudaimonia*) as the final aim of virtuous activity (McMahon, 2006). Throughout history, Confucians, Christians and other philosophical and religious perspectives from the east and west have contemplated our enduring desire to determine what makes us happy (McMahon, 2013). The field of positive psychology draws from this history with its aim of helping people flourish and lead lives of optimal well-being (Keyes & Haidt, 2003; Seligman & Csikszentmihayli, 2000). It does not aim to replace nor negate the importance of psychology’s tradition of treating mental illness and understanding disease and pathology, rather, it augments the focus of the field to include catalyzing strengths and nurturing what is best in human beings (Seligman & Csikszentmihayli, 2000).

In 1998, Martin Seligman, in his presidential address to the American Psychological Association, challenged his colleagues to shift and augment their focus from decades of studying what is wrong with people, toward the study of what is good about human beings and the characteristics that make life worth living (Seligman & Csikszentmihayli, 2000). His interest was developing the evidence and knowledge about positive human traits, and helping individuals and communities to move beyond surviving to flourishing (Seligman & Csikszentmihayli, 2000). A key assumption of positive psychology is that excellence, goodness, and the characteristics that constitute the good life are as genuine and significant as mental illness and disease, and that cultivating what is best within us is a worthwhile aim (Peterson, 2006). Positive psychology does not dismiss the worthy goal of healing disease, rather it calls for supplementing it with a focus on strengths and promoting human potential (Peterson, 2006; Seligman & Csikszentmihayli, 2000; Seligman, 2002). The pillars of positive psychology center on three interrelated topics: positive subjective experiences such as happiness and pleasure; positive individual traits, which include character strengths, interests, values and talents; and the study of institutions that enable positive experiences and traits (Peterson, 2006; Seligman & Csikszentmihayli, 2000).

Positive psychology is characterized by the rigorous scientific methods used to study and understand the intricacies of its basic constructs of well-being and human flourishing. There are various definitions and dimensions of well-being and flourishing which include, but are not limited to, elements such as positive emotions, meaning, positive relationships, accomplishment, resilience, and optimism, each of which contributes to optimal human functioning (Huppert, 2009; Keyes, 2002; Ryff, 1989; Seligman, 2011). The relatively young field is comprised of hundreds of scholars and researchers worldwide dedicated to the study and advancement of

understanding these dimensions across various disciplines impacting individuals, organizations, and communities.

In order to understand health care leadership and its relationship to flourishing more thoroughly, a review of the literature on three interconnected disciplines of study was conducted: positive leadership, character strengths, and well-being and human flourishing. This review precedes the findings of this qualitative study of exemplar health care leaders.

Positive Leadership

The ways in which leaders enable others to achieve extraordinary results is a hallmark of positive leadership (Cameron, 2012). Positive leadership focuses on strengths and human potential, achieving remarkable - not merely ordinary - results, and inspiring virtuousness (Buckingham & Clifton, 2001; Cameron, 2012; Cameron & Caza, 2004). It includes principles from the field of positive organizational scholarship (Cameron, Dutton, & Quinn, 2003) that emphasize exceptional performance, organizational resilience and vitality (Cameron & Caza, 2004). Positive leaders expect the best results from themselves and those they lead, and believe that through their efforts, they can successfully face challenges and create a positive future (Peterson, Walumbwa, Byron, & Myrowitz, 2009). These leaders focus as much on the opportunity inherent in challenges and difficulties as they do on what is going right, and recognize that adversity often provides fertile ground for outstanding achievement that otherwise may not have been possible (Cameron, 2008).

Although there are critics who claim positive leadership ignores the negative and represents a Pollyannaish view, there is significant evidence to the contrary (Cameron, 2012). A quality of the positive leader is their choice to emphasize what is going right in the midst of solving problems and overcoming obstacles (Cameron, 2012). This is not an easy endeavor for

two reasons. First, there is a tendency for leaders in organizations experiencing challenges to focus on what is wrong and what needs to be fixed. Second, as humans we have a natural proclivity for paying closer attention to bad events rather than good ones (Baumeister, Fratslavsky, Finkenauer, & Vohs, 2001). Not only do positive leaders recognize the inherent inclination toward the negative, they know how to create and sustain a wave of positivity to counter it (Cameron, 2012). Positive leadership emerges at its very best in times of challenge and turmoil (Cameron, 2012; Luthans & Avolio, 2003).

Another distinguishing feature of positive leadership is its emphasis on virtuous behavior and inspiring goodness in individuals and organizations through the use of strengths (Cameron, 2012; Kaplan & Kaiser, 2010). The positive leader augments their kindness and trustworthiness with strategies that focus on developing strengths in those they lead (Cameron, 2012).

Other well-researched leadership theories that emphasize the impact of leader positive attributes include authentic (Luthans & Avolio, 2003; Avolio & Gardner, 2005) and transformational leadership (Bass, 1985; Bass & Riggio, 2006). Both of these theories provide additional insights into the characteristics of those who lead their organizations to exceptional results.

Authentic leadership. Authenticity is described as the underlying construct for all forms of positive leadership (Avolio & Gardner, 2005) and draws from positive psychology's focus on strengths and the good in individuals. It is defined as "owning one's personal experiences and...implies that one acts in accord with the true self, expressing oneself in ways that are consistent with inner thoughts and feelings" (Harter, 2002, p. 382). An authentic leader is someone who knows and accepts who they are and stays true to themselves and their values (Avolio & Gardner, 2005). They behave in ways that magnify these values which in turn creates

the conditions for the organizations they lead to thrive (Luthans & Avolio, 2003). Authentic leaders radiate optimism, confidence, hope and resilience (Iles, Morgeson, & Nahrgang, 2005). They are aware of their strengths and limitations, and develop open, trusting relationships which in turn influence their follower's capacity for authenticity (Avolio & Mhatre, 2012). Authentic leaders are influential role models such that the values and beliefs of their followers begin to align with those of the leader (Avolio & Mhatre, 2012).

Not only are the behaviors of authentic leaders consistently guided by their values, they also are acutely attuned to the context and circumstances within which they lead, and adjust the expression of those values to be context-appropriate (Avolio & Gardner, 2005). Their values are shaped as a result of life experiences and tend to be characterized by unselfish decision making, maturity and a capacity for addressing challenges from a position of strength (Luthans & Avolio, 2003). The ultimate outcome of authentic leadership is well-being and flourishing for both the leader and the follower (Dhiman, 2011; Luthans & Avolio, 2003). In summary, authentic leaders act in a manner that is guided by their values; they are aware of both their limitations and strengths, and they develop genuine and transparent relationships with their followers. This encourages their followers to reciprocate in similar ways (Avolio & Mhatre, 2012). Authenticity is seen as the basis for other leadership frameworks including transformational leadership (Gardner, Avolio, Luthans, May, & Walumbwa, 2005), which we will next describe.

Transformational leadership. Transformational leaders have characteristics also seen in authentic leaders such as instilling confidence, motivating and inspiring followers and emphasizing strengths (Bass, 1985; Bass & Riggio, 2006), yet this form of leadership has several distinguishing characteristics. Not only are they charismatic, they also demonstrate the ability to motivate others by inspiring them, they provide individualized attention to the development of

followers, and create opportunities for intellectual stimulation (Bass, 1985; Bass, 1995). According to Bass (1985), these leaders' charismatic and inspirational traits are the most important components of transformational leadership. These attributes inspire enthusiasm and loyalty and increase motivation by arousing emotions that build the capacity to overcome obstacles (Bass, 1985). Transformational leaders encourage creativity and innovation within their organizations while being attentive to their followers needs for support, achievement and purpose. This, in turn, inspires a focus on the greater good of the organization (Bass, 1995; Bass & Riggio, 2006; Peterson et al., 2009). Transformational leaders devote attention to preparing their followers for leadership roles and their influence is venerated in part because they choose to do what is right and morally valued (Bass, 1995; Bass & Riggio, 2006).

In comparing the constructs of authentic and transformational leaders, a salient commonality is the tendency to demonstrate the traits of hope (the ability to navigate toward a compelling vision), optimism (the ability to persist in the face of adversity), and resilience (one's ability to "bounce back" from failure and loss). In a study conducted with chief executives in over a hundred and twenty companies, leaders who exhibited the positive traits of hope, optimism and resilience were rated as more transformational using the Multifactor Leadership Questionnaire (MLQ). The MLQ is a psychometric tool which provides a 360-degree measurement of a leaders' style by associates and direct reports and also measures an individual's perception of their leadership style (Bass & Avolio, 1995). Further findings in this study found a positive correlation between transformational leadership and organizational performance as measured by achieving performance to plan, operationalized as targeted net income goals (Peterson et al., 2009). Positive leaders expect to achieve the best performance and

believe through their efforts they can successfully face challenges and create a positive future (Peterson et al., 2009).

This review of positive leadership is by no means exhaustive, yet it provides a summary of many of the complex characteristics that signal positive leadership. An overview of the characteristics of a positive leader was discussed (Buckingham & Clifton, 2001; Cameron, 2008; Cameron, 2012; Cameron & Caza, 2004) as well as two selected theories: authentic and transformational leadership (Avolio & Gardner, 2005; Bass, 1985). The similarities between these two lines of study are evident. Positive leaders instill confidence, inspire their followers to achieve more than they thought possible and are role models for behaviors and values. They are hopeful, optimistic, resilient and invest in developing reciprocal and highly influential relationships. Another theme common among positive leaders is the presence of virtuous behavior.

Virtuousness

Virtues are individual attributes and core characteristics exhibited through positive character traits that display human goodness and symbolize moral excellence (Cameron & Winn, 2012; Peterson & Seligman, 2004). Virtues are those behavioral characteristics (such as fairness, courage, or kindness) that are highly valued and generally regarded as positive human traits across contexts and populations (Cameron, 2003). Virtuousness is a combination of virtues, and as such can be exhibited by both individuals and organizations when they are at their best (Cameron, 2003; Cameron & Caza, 2004; Cameron & Winn, 2012; Park & Peterson, 2003). As a defining characteristic of a positive leader, these morally-valued behaviors elevate leadership from merely adequate to truly positive. Virtuous behavior displayed by leaders can strengthen an organization and provide a motivating example of what is desired (Cameron, Bright, & Caza,

2004). When virtuous behavior is observed, the observer is inclined to behave in ways that can further benefit those around them (Cameron, 2003).

In an organizational context, virtuousness reflected by the behaviors of individuals may be linked to positive organizational performance (Cameron, 2003; Cameron et al., 2004). A study of fifty-two organizations showed a statistically significant relationship between virtuous behavior (trust, compassion, integrity and forgiveness) and financial outcomes (Cameron et al., 2004).

The virtuous behaviors of positive leaders are their demonstration of character strengths, the psychological ingredients for displaying human goodness; the positive components of what is best about individuals (Peterson, 2006). A review of character strengths and virtues, the foundational lexicon of positive psychology, follows, and connects what we know about character strengths to positive leadership.

Character Strengths

Character strengths and virtues are universal traits that have been morally valued across religious and philosophical traditions over centuries, and constitute a foundational element of positive psychology (Peterson & Seligman, 2004; Peterson, 2006). When these strengths and virtues are expressed in a context-appropriate manner, they can demonstrate the best of human behavior (Niemi, 2014). The identification of measurable character strengths provides a common language and describes what is positive, healthy and what makes a life of well-being possible. Strengths are not only distinct and measurable, they elevate those who see them in action, and using one's strengths is known to increase well-being (Peterson, 2006; Seligman, Steen, Park, & Peterson, 2005).

The Values in Action (VIA) Character Strengths Assessment measures the twenty-four

strengths arrayed within six distinct virtues: wisdom, courage, humanity, justice, temperance and transcendence (Peterson & Seligman, 2004). While we possess each of these personal attributes in varying degrees, we also possess signature strengths, those that are the most natural, dominant and invigorating (Peterson, 2006).

Signature strengths are those strengths that are most highly-developed within us; the expression of signature strengths through action leads to sustained increases in psychological well-being (Seligman et al., 2005). We feel our best and most comfortable when using our signature strengths. Individuals are intrinsically motivated to use them, and when used in novel ways it has a positive effect on our happiness and well-being (Peterson & Seligman, 2004; Seligman et al., 2005). In a study designed to test the relationship between signature strengths and work satisfaction among 1100 participants, results demonstrated that higher positive work experiences, including engagement and meaning were associated with the opportunity to use signature strengths. The number of positive experiences at work increased with the number of signature strengths that could be applied (Harzer & Ruch, 2013).

Strengths can be developed through deliberate interventions, such as using signature strengths in new ways and combining mindfulness practices with strengths (Niemiec, 2014; Peterson, 2006; Peterson & Seligman, 2004). Actively developing strengths is associated with desirable outcomes such as increased levels of happiness, goal achievement and elevated well-being (Biswas-Diener, Kashdan, & Minhas, 2011). Equally as important, strengths can be developed and nurtured in others through “strengths spotting” (looking for strengths in others), recognizing the impact of ones’ strengths, and learning which strengths to use in a particular situation (Biswas-Diener et al., 2011).

A detailed examination of the classification system of strengths is beyond the scope of this paper, however, the empirical evidence and research on character strengths informs our examination of the relationship between strengths and leadership. Worldwide research conducted by the Gallup Organization identified the use of strengths by leaders within organizations. For example, empathy, inclusiveness and positivity are work themes identified by The Gallup Organization that in turn, reflect the character strengths of kindness, love and social intelligence (Peterson & Seligman, 2004). Rath and Conchie (2008) suggest that investing in a strengths-based approach to leadership improves the opportunities for better results, in contrast to focusing on weaknesses or deficits.

One of the key findings of The Gallup Organization's fifty plus years of research with senior leaders and organizations is that the most effective leaders are always investing in strengths (Rath & Conchie, 2008). The study of the unique strengths of leaders began in the 1960s, led by Donald Clifton. One of his significant findings was not the identification of one particular strength possessed by all great leaders, rather that great leaders understand their unique strengths and are capable of using the right strengths at the right time (Rath & Conchie, 2008). A strengths-based approach to management is a consistent finding in Gallup studies of thousands of high performing executives across many industries, including health care. These leaders also demonstrate a tendency to create teams with complementary strengths (Clifton & Harter, 2003).

While the use of strengths in general was a characteristic of leaders, particular strengths have been associated with different aspects of well-being in the workplace. In a preliminary study across occupations, the character strengths of curiosity, zest, gratitude, hope and spirituality were moderately strong predictors of work satisfaction (Peterson, Stephens, Park, Lee, & Seligman, 2010). The strengths of zest and vitality are frequently associated with

thinking of work as a calling, which in turn is associated with an increase in work satisfaction (Wrzesniewski, 2003).

In one study using the framework and definitions developed by Peterson & Seligman (2004), the character strengths of integrity, bravery, perspective and social intelligence were examined to identify their relative importance as influencers of executive performance (Sosik, Gentry, & Chun, 2012). Integrity, a strength of courage, is defined as acting with honesty and authenticity, presenting as sincere, genuine and unpretentious while taking responsibility for one's feelings and actions (Peterson & Seligman, 2004). Integrity accounted for the largest variance in executive performance, while bravery and social intelligence also emerged as significant (Sosik et al., 2012). Brave individuals are more likely to possess greater self-efficacy, self-confidence, and an internal locus of control, while demonstrating risk-taking and boldness despite adverse or challenging circumstances (Peterson & Park, 2006; Peterson & Seligman, 2004). Effective leaders are often called upon to use the character strengths of integrity and bravery when faced with difficult decisions in challenging situations. Other virtues and virtuous behaviors evidenced through strengths have been linked to positive organizational performance, both amplifying positive emotions and protecting against negative effects (Cameron et al., 2004; Fredrickson, 2003).

Virtuousness and character strengths are foundational to well-being and human flourishing because strengths can be identified, developed and used in ways that enhance our well-being and positively influence and enhance the lives of others (Biswas-Diener et al., 2011; Peterson & Seligman, 2004; Park, Peterson, & Seligman, 2004). Within the context of leadership, virtuous behavior exemplified through strengths of character elevates leadership by influencing follower behavior and subsequently improving leadership outcomes (Cameron,

2003). Exceptional leadership in health care matters, given that the object of influence in health care is not merely dollars or profit, but the health and well-being of patients and their families. The benefits of nurturing and developing character strengths are many, and include creating organizations that are hopeful, positive, healing and successful (Cameron & Caza, 2004; Clifton & Harter, 2003; Cameron, 2012; Peterson et al., 2009).

The objective of this study was to identify the attitudes, behaviors, and values of a sample of health care leaders who have yielded exceptional business results, understand the relationship (if any) of these perceived traits to flourishing, and propose a model for cultivating rising health care leaders based on these learnings. An understanding of the constructs of well-being and flourishing will underscore the benefit of developing health care leaders who not only produce business results, but are able to concurrently sustain their own levels of well-being.

Flourishing

Flourishing in the workplace has been broadly defined as “employee thriving,” evidenced by positive emotions, engagement and job satisfaction (Bono, Davies, & Rasch, 2012). Park and Peterson (2006) suggest that organizations look to character strengths as a resource. The strengths of hope, zest, curiosity and love have been associated with both life and work satisfaction (Park et al., 2004). What has not been widely studied to date is the influence of strengths of character on leader flourishing in the work environment, particularly in health care.

This brief review provides a range of descriptions and opinions about what constitutes well-being and human flourishing. In its most simple definition, flourishing occurs when an individual’s well-being is at its most optimal, and the experience of life is going well (Seligman, 2011; Huppert & So, 2013). It is a combination of (a) feeling good, which includes positive emotions such as happiness, confidence, and engagement, and (b) functioning effectively, such

as experiences of positive relationships, purpose, and developing one's potential (Huppert, 2009). This blend of feeling good and effective functioning also includes optimism, positive emotions, resilience, self-esteem and vitality (Huppert & So, 2013).

We see these themes of psychological experience (feelings and emotions) and high levels of positive functioning present across many theories of well-being. The presence of both feeling good about life in conjunction with positive functioning is the hallmark of flourishing (Keyes, Kendler, Myers, & Martin, 2015). Flourishing individuals display high levels of happiness and life satisfaction alongside distinct attributes of positive functioning, including positive relationships, purpose and social well-being (Keyes, 2011).

Health care practitioners are familiar with the emphasis on illness and disease that permeates the practice of medicine and health care. The research on well-being and human flourishing shifts this emphasis to a discussion of positive human health, which goes beyond the absence of negative functioning to include the psychological measurement and physiologic manifestations of flourishing (Ryff & Singer, 1998).

A theoretical model of well-being developed and tested by Ryff (1989) focused on operationalizing six dimensions of psychological well-being, including self-acceptance, positive relations with others, personal growth, autonomy, environmental mastery and purpose. Ryff's interest was to expand the framework of well-being beyond measurement of life satisfaction and positive and negative affect, to include dimensions related to human potential (Ryff, 1989). Early work in the field of well-being theory delineated two distinct perspectives of well-being: the well-being of happiness (hedonic) and the well-being of human potential (eudaimonic) (Ryan & Deci, 2001). These two traditions in the study of well-being have informed and guided research in the field, and the evidence suggests that the concept of well-being is multi-faceted

and includes aspects and qualities of both happiness and human potential, which also corresponds with Huppert's assertion that flourishing includes feeling good and functioning well (Ryan & Deci, 2001; Huppert, 2009).

Keyes (2002) proposes a dual continua model of flourishing, where mental illness and mental health exist on two separate continua that are both related to and independent of one another. The mental illness continuum can range from the presence to the absence of mental illness, while the mental health continuum ranges from languishing to flourishing. Based on Keyes' dual continua, an individual with a mental illness can flourish - while an individual without a mental illness can also languish. This dual continua model also seems to reflect the themes seen in other theories of flourishing, as it incorporates both feeling good and functioning well. In addition to emotional and psychological wellbeing, Keyes' (2002) model of flourishing expands to include dimensions of social well-being; social acceptance, social actualization, social contribution, social coherence and social integration.

Significant research has focused on the distinctions and relationships between subjective well-being (life satisfaction and positive and negative emotions) and psychological well-being (generally described in terms of purpose, engagement, and potential) (Keyes, Shmotkin, & Ryff, 2002). Subjective well-being is defined as an individual's evaluation of their life as worthwhile (Diener, 2000). The components of subjective well-being (SWB) include life satisfaction, satisfaction within domains of life such as work and marriage, and the presence of positive affect and low levels of negative affect (Diener, 2000). Diener recently added flourishing as a measure of subjective well-being by including self-perceived success in relationships, self-esteem, purpose, optimism, and contribution to the well-being of others (Diener et al., 2010).

Seligman's (2011) theory and framework for well-being include five elements which he deems are the elements that humans pursue for their own sake, rather than as a path to happiness or another outcome. Those elements include positive emotion, engagement, meaning, positive relationships, and accomplishment (PERMA). Positive emotions such as happiness and joy are a cornerstone of well-being that broaden our thinking, expand our repertoire of potential actions, and enhance our outlook on life (Fredrickson, 2009). Engagement is the ability to become absorbed in a task and lose track of time, often referred to as flow (Csikszentmihalyi, 1990), while meaning is a sense of being part of something that is much larger than we are. Seligman (2011) includes accomplishment as an essential element of well-being; our pursuit of achievement often for its own sake. Positive relationships complete Seligman's theory and can best be described as our innate need to connect with and care about others. Seligman further expanded his goal for positive psychology beyond well-being to flourishing, adding to PERMA the additional components of self-esteem, optimism, resilience, vitality and self-determination (Seligman, 2011).

What is clear and evolving in the domains of well-being and human flourishing research is the presence of both psychological experience (feelings and emotions) and a high level of positive functioning. The presence of both feeling good about life in conjunction with positive functioning is a hallmark of flourishing (Keyes et al., 2015). Flourishing individuals display high levels of happiness and life satisfaction alongside distinct attributes of positive functioning including positive relationships, purpose and social well-being (Keyes, 2011).

The review of literature on positive leadership, character strengths and flourishing provides background for the major findings and themes that emerged from the interviews with exemplar health care leaders. Do exemplars flourish? Are they positive, authentic, or

transformational leaders? What can be learned from their behaviors, attitudes and values that can inform a model of flourishing health care leadership? The next section of this paper describes the exemplar methodology used in this study followed by the major findings and themes that emerged from the interviews with ten exemplar health care leaders.

Methodology and Study Design

This capstone has two objectives: first, to learn what attitudes, behaviors, and values health care leaders perceive in themselves that align with well-being and flourishing, and second, to advance the development of a model for flourishing health care leadership. I hypothesize that there are currently leaders in health care whose attitudes, behaviors, and values reflect the constructs of well-being studied by scientists of positive psychology, and through the identification of these, a preliminary model of flourishing health care leadership could emerge.

Methodology

We selected a sample of health care executives using an exemplar methodology. Exemplar methodology is based on the premise that studying individuals who are highly developed (with respect to the area of study) within a population has descriptive value that differs from population-wide sampling, which describes average performance. Exemplar methodology assumes that participants will exhibit the construct(s) being studied in a highly developed manner (Bronk, King, & Matsuba, 2013). Exemplar methodology is well-suited to positive psychology with its emphasis on highly developed individuals within a real world context (Bronk et al., 2013). By targeting and studying the exceptional health care performers, we hope to learn the unique attributes or characteristics that enable their exceptional performance. This approach was deliberately chosen over an unbiased sample of the entire population of health care leaders. The nomination criteria developed to qualify potential

participants as exemplars were narrow enough to be descriptive, yet broad enough to capture a range of experiences and characteristics (Bronk et al., 2013).

The nominating criteria developed and used for the selection of exemplar health care leaders focused on exceptional performance, as evidenced by peer or industry recognition. It included the following: executives whose organization have received the Baldrige National Quality Award for Health Care Excellence (Baldrige National Quality Award, 2015); executives who lead hospitals and/or health systems ranked among the top ten by U.S. News and World Report (U.S. News & World Report, 2015); executives whose hospitals have achieved Magnet Status (American Nurses Credentialing Center, 2015) and executives recognized as one of the most influential people in health care as recognized by their peers, or by national, and international awards and accolades for their unique and enduring contributions to health care. Twenty health care executives were identified as exemplars and potential interviewees for this project; of that original group, ten executives were available and willing to participate in a semi-structured telephone or in-person interview.

Procedure and protocol. The ten selected leaders participated in a 45-60 minute semi-structured interview. Eight of the interviews were conducted by phone, two interviews were conducted in person. With permission from each participant, the interviews were recorded and transcribed for ease of data analysis. The full procedure, informed consent form, and interview questions can be found in Appendix A.

Description of sample. The ten-person sample was comprised of five male and five female exemplar chief executive leaders representing hospitals, health care systems, academic medical centers, health care alliances, and health care leadership institutions. Of the ten, half were clinicians (three nurses and two physicians). These leaders are responsible for

organizations providing services in the forty-eight contiguous states and a dozen or more countries worldwide; they have an employee base of slightly fewer than 100 to over 60,000. They are an experienced group of executives whose leadership trajectories range from two to four decades.

Results and Analysis

Introduction

Many of the findings which surfaced from the interviews reflect the constructs of well-being and human flourishing discussed in the literature review section of this paper. What was most surprising, interesting, and pervasive was not the relationship of exemplar leader behaviors and attitudes with the well-researched theories of human flourishing, but the emergence of three categories of virtues which were consistently demonstrated and described in their stories. The virtues of courage, humanity, and transcendence (and their associated strengths) were foundational to their leadership. Although other strengths were exhibited, these three areas were remarkable for their consistency across this group of leaders and for the transformational impact the leaders perceived these strengths had on their teams. Secondly, characteristics of practical wisdom and mindfulness emerged.

The character strengths are organized around core virtues, and in the case of these leaders, the character strengths associated with the virtues of courage, humanity, and transcendence were predominant. Strengths and virtues can support how an individual can both cope with adversity and create a sense of energy, invigoration, and fulfillment (reflecting both the functioning well and feeling good themes of flourishing), and these characteristics are demonstrated in these leaders' stories.

Strengths of Courage: Definitions and Findings

Courage is defined as the will to accomplish goals in the face of opposition, either external or internal (Peterson & Seligman, 2004). Bravery, perseverance, honesty, and zest are the four strengths of courage, and each was evident in the exemplar leader's behaviors and attitudes that defined their leadership styles. Although courage is often described through the display of physical strength, what was most frequently demonstrated by these leaders was courage in moral and psychological forms, when one chooses to do what was right even when there might be much to lose (Peterson & Seligman, 2004). Displays of moral courage include defending a principle in the midst of opposition or as a response to an ethical challenge (Pury & Lopez, 2009). Overcoming fear is also linked with courage, and in the workplace courageous acts can inspire and motivate those who witness them (Worline, 2012). Courage is a mindset which includes the willingness to act and control fear with the goal of realizing a higher good (Biswas-Diener, 2012; Tillich, 2000). These moral and psychological forms of courage were demonstrated by these health care leaders.

The courage demonstrated by these health care leaders was framed in the motivations and choices to act in ways that demonstrated integrity and tenacity. An illustrative example from one of the leaders was his steadfast commitment to creating a new culture of respect in his hospital for their urban, underserved community, as evidenced by his decision to remove metal detectors from the hospital's entry points. This decision was met with vehement staff opposition. At the core of the dilemma were the seemingly conflicting values of who was more important: the patients or the staff members. The subtle statements the metal detectors made about mistrusting patients seemed to conflict with the desire to ensure staff safety. Standing firmly in the face of heated opposition from outraged staff required courage.

The ability to act courageously and withstand criticism throughout a protracted, highly visible and publicly debated event is described by one executive as follows:

“Watching the pain and agony everyone had to go through was grueling. I learned that doing the right thing can be very, very difficult but you have to continually make sure you are on the side of right and that is what you signed up for. I learned I had the fortitude and strength to do what is right and sometimes the right decision is not the easiest decision.”

Bravery. Although bravery is often thought of in terms of heroics and valor, this strength is also demonstrated through taking risk, embracing rather than shrinking from challenges, and doing what is right in spite of the odds (Peterson & Seligman, 2004). Several leaders described their enthusiasm for the risk inherent in big challenges and the confidence that is engendered to take risks when supported by a strong team. One leader described it thusly:

“I knew I was leading us into a controversial project and knew in my gut we had to take this risk for the success of the organization. I knew I had to push through with confidence and steely vision. I learned to muscle through it.”

Another leader describes the importance of team in building confidence to take risk:

“Our plan was very risky, we didn’t know if it would be well received or if we were going too far. Having a team was crucial and made it easier to take the risk; leading with a team built my confidence and made the risk taking possible. You can’t do it alone.”

This leader describes bravery when leading a successful turnaround:

“Big challenges excite me. I never had a doubt it could be done, even though the evidence was to the contrary. Engaging and motivating thousands of employees to bring about significant and radical change, to bring the system back to life required never

giving up. This was a situation that required decisive change, consistent incremental successes toward the bigger vision and an unyielding decisiveness to move forward and never give up.”

Bravery was displayed by these executives through their ability to move their leadership agendas forward. The perceived risk of “getting it wrong” can’t be underestimated. They used methods such as visibly changing the culture of their organization, radically changing their autocratic style to one of collaboration, and a willingness to be vulnerable in modeling the new behaviors they wanted to instill in their teams.

Perseverance. Each of the leaders described examples that reflected the strength of perseverance. Perseverance is described as persistence and industriousness, or the ability to stay on task and stay on course in spite of obstacles (Peterson, 2006). This was evident in these leaders dogged determination toward inspiring a vision and mission for their organizations, changing the trajectory of the organization over the long term, and finding the strength to sustain their vision during periods of professional and organizational transition. Perseverance was evident in situations when the leader was entering a new role or recognized the changes they wanted to make in the organizational culture, and were clearly aware of the hurdles they were facing. Leaders described the persistence necessary to build trust, to communicate their strategy effectively and consistently, to create visible signs of change, and to be patient as they engage with individuals at all levels in the organization and within the community.

One leader described the process of achieving the Baldrige Award:

“We were struggling financially and clinically, and I knew a long-term view was essential for us to move from the bottom quartile of performance to achieving Baldrige,

and it required patience, confidence, and engagement. You need a very long runway and a long term perspective.”

Underlying this perseverance were stories and evidence that demonstrated these leaders’ optimism and self-efficacy, and their belief in their ability to produce a desired result through their own action. Optimism, the tendency toward expecting good things to happen, was consistently displayed in these leaders’ styles of communication.

“I maintained and communicated an approach that anything is possible, we can do this together and we’re not going to give up. I had to keep a very positive, optimistic stance that we are going to do this and get to the next stage.”

Honesty, authenticity and integrity. This group of exemplar leaders presented themselves very authentically and earnestly. They are what employees often describe as “the real deal,” and seemed quite genuine in their enthusiasm, and without pretense. Each exhibited confidence tempered with humility and realism. The character strengths of honesty, authenticity, and integrity are grouped together; yet, they have distinct meanings worth highlighting.

Authenticity means being genuine and true to oneself whether in a public or private venue. An authentic leader is one who knows and accepts their own values, strengths, and weaknesses and stays true to those values regardless of the situation (Avolio & Gardner, 2005). Honesty is both truthfulness and sincerity, and integrity is demonstrated in a strong moral character (Peterson & Seligman, 2004). There is alignment between words and actions in those who act with integrity, and integrity is correlated with behaviors of transformational leaders (Simons, Tomlinson, & Leroy, 2012).

Honesty was evident in these leaders insistence in speaking what they felt to be the truth, a commitment to remaining consistent with their values. One leader describes his honesty in communication:

“They could feel the honesty of my communication; I didn’t try to say everything was fine. I met with thousands of employees, looked them in the eye, shook their hands, and asked them about their jobs and their families. They liked that it was not a sense of desperation but a sense of dedication, that I was serious, direct and friendly.”

These character strengths were highly visible in the actions the leaders described taking and in the deliberate, attuned communication styles they described individualizing to a broad array of audiences within their organizations (including physicians, housekeepers, nurses, and board members). These leaders expressed a sincere and honest desire to listen to, engage with, learn from, and communicate throughout the organization. They spent an equivalent amount of time asking questions and seeking ideas as they did communicating their vision and values. As one leader stated:

“You can’t fake authenticity, you have to truly enjoy people and want to be with them, get to know them, shake their hands. It’s about integrity and honesty; you have to live those values and principles, communicate, engage and nurture them throughout the organization and these values become your culture. You have to walk the talk. If you don’t have integrity and back up what you say and people believe it, see it, and feel it, then it simply doesn’t work.”

Zest and vitality. Each of these exemplar leaders showed a vitality and indomitable enthusiasm for their work, which is known as zest. Zest is characterized by living life as an adventure, feeling alive, excited, and engaged (Peterson & Seligman, 2004). Individuals who

exhibit the strength of zest create a contagious energy and enthusiasm in others, and this aliveness is appreciated in both physical and psychological well-being (Peterson & Seligman, 2004). These leaders told stories that illustrated how they fully experienced life. These were particularly evident in the stories of high points in their careers and in the exuberance in their voices as they shared their stories. Vitality and the positive energy of leaders have been shown to positively impact both individual and team performance (Cameron, 2012). This does not imply that positive leaders ignore the negative - they choose to ensure that positives are emphasized as well. This includes the vitality and enthusiasm present in their affect, which can help to counter the negative and lift up an organization (Cameron, 2012).

Leader vitality and zest for life are reflected in these quotes.

“My view of this is I have one life, and there are so many things that you can do and be in your life. I want to experience it all fully, work and fun and enjoying my life. I guess I would describe it as living in the moment.”

“I love what I do and get a great deal of joy, happiness and satisfaction in my work. I am passionate about mentoring and helping others realize their dreams.”

The expression of positive emotions was a prominent component of leader zest and vitality. Positive emotions contribute to vitality and well-being by broadening our thinking and expanding our repertoire of possible actions (Fredrickson, 2001). Positive emotions also can create a contagion that is generative, broaden our range of vision, and creates closer connections (Dutton & Heaphy, 2003; Fredrickson, 2009). One leader in particular described her use of positive emotions during a time of organizational leadership transition, “The transition required a lot of inner strength—it was about finding strength and joy inside myself and using those skills to pull people forward.”

The strengths of courage were essential to these leaders' abilities to face challenges and transitions. The strengths of humanity gave these courageous acts a sense of goodness, a requisite component of well-being and flourishing (Peterson & Seligman, 2004).

Strengths of Humanity: Definitions and Findings

Humanity refers to the interpersonal strengths involved in relating to others, and includes love, kindness, and social intelligence (Peterson & Seligman, 2004). In its simplest form, humanity is manifested in caring relationships. Not only do other people matter (Peterson, 2006), but good relationships may be the single most important source of well-being and life-satisfaction (Reis & Gable, 2003). A distinction is made in the character strengths classification, stating that one-to-one relationships belong within the strengths of humanity, and one-to-many relationships (such as those with teams) fit within the strengths of justice (Peterson & Seligman, 2004). However, the compelling stories of these leaders were indicative of strong positive feelings toward and commitment to every individual relationship, thus more closely aligned with the strengths of humanity. Whether the relationship is one-to-one or with a group, the support received from close relationships has been shown to enhance well-being (Gable & Gosnell, 2011). These exemplar leaders demonstrated all three character strengths associated with humanity, the first of which is love.

Love. The strength of love is demonstrated in reciprocal relationships which include friendship, parent/child love, romantic love, mentoring relationships, and bonds between teams and coworkers (Peterson & Seligman, 2004). Loving and valuing close relationships with others includes enjoying being with people in an authentic and engaged way which was demonstrated by these leaders thoughtful, personalized communication styles and desire to know their employees at a deeper level:

“You have to want to be with people. I met with every single person from the leading researcher to the receptionist and invited everyone to talk to me. If I could do something to make your life better, what would it be?”

“I walk around, I meet with people and get to know them on an individual level.”

One leader summarized his work as a leader in the following way:

“This is how I define leadership: Love, hope, and mission. That’s what I am about. The hope inspires creativity, innovation, and energy. And the love is engagement; it is what I do.”

When asked how they care for themselves in their leadership roles, the strength of love was apparent, as the first words leaders mentioned were the importance of their close relationships with family. For each of these leaders, the love and support of family was essential to their ability to perform their roles as leaders. Their statements included, “I have a wonderful, very close family,” “a great family,” “I couldn’t do this without my family,” “family is my greatest therapy,” and “time with family is essential.”

Kindness. Kindness is closely related to love and asserts that others are worthy of attention and affirmation (Peterson & Seligman, 2004). Kindness includes generosity, compassion, genuine care, and nurturing, all words used by the leaders to describe their attention to and relationships with their teams, employees, and communities. Kindness was evident in the values and beliefs that guide and shape these leaders’ behaviors. When these leaders were asked how their senior teams would describe their best practices, the words and phrases used included “nice,” “kind,” “respectful and nurturing,” “he cares deeply about everyone.”

One leader described his best practices as follows:

“I am there for the person and tune in to help them – that is central to my being – I am no better than the next guy. I nurture people; the personal side of health care is the most important.”

Several leaders described generous and anonymous acts of caring for people in their organizations and a deeply-felt respect for everyone. Acts of kindness and caring are at the very heart of humanity and are directed toward others without a desire for personal benefit or reciprocity (Peterson & Seligman, 2004). Compassion in particular, is directed toward relieving the suffering of others (Cassell, 2009). Connecting with and showing compassion is an expectation of, but not always witnessed within, health care professions. One leader took specific action to elevate and instill compassion throughout an entire organization. She recognized that nurses, physicians and other colleagues were unable to practice in ways that were true to their professional calling, and responded by creating a compassion initiative, to instill compassion into clinical practice and how clinicians and non-clinicians treat one another. She developed a series to build resilience among nurses, which is broadcast worldwide, and established an endowed chair for the integration of compassion into health care practice. A future vision includes creating nurturing self-care practices for nurse technicians working in the most challenging health care settings. She stated,

“How we treat each other with compassion and caring reclaims what health care should be, especially for front line nursing staff and how we support one another. This is what we need to be doing - compassionate care, not just for the dying, but for the living and how we treat each other.”

Social intelligence. The strength of social and emotional intelligence is best described as an awareness and intuitive sense for the feelings of others, managing feelings for personal

growth and relationships, and an ability to fit into different situations (Peterson & Seligman, 2004; Salovey, Caruso, & Mayer, 2004). There is an extensive body of literature and research distinguishing the differences between social and emotional intelligence (Jones & Day, 1997; Salovey & Mayer, 1990; Mayer, Salovey, & Caruso, 2004); however, for the purposes of describing and discussing character strengths, the terms are used collectively. What was unique about these leaders was their ability to artfully blend the use of this strength with love and kindness in ways that enhanced their close relationships within their teams and enhanced their thinking and decision-making. The following passage exemplifies social and emotional intelligence.

“The organization was in the midst of significant change and the importance of recognizing the impact of my mood, choice of words, communication style and facial expressions really hit home. Everyone was reacting and I took the time to listen, to communicate with transparency and honesty and to value everyone in the process. It changed the way I led.”

Close personal relationships. The strengths of humanity emphasize close personal relationships, and positive close relationships are amplifiers of happiness and well-being (Diener & Seligman, 2002; Gable & Gosnell, 2011; Reis & Gable, 2003). A closer look at the qualities of close relationships within the context of work and leadership is provided through the field of positive organizational scholarship and its focus on what makes organizations flourish. An in-depth examination of this field is beyond the scope of this paper; however, one aspect (that of high-quality connections) merits a closer look in light of the interview findings. Developing, nurturing, and sustaining high-quality relationships was the *sine qua non* of these leaders styles,

passionately described through the cultivation of strong leadership teams. One leader blended the importance of team with care for the individual:

“I changed the performance expectations to 70% team and 30% what you did individually. It took a couple of years, a lot of senior team engagement, and high expectations that we work together. They know to an individual that I care deeply about them. You can’t call on people to do the things they are expected to do and not care about them as individuals.”

Energy, vitality, positive regard, and mutuality typify high-quality connections (Dutton & Heaphy, 2003). These affirmative relationships are characterized by vitality and affirmation that lead to flourishing individuals and thriving organizations. Each of these exemplar leaders displayed one or more of the pathways that build high-quality connections (respectful engagement, facilitating success, the importance of play and trust) (Dutton & Heaphy, 2003). Their communication styles and the stories they told described active listening, paying attention, and consistently and continually providing feedback, all evidence of respectful engagement. Building trust was evidenced by these leaders’ actions and words and several described the importance of having fun and experiencing joy at work. High-quality relationships move us closer to flourishing lives through a series of cognitive, emotional, and behavioral mechanisms (Stephens, Heaphy, & Dutton, 2012). Processes such as awareness of others, the broadening and building effect of positive emotions, and the exercise of empathy are all known to influence the development of high quality connections (Fredrickson, 2001; Stephens et al., 2012). Furthermore, joy has been reported as one of the emotions most highly related to business outcomes (Harter, Schmidt, & Keyes, 2003).

One leader has embedded the positive emotion of joy into the daily rhythm of the workplace.

“This is a joyful place and I really care about the people who work here. Every day we measure joy in the work force with a very simple method and we learned that Tuesday’s weren’t so joyous, so we improved upon that. When people see the word joy when they get off the elevator they get really excited about the possibilities and how to create more joy. The team created a ministry of fun, and we have events and rituals that bring everyone together in ways that say we really care about each other.”

Strengths of Transcendence: Definitions and Findings

The strengths of transcendence are the strengths that allow individuals to create overarching connections with a larger world view that provides meaning to one’s life (Peterson & Seligman, 2004). Transcendent behavior at work is associated with positive change by overcoming obstacles, creating opportunities, and focusing not on what is but what could be (Bateman & Porath, 2003; Seligman & Csikszentmihayli, 2000). For this group of leaders, transcendence was expressed through the strengths of gratitude, hope, humor, and spirituality.

Gratitude. A sense of gratitude was a prevalent theme throughout the leader’s responses. Gratitude is the strength that allows us to appreciate and savor our lives (Emmons & McCullough, 2003). It includes being thankful and a sense of benefit from the actions of others resulting in an array of positive emotions and a feeling of grace. Grateful individuals report higher life satisfaction, optimism, and vitality and lower levels of depression, all contributing to one’s well-being (Peterson & Seligman, 2004). These leaders expressed gratitude for the opportunity to lead, gratitude for their teams and family support and showed appreciation for the

people with whom they work every day. There was a sense of humility in these leaders expression of gratitude, which was reflected through statements about the importance of others.

“The greatest gift is the opportunity to lead.”

“I am lucky to be a part of the change we are creating in health care; it’s actually about everyone else, the team, and how we are changing people’s lives. I am fortunate to be the facilitator.”

Hope/optimism. Hope includes optimism and a future orientation. It is best described as expecting positive outcomes, believing that the planned or desired outcome will happen, and working diligently and confidently to bring it about (Peterson, 2006). Hope is the strength that galvanizes action toward a goal and the mechanism by which individuals see their way through complexity toward a desire future state (Peterson & Seligman, 2004; Rath & Conchie, 2008; Snyder, 1994). It includes both the willpower and methods to effect positive change (Snyder, 1994).

The behaviors and attitudes these leaders described reflected a hopeful, optimistic stance toward the future. Leaders described creating positive cultures and instilling hope through an optimistic, unflinching communication of goals. Hope was evident in how these leaders built their teams and in their unrelenting focus on accomplishing their goals no matter what challenges they faced:

“You know it when you walk in the door; I brought the team together to create a hopeful and optimistic culture. We physically changed the environment, got rid of the metal detectors, insisted on an aesthetically appealing lobby that respected the people we serve and created optimism for the future.”

“I engage and conduct myself in a way that everyone feels hopeful and proud about what we do and how we are changing people’s lives.”

Hope and optimism were a vital component of each of the leader’s communication styles. Hope is the strength that creates the ability to achieve goals and these leaders consistently instilled hope throughout their organizations toward the achievement of aspirational goals.

Humor. Humor is defined by playfulness, enjoyment, and a cheerful perspective that allows one to see the lighter side of a situation, and the ability to make others smile or laugh (Peterson & Seligman, 2004). Often mistakenly dismissed as banal, humor is a strength of transcendence because of its ability to make a situation more manageable, creating a sense of levity (and the associated positive emotions) in a grim situation that provides both the facilitator and recipients of that humor with the energy to endure adversity in the moment (Peterson & Seligman, 2004). Using humor in the workplace can enhance the quality of relationships, facilitate cooperation and generate positive emotions (Cooper & Sosik, 2012). Nearly all of these leaders described using humor in the midst of tough situations to lighten the mood and lift the spirits of their teams. One leader in particular has established rituals in the organization that create the opportunity for humor and playfulness.

“There is a lot of humor and laughing and fun and I’ve put people around me who are really fabulous. We celebrate all the time. Every month I host a birthday dinner at my home to celebrate the birthdays of employees. We connect, laugh, and celebrate each other in ways that create much stronger connections.”

Spirituality. One’s beliefs in the higher purpose and meaning of life shape one’s behavior, and these are tied to the pursuit of goodness (Peterson & Seligman, 2004). Spirituality has been described as a psychological resource that helps us cultivate the meaning and purpose

that are essential to well-being and flourishing (Pargament & Mahoney, 2009). Several leaders expressed the importance of spirituality in their work.

“This is not about me, it is almost a spiritual calling...the impact you can have if you keep the entire organization focused on the fact we’ve been called upon to make the lives of those we serve better.”

“I am supposed to be here doing this work and using my business skills to solve critical social problems. I have a deeply spiritual side which others don’t necessarily see and I let God shine through me to do this work.”

Practical Wisdom

While we have been exploring the use of individual strengths, these leaders demonstrated practical wisdom in the deployment of their individual strengths. Practical wisdom is the master virtue which enables us to know how to use the right strengths in the right amount at the right time (Schwartz & Sharpe, 2006). The insight and wisdom gained by these leaders during their decades in executive positions created the conditions for them to use practical wisdom. It is the virtue that coordinates the other virtues and allows strengths to be deployed within a contextual understanding of what is needed in any given situation (Schwartz & Sharpe, 2010). Each of the leaders interviewed for this study honed their practical wisdom through failures, hard lessons, and risk-taking early in their careers, and these bumps, bruises, and insights in their journeys contribute to their experienced deployment of their strengths. Life experience is essential for practical wisdom; it is nuanced sense making derived from experience (Schwartz & Sharpe, 2006).

An Emerging Theme of Mindfulness

Over half of these leaders have begun personal or organizational journeys toward developing mindfulness. Mindfulness is paying attention on purpose in the present moment (Kabat-Zinn, 1994). It is a foundation for all high-quality connections and essential for a life of flourishing (Dutton & Heaphy, 2003). In research conducted by Christopher and Gilbert (2010) self-reported measures of mindfulness established a positive relationship with well-being. Combining mindfulness and character strengths allows positive thoughts, behaviors, and emotions to emerge and amplify a leader's perspective in the midst of chaos and change (Cashman, 2012; Niemiec, 2014; Silsbee, 2004). Further study is required to determine the role of mindfulness as a quality that can lead to flourishing health care leadership. Many leaders noted the role of mindfulness:

“We are creating a culture of mindfulness and curiosity. We have trained over 3,000 employees on this approach and making it intrinsic in our culture. Our mantra is be here now – there is no such thing as successful multitasking. It has made a huge difference in the professional and equally as important the personal lives of our employees.”

Another leader describes imbedding mindfulness as a daily practice:

“Mindful leadership creates an environment and a way for people to have meaningful lives. We have mindful lunches and meditation sessions. It helps us realize how we can control our reactions, how we want to live and work and then change the world around us. It can happen in a very short period of time. I have used mindfulness and meditation in the midst of very difficult circumstances and encounters.”

Several themes emerged in this analysis of the virtues and character strengths universally displayed by these exemplar health care leaders. Their behaviors were virtuous; steeped in

kindness with a deep and heartfelt regard for the individuals in their organizations. Such a display of virtuous behavior by leaders provides a motivating example of what is possible and desired (Cameron et al., 2004). Character strengths of hope, humor and love imbued their leadership styles with a sense of humanity and an array of positive emotions including joy, gratitude and optimism. They focused on finding the good in the most challenging of situations and broadened and built on the positive for the benefit of others (Fredrickson, 2001). These leaders were risk takers, persistent in their pursuit of long-term goals and willing to courageously live their values and beliefs in the face of opposition.

Limitations

This small qualitative study merely represents a beginning into the research of flourishing health care leadership. Specific limitations of this study include the sample size, the absence of a comparison sample, the heterogeneity of the sample with regard to clinical training, and the investigator's own biases in designing the questions and leading the interviews. In addition, the perspectives offered were biased not only by the investigator but the subjects' personal biases on their own performance and experience.

This was a small sample of ten leaders who were all well established in their careers with decades of executive experience. A comparison sample was outside the scope of this paper. It is possible that the virtues and character strengths revealed by these exemplar leaders would not be evident in more junior or emerging leaders in health care organizations. Clinical training may also have influenced the behaviors and attitudes of the nurse and physician executives who were part of the study; however, that level of analysis was not conducted. The questions used to guide the interviews specifically focused on stories about high points, transitions, disappointments, and communication as the lens to identify attitudes, behaviors, and values of exemplar leaders. A

different approach and set of interview questions may have revealed or emphasized other strengths of character, given that the expression of character strengths in an experienced leader is context-specific.

The stories and quotes selected for the results section highlighted the strengths of the exemplar leaders but were by no means an exhaustive compilation of the richness of the interviews, therefore further analysis and writing is planned.

Conclusions and Future Directions

This study raises a number of questions for further research and discovery. Do leaders who rise to the top of their health care organizations do so because they already possess courage, humanity, and transcendence as signature strengths? Or are these strengths cultivated and developed during their careers? A broader exploration of these leaders' signature strengths, including the use of validated psychometric tools and 360 evaluations to compare and validate the leader's perceptions, would begin to answer these questions. These leaders could take the Values in Action (VIA) Survey (VIA Character, 2015), an on-line character strengths profile, to determine if the strengths revealed in this study are indeed their signature strengths. Supplemental interviews with these exemplars could reveal additional insights into their use of and development of strengths at critical moments in their careers.

What strengths are most salient for flourishing health care leaders? In undertaking an exhaustive search of the literature, there was little to no research to be found on flourishing health care leadership. What is available is an expanding body of knowledge on positive leadership upon which we can build, as well as interventions for developing character strengths that can be taught, applied and researched in health care settings. We know from research that character strengths can be developed (Biswas-Diener et al., 2011; Linkins, Niemiec, Gillham, &

Mayerson, 2014) and specific approaches already exist that could be adapted for health care such as strength spotting, using constellations of strengths, and developing signature strengths.

What can we learn from these exemplars to create a model of flourishing health care leadership? The strengths of courage, humanity and transcendence were revealed in the perseverance necessary to achieve goals, the lessons learned in the midst of disappointments and challenges, and the time these leaders invested in developing close relationships with their teams and employees. These leaders felt that love, hope, humor, kindness, compassion, and positive emotions were core to their styles. Their stories painted a picture of focused risk-takers who are resolute in their desire to develop and deliver better health care.

Few individuals who work in health care would argue with the results these ten leaders are delivering; this exploration yielded initial insights into the attributes and strengths that enable those results. If these strengths indeed are the drivers - even in part - of their results, then health care needs leaders who resemble these exemplars: kind, compassionate, authentic human beings who bring optimism, joy and humor into their organizations. These are but a few of the strengths revealed in this study, that when appropriately used, can bring out superior performance in individuals and across the organization; the virtuous behaviors that can elevate individuals in health care organizations during the challenging times ahead.

Health care continues to dwell in the midst of turmoil and change, as few things are as important to humans and society than the stewardship of our health. We have learned how a sample of the most respected and admired in health care lead, and from this we can begin to build a model of flourishing health care leadership. We can start with courage, humanity and transcendence – the strengths of these exemplars.

References

- American Nurses Credentialing Center (2015). ANCC Magnet Recognition Program. Retrieved from <http://nursecredentialing.org/Magnet>.
- Avolio, B.J. & Gardner, W.L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. *The Leadership Quarterly*, 16, 315-338.
- Avolio, B.J. & Mhatre, K.H. (2012). Advances in theory and research on authentic leadership. In K.S. Cameron & G.M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 773-783). New York, NY: Oxford University Press.
- Baldrige National Quality Award (2015). 2015-2016 Baldrige Excellence Framework (Health Care). Retrieved from http://www.nist.gov/baldrige/publications/hc_criteria.cfm
- Bass, B.M. (1985). Leadership: Good, better, best. *Organizational Dynamics*, 13(2), 26-40.
- Bass, B.M. (1995). Theory of transformational leadership redux. *Leadership Quarterly*, 6(4), 463-478.
- Bass, B.M. & Avolio, B.J. (1995). Multifactor Leadership Questionnaire. Retrieved from <http://www.mindgarden.com/16-multifactor-leadership-questionnaire>.
- Bass, B.M., & Riggio, R.E. (2006). *Transformational leadership* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Bateman, T.S., & Porath, C. (2003). Transcendent behavior. In K. S. Cameron, J. E. Dutton, & R.E. Quinn (Eds.), *Positive organizational scholarship* (pp. 122-137). San Francisco, CA: Berrett-Koehler.
- Baumeister, R.F., Bratslavsky, E., Finkenauer, C., & Vohs, K.D. (2001). Bad is stronger than good. *Review of General Psychology*, 5(4), 323-370.

- Bersin, J. (2013). Predictions: Building a strong talent pipeline for the global economic recovery. Retrieved from <http://marketing.bersin.com/predictions-for-2014>.
- Biswas-Diener, R. (2012). *The courage quotient: How science can make you braver*. San Francisco, CA: Jossey-Bass.
- Biswas-Diener, R., Kashdan, T., & Minhas, G. (2011). A dynamic approach to psychological strength development and intervention. *The Journal of Positive Psychology, 6*, 106-118.
- Bono, J.E., Davies, S.E., & Rasch, R.L. (2012). Some traits associated with flourishing at work. In K.S. Cameron & G.M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 125-137). New York, NY: Oxford University Press.
- Bronk, K.C., King, P.E., & Matsuba, M.K., (2013). An introduction to exemplar research: A definition, rationale, and conceptual issues. In M.K. Matsuba, P.E. King, & K.C. Bronk (Eds.), *Exemplar methods and research: Strategies for investigation* (pp. 1-12). Hoboken, NJ: Wiley Periodicals, Inc.
- Buckingham, M. & Clifton, D.O. (2001). *Now discover your strengths*. New York, NY: Simon & Schuster, Inc.
- Cameron, K.S. (2003). Organizational virtuousness and performance. In K.S. Cameron, J.E. Dutton, & R.E. Quinn (Eds.), *Positive organizational scholarship* (pp. 48-65). San Francisco, CA: Berrett-Koehler.
- Cameron, K.S. (2008). Paradox in positive organizational change. *The Journal of Applied Behavioral Science, 44*(1), 7-24.
- Cameron, K. (2012). *Positive leadership: Strategies for extraordinary performance* (2nd ed.). Oakland, CA: Berrett-Koehler Publishers, Inc.

- Cameron, K.S., Bright, D., & Caza, A. (2004). Exploring the relationship between organizational virtuousness and performance. *American Behavioral Scientist*, 47(6), 766-790.
- Cameron, K. S. & Caza, A. (2004). Introduction: Contributions to the discipline of positive organizational scholarship. *American Behavioral Scientist*, 47(6), 731-739.
- Cameron, K.S., & Winn, B. (2012). Virtuousness in organizations. In K.S. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship*(pp. 231-243). New York, NY: Oxford University Press.
- Cashman, K. (2012). *The pause principle: Step back to lead forward*. San Francisco, CA: Berrett-Koehler Publishers, Inc.
- Cassell, E.J. (2009). Compassion. In S.J. Lopez & C.R. Snyder (Eds.), *The Oxford handbook of positive psychology* (pp. 393-403). New York, NY: Oxford University Press, Inc.
- Centers for Medicare & Medicaid Services (2014). National Health Expenditure Data. Retrieved from <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/index>.
- Christopher, M.S. & Gilbert, B.D. (2010). Incremental validity of components of mindfulness in the prediction of satisfaction with life and depression. *Current Psychology*, 29(1), 10-23.
- Clifton, D.O. & Harter, J.K. (2003). Investing in strengths. In K.S. Cameron, J. E. Dutton, & R. E. Quinn (Eds.), *Positive organizational scholarship*(pp. 111-121). San Francisco, CA: Berrett-Koehler.
- Committee on Health Care Quality & Institute of Medicine (2000). In L.T. Kohn, J.M. Corrigan, & M.S. Donaldson, (Eds.), *To error is human: Building a safer health system*. Washington, D.C: National Academy Press.

- Cooper, C.D., & Sosik, J.J. (2012). The laughter advantage: Cultivating high-quality connections and workplace outcomes through humor. In K.S. Cameron & G.M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship*(pp. 474-489). New York, NY: Oxford University Press.
- Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York, NY: Harper Collins.
- Dhiman, S. (2011). Personal master and authentic leadership. *Organization Development Journal, 29* (2), 69-83.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55*(1), 34-43.
- Diener, E. & Seligman, M.E.P. (2002). Very happy people. *Psychological Science, 13*(2), 81-84.
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research, 97*(2), 143-156.
- Dutton, J.E. & Heaphy, E.D. (2003) The power of high-quality connections. In K.S. Cameron, J. E. Dutton, & R.E. Quinn (Eds.), *Positive organizational scholarship*(pp. 263-278). San Francisco, CA: Berrett-Koehler.
- Emmons, R.A. & McCullough, M.E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology, 84*, 377-389.
- Fredrickson, B.L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56*(3), 218-226.

- Fredrickson, B.L. (2003). Positive emotions and upward spirals in organizations. In K.S. Cameron, J.E. Dutton, & R.E. Quinn (Eds.), *Positive organizational scholarship*(pp.163-175). San Francisco, CA: Berrett-Koehler.
- Fredrickson, B.L. (2009). *Positivity*. New York, NY: Crown Publishing Group.
- Gable, S.L. & Gosnell, C.L. (2011). The positive side of close relationships. In K.M. Sheldon, T.B. Kashdan, & M.F. Steger (Eds.), *Designing positive psychology* (pp. 265-279). New York: NY: Oxford University Press.
- Gardner, W.L., Avolio, B.J., Luthans, F., May, D. R., & Walumbwa, F. (2005) “Can you see the real me?” A self-based model of authentic leader and follower development. *The Leadership Quarterly, 16*, 343-372.
- Harter, S. (2002). Authenticity. In C.R. Snyder & S. Lopez (Eds.), *Handbook of positive psychology*(pp. 382-394). New York, NY: Oxford University Press.
- Harter, J.K., Schmidt, F.L., & Keyes, C.L.M. (2003). Well-being in the workplace and its relationships to business outcomes: A review of the Gallup studies. In C.L.M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 205-224). Washington, D.C.: American Psychological Association.
- Harzer, C. & Ruch, W. (2013). The application of signature character strengths and positive experiences at work. *Journal of Happiness Studies, 14*, 965-983.
- Health Care Financial Management Association (2011). Value in health care: Current state and future directions. Retrieved from <http://www.hfma.org>.
- Huppert, F. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being, 1*(2), 137-164.

- Huppert, F. & So, T. (2013). Flourishing across Europe: Application for a new conceptual framework for defining well-being. *Social Indicators Research, 110*(3), 837-861.
- Iles, R., Morgeson, F. P., & Nahrgang, J. D. (2005). Authentic leadership and eudaemonic well-being: Understanding leader-follower outcomes. *The Leadership Quarterly, 16*, 373-394.
- Jones, K. & Day, J.D. (1997). Discrimination of two aspects of cognitive-social intelligence from academic intelligence. *Journal of Educational Psychology, 89*(3), 486-497.
- Kabat-Zinn, J. (1994). *Wherever you go there you are: Mindful meditation in everyday life*. New York, NY: Hyperion.
- Kaplan, R.E., & Kaiser, R.B. (2010). Toward a positive psychology for leaders. In P.A. Linley, S. Harrington, & N. Garcea (Eds.), *The Oxford handbook of positive psychology and work*(pp. 107-117). New York, NY: Oxford University Press.
- Keyes, C.L.M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*, 207-222.
- Keyes, C.L.M., Shmotkin, D., & Ryff, C.D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology, 82*(6), 1077 – 1022.
- Keyes, C.L.M. & Haidt, J. (2003). Introduction: Human flourishing – the study of that which makes life worthwhile. In C.L.M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 3-12). Washington, D.C.: American Psychological Association.
- Keyes, C.L.M. (2011). Toward a science of mental health. In S.J. Lopez & C.R. Snyder (Eds.), *The Oxford handbook of positive psychology* (pp 89-95). New York, NY: Oxford University Press, Inc.

- Keyes, C.L.M., Kendler, K. S., Myers, J. M., & Martin, C.C. (2015). The genetic overlap and distinctiveness of flourishing and the big five personality traits. *Journal of Happiness Studies, 16*, 655-668.
- Linkins, M., Niemiec, R., Gillham, J., & Mayerson, D. (2014). Through the lens of strength: A framework for educating the heart. *The Journal of Positive Psychology, 10*(1), 64-68.
- Luthans, F. & Avolio, B. (2003). Authentic leadership development. In K. S. Cameron, J. E. Dutton, & R. E. Quinn (Eds.), *Positive organizational scholarship*(pp. 241-258). San Francisco, CA: Berrett-Koehler.
- Mayer, J. D., Salovey, P., & Caruso, D. R. (2004). Emotional intelligence: Theory, findings, and implications. *Psychological Inquiry, 15*(3), 197-215.
- McMahon, D. M. (2006). *Happiness a history*. New York, NY: Grove Press.
- McMahon, D. M. (2013). The pursuit of happiness in history. In S.A. David, I. Boniwell, & A. C. Ayers (Eds.), *The Oxford handbook of happiness*(pp. 252-262). Oxford, UK: Oxford University Press.
- Niemiec, R. M. (2014). *Mindfulness & character strengths: A practical guide to flourishing*. Boston, MA: Hogrefe Publishing.
- Ortman, J. M., Velkoff, V.A., & Hogan, H. (2014). An aging nation: The older population in the United States: Population estimates and projections. Retrieved from <https://www.census.gov/prod/2014pubs/p25-1140.pdf>.
- Pargament, K.L., & Mahoney, A. (2009). Spirituality: The search for the sacred. In S.J. Lopez & C.R. Snyder (Eds.), *The Oxford handbook of positive psychology*(pp. 611-619). New York, NY: Oxford University Press, Inc.

- Park, N. & Peterson, C. (2003). Virtues and organizations. In K.S. Cameron, J. E. Dutton, & R. E. Quinn (Eds.), *Positive organizational scholarship* (pp. 33-47). San Francisco, CA: Berrett-Koehler.
- Park, N., Peterson, C., & Seligman, M. E. P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology, 23*, 603-619.
- Peterson, C. & Seligman, M.E.P. (2004). *Character strengths and virtues: A handbook and classification*. New York, NY: Oxford University Press.
- Peterson, C. (2006). *A primer in positive psychology*. New York, NY: Oxford University Press.
- Peterson, C. & Park, N. (2006). Character strengths in organizations. *Journal of Organizational Behavior, 27*(8), 1149-1154.
- Peterson, C., Stephens, J. P., Park, N., Lee, F., & Seligman, M.E.P. (2010). Strengths of character at work. In P.A. Linley, S. Harrington, & N. Garcea (Eds.), *The Oxford handbook of positive psychology and work* (pp. 221-23). New York, NY: Oxford University Press.
- Peterson, S. J., Walumbwa, F. O., Byron, K., & Myrowitz, J. (2009). CEO positive psychological traits, transformational leadership, and firm performance in high-technology start-up and established firms. *Journal of Management, 35*(2), 348-368.
- Pury, C.L.S. & Lopez, S. J. (2009). Courage. In S.J. Lopez & C.R. Snyder (Eds.), *The Oxford handbook of positive psychology* (pp. 375-382). New York, NY: Oxford University Press, Inc.
- Rath, T. & Conchie, B. (2008). *Strengths-based leadership*. New York, NY: Gallup Press.

- Reis, H.T. & Gable, S.L. (2003). Toward a positive psychology of relationships. In C.L.M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 129-159). Washington, D.C.: American Psychological Association.
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141-166.
- Ryff, C.D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081.
- Ryff, C.D. & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry: An International Journal for the Advancement of Psychological Theory*, 9(1), 1-28.
- Salovey, P. & Mayer, J.D. (1990). Emotional intelligence. *Imagination, Cognition, and Personality*, 9(3), 185-211.
- Salovey, P., Caruso, D., & Mayer, J. D. (2004). Emotional intelligence in practice. In P.A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 447-463). Hoboken, NJ: John Wiley & Sons, Inc.
- Schwartz, B. & Sharpe, K. (2006). Practical wisdom: Aristotle meets positive psychology. *Journal of Happiness Studies*, 7, 377-395.
- Schwartz, B. & Sharpe, K. (2010). *Practical wisdom: The right way to do the right thing*. New York, NY: Penguin Books.
- Seligman, M.E.P. & Csikszentmihayli, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14.
- Seligman, M.E.P. (2002). *Authentic happiness*. New York, NY: Simon & Schuster, Inc.

Seligman, M.E.P., Steen, T.A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, *60*(5), 410-421.

Seligman, M.E.P. (2011). *Flourish*. New York, NY: Simon & Schuster, Inc.

Silsbee, D. (2004). *The mindful coach: Seven roles for facilitating leader development*. San Francisco, CA: Jossey-Bass.

Simons, T., Tomlinson, E.C., & Leroy, H. (2012). Research on behavioral integrity: A promising construct for positive organizational scholarship. In K.S. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 325-339). New York, NY: Oxford University Press.

Snyder, C.R. (1994). *The psychology of hope: You can get there from here*. New York, NY: Free Press.

Sosik, J. J., Gentry, W.A., & Chun, J.U. (2012). The value of virtue in the upper echelons: A multisource examination of executive character strengths and performance. *The Leadership Quarterly*, *23*, 367-382.

Stephens, J.P., Heaphy, E., & Dutton, J.E. (2012). High quality connections. In K.S. Cameron, J.E. Dutton, & R.E. Quinn (Eds.), *Positive organizational scholarship* (pp. 385-399). San Francisco, CA: Berrett-Koehler.

Tillich, P. (2000). *Terry lectures: Courage to be* (2nd ed.). New Haven, CT: Yale University Press.

U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis (2013). Projecting the supply and demand for primary care practitioners through 2020. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare>.

U.S. Department of Health & Human Services (2015). Key Features of the Affordable Care Act.

Retrieved from <http://www.hhs.gov/healthcare/facts/timeline/index.html>.

U.S. News & World Report (2015). U.S. News Best Hospitals 2015-16. Retrieved from

<http://health.usnews.com/best-hospitals/rankings>.

VIA Character (2015). VIA Survey. Retrieved from <http://www.viacharacter.org>.

World Health Organization (2006). Constitution of the World Health Organization. Retrieved

from http://www.who.int/governance/eb/who_constitution_en.

Worline, M.C. (2012). Courage in organizations: An integrative review of the “difficult virtue.”

In K.S. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive*

organizational scholarship (pp. 304-315). New York, NY: Oxford University Press.

Wrzesniewski, A. (2003). Finding positive meaning in work. In K.S. Cameron, J. E. Dutton &

R. E. Quinn (Eds.), *Positive organizational scholarship* (pp. 296-308). San Francisco,

CA: Berrett-Koehler.

Appendix

Consent to Act as a Human Research Participant
Capstone Project: Flourishing Health Care Leadership
University of Pennsylvania, Master of Applied Positive Psychology
Donna M. Payne
Advisor: Leona Brandwene

Participation in this study is voluntary. Please read the information below, sign, date and return to Donna Payne: donna@dmpayne.com or mail to: 10201 Howe Lane, Leawood, KS 66206.

Procedure

Participation will include a 45-60 minute, semi-structured telephone interview (with permission the interviews will be recorded). Recordings will be used as a reference when writing to ensure accuracy and allow the interview to progress smoothly without disruption.

Options and Process for Participation

Telephone Interview

If you are willing to participate, please reply to donna@dmpayne.com or call me (913) 375 6502 with your availability on any one of the following dates:

May 13-14, May 19-22, May 26-29 and June 1-5 between 7:00 am - 5:00 pm, CDT.

If desired, interviews can be scheduled on weekend days.

At the beginning of the interview, you will be asked your preferences including:

- a. You may allow the interview to be recorded, or not.
- b. You may provide permission, or not, to use narratives (personal stories)
- c. You may provide permission for follow up clarifying questions.

Provide responses in written form

Alternatively, you may participate by completing your responses in written form to any or all of the attached questions and return by email to donna@dmpayne.com or mail to Donna Payne, 10201 Howe Lane, Leawood, KS 66206.

Risks

Participation in this study involves no risk. The interview questions are designed to identify leadership behaviors and attitudes.

Potential Benefits

There is no direct benefit to you, however your participation could help us better understand the behaviors and attitudes of health care leaders thus informing the fields of positive psychology and health care. This Capstone will be made available to participants at the close of the project and others with access to University of Pennsylvania capstones, helping to further the fields of positive psychology and health care leadership.

**Consent to Act as a Human Research Participant
Capstone Project: Flourishing Health Care Leadership**

Privacy and Confidentiality

Your responses will be maintained confidentially. However, you may choose to provide permission for verbatim anonymous narratives statements. All interviews will be conducted by myself, Donna Payne. Your name and any identifying information will be maintained separately from your responses to the interview and the information you provide will not be reported in any way that identifies your participation. The information will be stored in a password-protected file on the investigator's computer, only this investigator will have access to this information, and the information will be deleted at the end of the study.

Questions?

You may contact me via email at donna@dmpayne.com or by phone at 913 375 6502. If you have any comments or questions regarding the conduct of this interview or your participation in the research study, please contact the Office of Regulatory Affairs at the University of Pennsylvania at 215-898-2614 and/or Judy Saltzberg-Levick.

Conflict of Interest

The investigator does not have any financial interest in the study and will not be financially affected by the results of the study (positive or negative).

Voluntary Participation Statement

1. By choosing to participate, I am verifying that I am at least 18 years old.
2. By choosing to participate, I am indicating that I understand that participation in this study is voluntary. I may refuse to answer any question or discontinue my involvement at any time. By scheduling a time to participate in the interview process, I am indicating that I have read the information in this consent form and have had an opportunity to ask any questions I have about the study.

Consent to Act as a Research Participant
Capstone Project: Flourishing Health Care Leadership
University of Pennsylvania, Master of Applied Positive Psychology
Donna M. Payne

Signature

When you sign this document, you are agreeing to take part in this research study. If you have any questions please ask. You will receive a copy of this consent document.

I () agree to participate in the study.

I () do not wish to participate in the study.

I () provide permission for follow up clarifying questions

I () would like to receive a copy of the final capstone paper

I would like your permission to tape the interview. No one other than the research team will have access to this recording, but it will be helpful in the analysis of all the information collected. Your participation is voluntary and you are free to stop at any time or skip any questions you chose not to answer.

I DO () DO NOT () consent to be audio taped

Participant's signature: _____ Date: ____/____/____

Print Name: _____

Interview Questions – Capstone: Flourishing Health Care Leadership

The following questions will be used to facilitate interviews with health care executives to identify the attitudes and behaviors that align with the positive psychology constructs of well-being and flourishing.

1. Tell me about a high point in your leadership role when you felt most engaged and proud of yourself and your work. What was it about you, the situation and/or the organization that allowed this experience to emerge? What were the behaviors you exhibited that contributed to the experience?
2. Describe a period of unique and challenging transition within your role and that of the organization. What did you do on a daily basis to manage the transition in a positive way? What lessons did you learn about yourself as a leader? In what specific ways did you behave and act to keep yourself and your team engaged and energized? What attitudes, skills and behaviors were required?
3. What are the underlying attitudes, values and beliefs you hold that guide your behaviors and decisions as a leader?
4. Using a story about a specific interaction, meeting or situation, describe the type of communication you create and facilitate and what is that in service to? How do your methods of communication measurably contribute to connecting with and working exceptionally well with others?
5. What do you do to care for yourself emotionally, physically, intellectually and spiritually that contributes to your success as a leader? Why are these practices/activities important to you? How do they contribute to your well-being?
6. How do you define success in your role as a leader? What has been one of your most disappointing moments as a leader? How did you respond?
7. If I were to ask members of your executive team, what would they say are your best practices as a leader?

Acknowledgements

I want to thank the exemplar leaders who participated in this study for their time, their interest in my work and the compelling stories of their leadership journeys. I was both inspired and moved by their willingness to share from their hearts. It was an honor and a privilege to spend time with each of them.

My deepest gratitude is extended to my advisor, Leona Brandwene, whose inspiration, intellect, patience, and positivity propelled me forward from the inception to completion of this Capstone.

And a very special thanks to my two wonderful sons, Michael and Matthew. They proofread, edited, encouraged, coached, laughed with and loved me through this process. They are true exemplars of love, kindness and compassion.