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Communion then Agency: Women's Ascension to the Hospital CEO Role

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Business

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Abstract

Leader prototypes have long been conceptualized as agentic, characterized by behaviours such as assertiveness, tactful aggression, confidence, and similar. Scholars studying women in leadership often point to the association between agency and masculinity in explaining women's historical underrepresentation in leadership positions, noting that agency is particularly expected in senior leadership positions. Yet, much less is known about the utility of more communal leader behaviours such as collaboration, subordinate development, relationship formation, and similar, which are associated with femininity. Studies which do investigate communal leadership behaviours tend to focus on their association with leader effectiveness, but do not examine the role communal leadership behaviours may exert on an individual's upward career ascension. Further, most research investigating women in leadership does not explicitly examine women in *senior* leadership, and those which do tend to rely on secondary data. Within the present study, I collect primary data to examine how communal and agentic behaviours influence women's career ascension in achieving the role of Ontario hospital CEO.

To do so, I used semi-structured interviewing and elite interviewing techniques to interview 43 women CEOs of Ontario hospitals as well as 10 Ontario hospital board chairs involved in their appointment. Interview transcripts were analyzed using abductive thematic analysis conducted within NVivo 14 software. After initially identifying 204 unique codes, and through many iterations of refinement, findings are grouped under three key headings: contextual themes, career ascension themes, and themes relating to longer-term future investments in organizational success. Findings show that communal behaviours positively contribute to participants' career ascension and effectiveness as leaders, that the pronounced engagement in communal behaviours may buffer against agentic backlash effects, and that the Ontario hospital

CEO job role strongly entails communal leadership behaviours. Further, participants' decisions to engage in agentic or communal behaviours was highly informed by context, with their engagement in agentic behaviours being particularly tactful. Collectively, pronounced communal behaviours and subtle agentic behaviours positively contributed to CEO participants' emergence as CEOs.

Keywords: Women in leadership, communal leadership behaviours, senior leadership, healthcare leadership.

Summary for Lay Audience

Women continue to remain greatly underrepresented in senior leadership roles, and this discrepancy is perhaps most obviously observed within the top CEO position. This is unfortunate, as no research suggests that women are less effective as leaders, with other research suggesting that women's underrepresentation is the result of systemic inequalities and biases against women as leaders. However, the Ontario hospital system is a notable counterexample: 49% of Ontario hospital CEOs identify as women. This begs the question: *how* did these women ascend to the hospital CEO position? More broadly, it also begs a simpler question: “why might this be happening”. In exploring these questions, I interviewed 43 women CEOs of Ontario hospitals, as well as 10 Ontario hospital CEO board chairs. Results were surprising and contrast much existent scholarly work surrounding how leaders “should lead”. Rather than acting as “stereotypical leaders” (e.g., assertive, tactfully aggressive, very confident, and similar), I find that participants crafted their own brands of leadership which showed great similarities amongst themselves, while notably differing from a stereotypical leader.

Co-Authorship Statement

At two distinct stages throughout my research and thesis writing process my supervisors (Dr. Alison Konrad, and Dr. Martha Maznevski) and I received two acceptances to the Academy of Management Conferences in 2023 and 2024. I was first author in both instances.

The first work was a symposium contribution entitled “The Ascension Processes of Women CEOs in the Hospital System”. This work was written in the very early stages of data collection and relied on a different theoretical model (the MOSAIC model of stereotyping; Hall et al., 2019), than does the present work. The second work was a paper submission entitled “Communion then Agency: Women’s Ascension to the Hospital CEO Role”. This short paper provided very rough guidance for the writing of the present thesis, yet contained no results or discussion. Both works are available through Academy of Management Proceedings.

I, Ryan O. Miller, led the study design, independently conducted all interviews (with the exception of seven pilot interviews, in which Dr. Alison Konrad and Dr. Martha Maznevski were in attendance), led the data analysis, and prepared the present manuscript. I hereby attest that aside from the relevant scholarly knowledge and intellectual capital imparted upon me by my supervisors (as is characteristic of Ph.D. supervision), this work is entirely my own.

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First, to my wife Nicole. I cannot thank you enough for your unwavering support, love, and understanding as I navigated my Ph.D. journey. None of this would be possible without you. You are a constant source of inspiration and joy in my life and have helped me grow and improve in ways that I previously thought were beyond my capabilities. You have been my biggest cheerleader and continue to hold my head high, and for that I will remain ever grateful. In many ways, this is a joint accomplishment.

To my loving parents, who worked tirelessly to ensure I was afforded every opportunity to further my education, live up to my potential, and thrive, I too thank you for your unwavering support, love, and particularly for never giving up on me during very challenging times. You continued to be there for me in instances where many would have lost hope. I have come a long way, in part because of you.

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To members of Proximity Institute, I thank you for our continuing research partnership where we work together, focusing on the development of senior leadership within Ontario hospitals. This project would not have been possible without your involvement, and this research greatly benefited from our continuous discussion of findings as they relate to your real-world observations. Working together on this project was a privilege and pleasure which I am extremely grateful for.

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Chapter 1

1.1 Personal Motivation for Thesis

The United Nations has referred to gender inequality as “the greatest human rights challenge of our time” (United Nations, 2016). From inequalities subtly engrained within culture or societal norms to easily-observable inequalities surrounding economics and pay disparities, there exists a common trend: in many respects, the world confers privilege differently dependent on gender. Scholars explore gender inequalities through countless disciplines, methodologies, and research streams, the breadth of which is so vast it is difficult to describe. Yet, with each scholarly piece of research we learn more about gender inequalities, and such information may act as resources to those who envision or wish for a world more greatly characterized by gender egalitarianism. My personal motivation for engaging in the present research is to contribute to this collective pursuit. In doing so, I investigate gender inequality in leadership, with a specific focus on women’s representation in senior leadership roles.

1.2 Shifting Society: A Move toward Egalitarianism

Over the course of the past century there have been many organized efforts to promote egalitarianism, which while yielding imperfect outcomes, have made great strides in instilling societal change. Progressive efforts have spanned centuries (e.g., the “Progressive Era” of the 1920s, the Civil Rights Movement of the 1960s, etc.), with many continuing today such as Black Lives Matter. Below I chronicle research which suggests that contemporary Western society increasingly and strongly values egalitarianism. The research presented below shows strong and recent endorsement of egalitarian beliefs that are largely the result of age effects, often explained by researchers through examining generational cohort composition (i.e., “baby boomers”,

“millennials”, etc.). More simply, research suggests that generally, younger members of the population are increasingly liberal and progressive, which is correlated with attitudes in favour of egalitarianism (e.g., Donnelly et al., 2016; Twenge, 1997). In evidencing a shift towards egalitarianism below I rely both on scholarly works published in academic journals, as well as standardized polls conducted by reputable research groups such as Pew Research Center or Gallup. I choose to briefly summarize views and efforts surrounding egalitarianism as they pertain to gender, race, and sexual orientation, as they are among the most prominent in the public eye within recent years. The purpose of such exploration is simple; I depict how society is shifting in a holistically progressive fashion.

Regarding gender, the work of Twenge (1997) used the Attitudes Toward Women Scale and found that the year of test administration (1970-1995) positively predicted undergraduate attitudes towards the acceptability of maternal employment. That is, as time went on, participants’ attitudes towards women in the workplace became increasingly liberal/feminist. Following up on this research is the work of Donnelly et al., (2016), which similarly looked at undergraduate student attitudes toward women in the workplace. They again find that generally, the year of test administration (from 1976 to 2013) positively predicts increased egalitarian beliefs. Other research has found that in comparison to their older counterparts, those under 50 years old are much less likely to be satisfied with the treatment of women generally (Gallup, 2021). Similarly, in comparison to their older counterparts, those under 50 years old are much more likely to support affirmative action programs for women (Gallup, 2021).

There is also recent discussion of gender egalitarianism in the public eye, prominently portrayed by the 2017 #MeToo movement, which challenged traditional gender power dynamics, raised awareness of gender inequality, and encouraged institutionalized policy changes. Though

primarily related to gender-based violence and discrimination, the movement nonetheless brought attention to existent gender inequalities in a powerful way. Around this time, several major companies such as Google and Microsoft proactively chose to release annual diversity pay reports to promote transparency, perhaps in efforts to increase corporate social responsibility.

Beliefs surrounding gender egalitarianism seem to be increasingly operationalized in leadership as well. For example, women now account for 29% of US Congresspersons, up from 14% in 2001 (Center for American Women and Politics, 2023); 30% of Fortune 500 board members up from 16.9% in 2013 (50/50 Women on Boards; Pew Research Center, 2023), and 10% of Fortune 500 CEOs up from 2% in 2011 (Fortune, 2024). For perspective, 2023 was the first year that women collectively outnumbered men named “John” as Fortune 500 CEOs (Forbes, 2023). Though this is a promising trend towards gender-proportionate representation in these positions, the percentages presented above are far from depicting gender proportionate representation. Further, though the percentage increases mentioned above may seem large or impressive in magnitude (e.g., a change from 16.9% to 30% for women Fortune 500 board members), they must be interpreted bearing in mind the number of years it took such change to occur. That is, in all three cases proposed above the seemingly large percentage changes occurred at a glacial pace of approximately 1% per annum. At this pace, one may optimistically assume that in several decades we may observe gender proportionate representation in these roles. Accordingly, this suggests there is a need for research which can catalyze or expedite womens’ representation in such senior leadership roles, a purpose of the present work.

Despite these statistics, I intentionally introduce early on the primary phenomenon explored within the present research; the gender-proportionate representation observed within the Ontario hospital CEO role. More specifically, approximately 49% of Ontario hospitals’ 127

CEOs identify as women (Proximity Institute, 2023). This gender balance provides a unique opportunity to study *how* these women have emerged as senior leaders, which will be thoroughly investigated in chapters to come.

Though I do not investigate intersectional effects of race or sexual orientation, I introduce research surrounding these factors here to further depict how important egalitarianism is to contemporary Western society. Beyond gender egalitarianism are public beliefs and attitudes surrounding racial inequalities, most commonly (and recently) relating to persons of colour. In their book chapter entitled “The Real Record on Racial Attitudes”, Bobo et al., (2012) reveal stark decreases in White Americans’ attitudes towards racial segregation between 1972 and 2008, by asking questions surrounding: a.) whether home-sellers should be able to discriminate in sales based on buyer race, b.) whether neighbourhoods should be segregated, c.) views against interracial marriage, or d.) segregation in the schooling system. Research by Pew Research Center (2019) finds similar gender/age effects as those described above relating to gender egalitarianism, stating: “Younger whites, especially those younger than 30, also tend to be more likely to see inequality in the way blacks are treated. For example, 77% of whites younger than 30 say blacks are treated less fairly by the criminal justice system, compared with 63% of those ages 30 to 49, 49% of those 50 to 64 and 59% of those 65 and older.”

Recent and ongoing activist movements such as Black Lives Matter or Stop Asian hate strongly exemplify an increased awareness of systemic inequalities which exist along racial lines. These movements implicitly advocate for equal rights for all racial groups (that is, not just Blacks, or Asians) due to the movements’ strong roots in racial egalitarianism. There is also an intersectional component within these movements as they also encompass socioeconomic class, gender, and embody a general striving for egalitarianism (beyond that simply of race).

Attitudes towards racial egalitarianism also seem to be increasingly operationalized in leadership. As examples, persons of colour now represent 26% of US Congresspersons and senators, up from 11.7% in 2001. Further, 22% of board seats on Fortune 500 boards are now held by persons of colour (Oven & Schoenecker, 2023), up from 17.5% in 2020. However, persons of colour make up 40.3% of the US population, suggesting these statistics do not near proportionate white versus non-white representation in these positions (Frey et al., 2022). Yet, there still remains even greater inequality in the CEO position, as approximately 13% of Fortune 500 CEO seats are held by persons of colour (Crist-Kolder & Associates, 2023). This suggests there seems to be unique barriers surrounding the CEO position itself, as persons of colour are drastically underrepresented in the CEO seat.

Lastly, I describe shifting attitudes towards egalitarianism as it pertains to sexual orientation, most commonly studied through attitudes towards same-sex marriage. Though stark global differences exist regarding attitudes toward same sex marriage (as same-sex marriage is only recognized in 32 countries; Pew Research Center, 2024), I again turn my focus to US data which has seen the most scholarly research. Citing Pampel (2016), Schwadel and Garneau 2014, and Twenge et al., (2016), Ekstam et al., (2021, p. 905) states, “Over the past three decades, the average American has become dramatically more likely to endorse gay rights and to view homosexuality as ethical”. Here too we observe age effects, with 70% of millennials (born 1980-to-present), supporting same sex marriage, in comparison to 31% of baby-boomers (born 1946-1964; Pew Research Center, 2013).

Similar to the several social movements described above, initiatives surrounding 2SLGBTQIA+ issues have decades of history, though I focus on the most recent movement in this regard; the formation and institutionalization of Pride month. Commemorating the Stonewall

Riots of June 1969 which ultimately led to the first Pride march of 1970, Pride month is a time where much of Western society fosters visibility and acts in solidarity with members of 2SLGBTQIA+ communities. Major organizations often change their logos to incorporate elements of a rainbow, a symbol of Pride, Pride marches occur internationally, and the achievements, accomplishments, and future directions of Pride initiatives issues are celebrated and discussed.

Though I have reported data surrounding the percentage compositions of Fortune 500 board membership, political membership, and holding of the CEO seat, little data exists surrounding 2SLGBTQIA+ persons membership in these roles. Collectively, however, it is worth noting that 49% of C-suite positions within the Fortune 500 are held by women and members from historically underrepresented groups (Fortune, 2023). Though as noted above, the majority of these C-suite positions are not the top CEO role.

Importantly, though the research I have introduced above seems to depict a somewhat linear and positive trajectory surrounding public attitudes of egalitarianism, it is important to note that progress made towards egalitarian beliefs relating to gender, race, or sexual orientation, has done so turbulently. In the United States, for example, such turbulence has often come in form of “backlash effects” derived from the policies and rhetoric of several US presidents. Though I personally and very intentionally take no political stance throughout the present document, much research has examined the effects that Ronald Reagan’s presidency (so called, “Reagan effects” had on minority communities (e.g., Laham, 1988; Tripp, 1992). Indeed, Reagan vetoed the Civil Rights Restoration Act of 1988, championed a “war on drugs” which resulted in a disproportionately higher incarceration rate for persons of colour, and introduced economic policies which increased income inequality in a way which favoured White Americans. Though

too recent to see much scholarship, it is possible that the political policies and “racistly-tinged” rhetoric of Donald Trump may result in similar backlash effects, perhaps even more extreme than those observed after Reagan’s departure (Konrad, 2018; Newman et al., 2021). Similarly, future research may link Donald Trump’s overtly disparaging remarks surrounding women to backlash effects relating to women in leadership.

Collectively, however, throughout the present segment my intent is to have conveyed that the world is changing (i.e., “a shifting society”), in a way in which the general public’s beliefs are more egalitarian. Through briefly reviewing egalitarian beliefs relating to gender, race, and sexual orientation, the recent movements surrounding these issues, and the increased representation of these groups in leadership positions, I contextually situate the present research within the years 2023 and 2024 in which it occurred. Indeed, I provide the context above to act as a backdrop to situate my exploration of the career ascension behaviours of women CEOs because they are contextually informed.

1.3 Shifting Society: The Contemporary Workplace

“The nature of work and the way it is conceptualised has been evolving since the dawn of humankind.” – Litchfield et al., (2016, p.1)

In addition to shifting beliefs surrounding egalitarianism are recent shifts in employee attitudes and beliefs, organizational designs, and managerial practices within contemporary organizations. That is, the nature of work is changing. Collectively, these changes are likely to have implications for how individuals ascend organizational hierarchies, particularly as effective leadership behaviours are contextually-informed, and research has found perceived leader effectiveness to be a predictor of promotability (Hentschel et al., 2018). Though a formal review

of how employee-, and organizational-level changes have evolved over time is formally out of scope of the present work (and is much too broad a topic), there are several key changes that are relevant. Below I present research which provides evidence that employees' attitudes and beliefs are shifting, and that organizational designs and management are changing. Logically, I argue, such notable change likely entails a shift in what leader behaviours are required for effective leadership.

As baby-boomers retire and younger generations occupy increasingly large segments of the workforce, employee wants and needs are shifting. As examples, in comparison to employees of past generations, today's employees more greatly value work-life balance and their personal well-being, autonomy, purposeful and fulfilling work, and opportunities for career development (Deloitte, 2020; Sánchez-Hernández et al., 2019). Often discussed within mainstream media, headlines such as “Young People Are Going to Save Us All From Office Life” (New York Times, 2019), “Gen Z: The Workers that Want it All” (BBC, 2022), or “Millennials Want A Healthy Work-Life Balance. Here's What Bosses Can Do” (Forbes, 2020), depict a shift in how contemporary employees view their employment. Scholars are aware of this trend, evidenced by the proliferation of research on work-life balance, meaningfulness at work, and leadership styles conducive to meeting newfound employee needs (Bailey et al., 2019; Tan et al., 2023; Zaitouni et al., 2024). While employee attitude surveys suggest work-life balance is important for employees of all ages (MindSpace, 2023), it appears to be particularly sought-after by younger generations (Sánchez-Hernández et al., 2019). Accordingly, congruent with existent trends, research suggests that the workforce will only continue to be comprised of employees with the aforementioned values, suggesting that scholars and practitioners alike should focus on the implications this may have for management and leadership in the future.

Interestingly, in recent years many organizations have begun to change in ways that seem to align with younger employees' shifting values. Notably, I do not argue that organizations are changing *in response* to shifting employee values (as doing so would imply causality), rather, I point to organizational changes which have happened to co-occur around similar time periods. To begin, contemporary organizations seem to more greatly value employee work-life balance. Perhaps the most obvious example is the marked increase in flexible work arrangements (including work-from home, hybrid work, or choosing one's own hours). For example, in 2023, roughly 20.3% of Canadians worked fully from home in comparison to 7.1% in 2016 (Statistics Canada, 2023). Similarly, workplace well-being programs targeted at reducing workplace stressors, burnout, and alike, remain popular. Described as the "happy worker-productive worker thesis", Nielsen et al., (2017)'s systematic review and meta-analysis provides strong evidence linking employee well-being to organizational performance. Interestingly, Adams (2019, p.583) specifically identifies "greater autonomy, flexibility, and control over job tasks" as positive predictors of employee well-being.

In addition to employer efforts targeted at work-life balance and employee well-being are initiatives intended to provide meaning and purpose to work. Autonomy, flexibility, and job crafting are also predictors of perceived meaningfulness of work and employee engagement (Lysova et al., 2019). Yet, there exists another notable change among (particularly, larger) organizations, and that is their increased focus on corporate social responsibility, something organizations increasingly view as strategically important (García-Rivas et al., 2023). When there is a congruence between employees' personal values and beliefs and the values and beliefs espoused by their organizations (e.g., efforts relating to climate change, economic inequality, or diversity, equity, and inclusion), employees perceive work as more meaningful and are more

engaged in their work (Glavas & Kelley, 2014; Lysova et al., 2019). Public perceptions of an organization as a responsible societal entity also influence talent attraction and retention; results from the longstanding Edelman Trust Barometer (2022) find that 60% of participants ($N > 36,000$) consider the alignment between their personal beliefs and values when choosing an employer, with the report concluding that “business’ societal role is here to stay”. This depicts another way in which the contemporary workplace differs from older organizational operations of decades past.

Further, many organizations have shifted away from rigid pyramidal hierarchies in favour of flatter organizational designs (e.g., Ackerman et al., 2021). Such a change may lower perceptions of power distance between leaders and subordinates, empower employees, and lessen the bureaucratic structure of an organization. Similarly, organizations are becoming increasingly decentralized (Billinger & Workiewicz, 2019), and such a change may increase distributed decision making (something which may also empower employees), increase individual autonomy, and may also weaken organizations’ bureaucratic structures. These changes may increase organizations’ needs for frequent and effective communication. For example, increased autonomy requires increased role clarity, reduced hierarchy requires greater teamwork and collaboration, and within flatter organizational designs, leaders act more as facilitators rather than decision makers. Though too recent to see much scholarly discourse, it is possible that the COVID-19 pandemic acted as a catalyst to organizational change, increasing both the magnitude of change and the speed at which it occurred

As I have described how employees’ wants and needs are changing, as well as several ways in which organizations are changing, one may speculate that effective leader behaviours are also changing. Though the answer to the question: “how should leaders lead in contemporary

organizations?” is highly contextual and constantly evolving, the present research examines effective leadership behaviours in 2023 and 2024 within a hospital setting, in part to shed light on this question. Such a question strongly relates to the behaviours employees use to ascend organizational hierarchies given the linkage between perceived leader effectiveness and perceptions of promotability (Hentschel et al., 2018).

Mainstream media and scholars alike have recently taken interest in certain facets of leadership. Scholars continues to primarily study the emotional and inspirational components of leadership, with much work rooted-in, or bearing similarity to, the central tenets of transformational leadership. As examples, authentic leadership in part describes emotional self-awareness and relational transparency (Luthans & Avolio, 2003). Servant leadership, though conceptually introduced many years ago (Greenleaf, 1977), has seen a proliferation of research in recent years; “over 100 articles published in the last four years alone” (Eva et al., 2019, p.111), and has much to do with meeting psychological needs of followers. And lastly, as recently reviewed by Korkmaz et al., (2022, p.1), inclusive leadership has much to do with “strengthening belongingness within a team (e.g., building relationships)”, and “showing appreciation”, among other facets. Interest in the emotional and inspirational components of leadership is also observed within pop culture, which often discusses transformational, authentic, servant, or inclusive leadership behaviours with an upbeat tone, lauding flexibility and autonomy, “leading from behind”, and leading in ways which allow employees to understand their valued role within organizations (Hill, 2010; Reisinger & Fetterer, 2021).

In summary, the contemporary workplace notably differs from the workplaces of decades past. There exist pronounced differences in employees’ beliefs and motivations to work as they now prioritize work-life balance, general well-being, and meaning and purpose within their

work, among other differences. There are also notable organizational changes, both as they are formally structured (e.g., they are less hierarchical), but also how they interact with employees (e.g., allowing for job crafting or increasing autonomy). Collectively, these changes have been noticed by scholars and the popular press alike. Consequently, and particularly as leadership behaviours have long been described as contextually informed, I argue that leadership behaviours which prove effective today likely differ from leadership behaviours which proved effective under the very different circumstances of decades past. As perceptions of leader effectiveness positively predict promotability (Hentschel et al., 2018), the shifts described throughout this section are very likely to have implications for how employees climb organizational ladders in contemporary organizations.

Chapter 2

The topic of women in leadership has seen much scholarly discourse over the past forty-plus years (Acker, 1990; Bluedorn & Kanter, 1978; Eagly & Karau, 2002; Paustian-Underdahl et al., In-press). Though still a relatively nascent research area, the recent increase of women's representation in *senior* leadership positions has allowed for their study (e.g., Chowdury et al., 2023; Dwivedi et al., 2018; Mose et al., 2021). Yet, perhaps in part due to the difficulty in accessing a sample of senior women leaders, most research in this area does not use primary data, but rather relies on publicly disclosed data (e.g., Chowdury et al., 2023; Dwivedi et al., 2018; Mose et al., 2021). Other researchers have compiled comprehensive reviews on the topic (e.g., Mah et al., 2023). However, one notable outlier is Zheng et al., (2018), which collects primary data through interviewing US women executives, and similar to the present work, does so with focus on communal and agentic behaviours. Nonetheless, existent literature on women in

the most senior leadership roles has predominately been comprised of research which draws upon secondary data.

Literature Review and Integrative Summary

Within Chapter 2 I review literature and chronicle extant theories scholars continue to use in their study of gender and leadership. Though commonly underpinned by the notions of agency and communion, the theories introduced below are intended to paint a mosaic surrounding why, and why not, we may expect to see the emergence of women leaders. I introduce a broad range of theories which have historically been used to explain: (a) why women are underrepresented in leadership roles; (b) why women may be particularly likely to be appointed to leadership positions in troubling times, and (c) gender differences in leader behaviours. Notably, all theories introduced below continue to be used by scholars at present (that is, no theory has been “dated”). I then discuss recent research which has reviewed agentic and communal leadership behaviours by gender, and conclude the present chapter by summarizing the different perspectives scholars have taken in their pursuit of examining similar phenomena surrounding women in leadership.

2.1 Social Role Theory and Role Congruity Theory

The predominant theory which continues to underlie much research surrounding gender and leadership is Eagly’s (1987) social role theory. Rooted in social psychology, social role theory seeks to explain the causes of observed sex differences and similarities in behaviour. It theorizes that gender role beliefs initially developed due to physiological differences such as men’s size and strength, and the reproductive abilities of women. As examples, men’s greater upper-body strength allows them to complete certain tasks more efficiently, while women’s physical differences (such as the ability to nurse, and similar) allows them to occupy child

rearing roles more efficiently. Accordingly, men and women may be considered as task specialists, and this task specialization forms a special alliance between men and women allowing them to operate more efficiently, ultimately leading to gender role beliefs surrounding how men and women ought to behave. Notably, unlike evolutionary theories regarding gender and behaviour which often theorize that some behaviours are genetically innate, social role theory argues that differences in observed behaviours began due to task specializations and their social and psychological processes. Recently and succinctly summarized, Eagly and Wood (2012, p. 459) note, “sex differences and similarities in behaviour reflect gender role beliefs that in turn represent people's perceptions of men's and women's social roles in the society in which they live”.

Eagly and Karau (2002) extend upon social role theory in forwarding their “role congruity theory of prejudice towards female leaders” (often simply referred to as role congruity theory). The present work *primarily* draws on role congruity theory to situate research questions and to interpret results throughout the discussion within Chapter 5. Eagly and Karau (2002) theorize that gender disadvantages women in the pursuit of leadership roles. More specifically, Eagly and Karau (2002) theorize that the violation of prescriptive and proscriptive stereotypes results in prejudice and barriers for women aspiring to occupy leadership roles. The authors explain that men are expected to behave agentically, characterized by a striving to master their environment and a desire to experience competence and power. Examples of agentic behaviours including assertiveness, competitiveness, and emotional toughness. In contrast, women are expected to behave communally, characterized by the maintenance of social connections, emotional expressivity, and the consideration of others (Eagly & Wood, 2011). Examples of communal behaviours include warmth, the upholding of social relationships, and empathy.

Notably, research has shown that there are penalties (i.e., “backlash effects”) for acting incongruently with societally prescribed gender stereotypes (Rosette et al., 2016; Rudman & Phelan, 2008), and that these penalties are especially pronounced among women engaging in agentic behaviours (Rosette et al., 2016). Accordingly, gender stereotypes are particularly problematic for women aspiring to occupy senior leadership positions (Eagly & Karau, 2002; Heilman et. Al., 1995), particularly as agentic behaviours are increasingly expected the higher one ascends organizational hierarchies (Heilman, 2012). For example, CEOs are often expected to be visionaries, and to lead their organizations with tactful aggression, confidence, courage, and assertiveness. Whether such characteristics are truly beneficial to the CEO role remains speculative, yet the gendered nature of these characteristics may unduly suggest that men are better suited to occupy leadership positions. There is support for such a proposition given the easily observed gender inequalities in upper management (Eagly & Carli, 2007). Eagly et al. (2007) go on to explain that aspiring women leaders face an additional challenge, a “double-bind”, where women must carefully balance the need to behave adequately agentic and leaderlike (to be perceived as suitable candidates for leadership positions), while simultaneously upholding feminine stereotypes surrounding communion. Yet, when interpreted in Eagly and Karau’s (2002) intended context (that perceived incongruities are harmful to women leaders), the observed gender-proportionate representation in the Ontario hospital CEO job role remains puzzling.

2.2 Double Standards of Competence

Other theory describes how evaluators assign and interpret attributes or competencies of others, and the role demographic composition plays in this process. While role congruity theory predicts that women will be perceived as less competent than men when occupying senior

leadership roles, other theory (such as status characteristics theory) examines mechanisms through which such judgements occur (Ridgeway, 2007; Sargent, 2023). Indeed, research surrounding double standards of competence investigates the different standards men and women are held to in order to be viewed as competent, an important precursor to career success.

In describing status characteristics theory, Foschi (2000) draws on status characteristics such as gender and ethnicity to explain how there exists lower-, and higher-status groups. Lower-status groups are comprised of individuals that occupy demographics that have historically been de-valued (such as women, non-Whites, and similar). Foschi (2000) explains that evaluator perceptions of ability (or competence) is informed by the status group an individual occupies, noting that low-status individuals will have their successful performances more heavily scrutinized in comparison to their higher-status counterparts, and that high-status individuals will have their unsuccessful performances treated with more leniency than their lower-status counterparts. Such a practice is “order-preserving”, in that high-status individuals are likely to remain high-status due to their more lenient evaluations, whereas low-status individuals are likely to remain low-status due to their stricter evaluations. This is problematic, as it depicts a double standard which favours high-status groups. Notably, such double standard evaluations may also be unconscious and enacted without malice, making them particularly difficult to combat (Sargent, 2023).

In relation to women’s career ascension, status characteristics theory suggests that women are more likely to have their high performance scrutinized and their low performance more critically evaluated in comparison to their male counterparts. Conversely, the theory suggests that men are more likely to be shown leniency during times of low performance, and that their high performance is particularly likely to be recognized. This suggests that women are less likely to

be viewed as competent, which may lessen perceptions surrounding their suitability for senior leadership positions (Hentschel et al., 2018). Foschi (2000) also describe the linkage between the gendered nature of a task and the context in which ability is evaluated, noting that men will be held to more lenient standards when their performance is evaluated on a masculine task. Indeed, within Sargent's (2023) recent review of status characteristics theory, the author provides examples of the linkage between the gendered nature of a task and perceptions of competence; women (versus men) are particularly likely to be viewed as competent in supervising children, whereas men (versus women) are particularly likely to be viewed as competent in jump-starting a vehicle. The fact that the gendered nature of the task informs perceptions of competence proves disadvantageous to women due to the known associations between leadership and masculinity. In relation to role congruity theory, if women are held to higher competency standards than men, it may be more difficult for them to be perceived as adequately agentic (or "leaderlike"), particularly for senior leadership roles due to this additional barrier.

Further, Foschi (2000, p.24) describes how we set standards regarding what constitutes acceptable performance and provides an example: "a score of 14 correct answers out of 20 is sufficient demonstration of ability if the standard is 12 or more correct responses, but the same score becomes unconvincing evidence if the standard is set at 17 or more". Indeed, where an individual or organization chooses to set their standard may be contextually informed. This is notable as those in leadership positions, and particularly senior executives such as CEOs, are expected to demonstrate superior ability in a variety of areas and are held to very high standards with small margins for error. Yet, unlike standardized test scores, the strict standards required to be viewed as qualified to occupy the CEO role are less objective and are typically not quantified.

Despite the shifting society I described in Section 1.2, research suggests that women continue to be held to higher standards than their male counterparts (Pew Research Center, 2015). As recently noted by Paustian-Underdahl (In-press): “men may have more behavioural leeway to engage in whatever leadership behaviours they choose and still be considered suitable managers, while women must be deliberate about adopting the most effective leadership behaviours as proof that they are apt for the role”. Indeed, double standards of competence suggest that women’s behaviours are more closely scrutinized, and that they must be exceptionally competent for their competence to be recognized. In turn, a logical inference that follows is that women who have succeeded in obtaining top leadership positions may be especially competent on a breadth of leader behaviours.

2.3 Glass Cliff Effect

A well-known mechanism related to women’s ascension to senior leadership roles is Ryan and Haslam’s (2005) “glass cliff” effect. To understand the glass cliff effect, it is helpful to introduce the research which resulted in its creation. Using data from publicly traded organizations in Britain, Judge (2003) found a negative correlation between the presence of women on corporate boards and the financial performance of the organizations in which they reside. Judge (2003) unduly infers causation from this correlation, ultimately arguing that the presence of women on corporate boards negatively impacts their organizations financial performance, and plainly suggests women should not be members of corporate boards. Using the same data Ryan and Haslam (2005) investigate this correlation, but with methodologies which allow for causal inferences. Ryan and Haslam (2005) find that women tended to be appointed as board members when an organization’s financial performance was on a downturn in the months preceding their appointment. That is, it is not that the presence of women worsens organizations’

financial performance, but rather, worsening financial performance predicts the appointment of women board members. Accordingly, Ryan and Haslam (2005) introduce the metaphor of a “glass cliff” surrounding women in leadership, stating that women are particularly likely to be appointed to senior leadership positions under “risky and precarious circumstances” which entail a greater risk of failure.

As reviewed within Ryan et al., (2007, 2016), the glass cliff phenomenon has been evidenced in ways with high external and internal validity. First, women are particularly likely to be appointed as leaders during times of crisis (“think crisis-think female”, Ryan et al., 2007, 2016). Second, within the United States women’s tenure as CEOs is approximately half as long as their male counterparts, suggesting that they occupy particularly challenging, risky, or precarious positions (Blanton, 2005). Third, Brady et al., (2011) found women are more likely to be appointed to Fortune 500 corporate boards if the organization had recently experienced a scandal (Brady et al., 2011). And fourth, Cook and Glass (2014) found women were more likely to be appointed as CEO of a Fortune 500 organization during times of weak organizational performance.

Further, many laboratory experiments using fictional scenarios have found that participants are more likely to choose a female (versus male) candidate to lead in unfavourable situations, such as leading during declining organizational performance (Haslam & Ryan, 2006; Haslam & Ryan, 2007) or leading a fictitious decreasingly popular music festival (Haslam & Ryan, 2007). In another experiment, law students were more likely to choose female lawyers to take on particularly difficult cases which may entail public criticism and scrutiny (Ashby et al., 2007). Collectively, Ryan et al., (2007, 2016) conclude that the glass cliff phenomenon is generalizable across many contexts.

In sum, when organizations are facing great challenges or risks, women are more likely to be appointed to senior leadership roles (i.e., appointed to the cliff's edge). This has implications for women's career ascension; as women are more likely to be appointed to challenging positions with lower probabilities of successful outcomes, there is a greater likelihood that they may be perceived to be failing as leaders. In this circumstance, failure is not due to a lack of competence, skill, or leader acumen, but rather due to inheriting great challenge. Logically, such failure may negatively impact perceptions of a woman's leadership capability when evaluated for future leadership positions, and may unfairly impact their career ascension. Further, despite inheriting a challenging situation, such failure is more likely to be attributed to personal factors within women's control if evaluators are part of an established in-group predominately comprised of men, which often characterizes senior leadership (Tajfel & Turner, 1979).

In relation to role congruity theory, the glass cliff effect depicts a circumstance in which the roles of leader and woman are less incongruous than what Eagly and Karau (2002) initially propose. Accordingly, the glass cliff effect can be conceptualized as a moderator within role congruity theory, as it demonstrates how organizational performance impacts perceptions surrounding the congruity between the roles of woman and leader.

2.4 Full Range Leadership Theory

Introduced by Bass and Avolio (1994), full range leadership theory amalgamates several previously distinct lines of leadership theorizing into a more holistic ("fuller") theory of leadership, and outlines effective and ineffective leader behaviours. I introduce full range leadership theory for two main reasons. First, as described within discussion of double standards of competence, it is particularly important for women leaders to demonstrate competence (i.e., effective leadership behaviours), and refrain from demonstrating incompetence (i.e., ineffective

leadership behaviours), as their behaviour is more closely scrutinized by evaluators (Foschi, 2000). Accordingly, it is possible that successful women leaders (such as those that occupy *senior* leadership positions) lead in a fashion congruent with the best practices theorized within full range leadership theory. I again point to the linkage between perceived leader effectiveness and promotability (Hentschel et al., 2018) to relate full range leadership theory to women's career ascension. Secondly, as elaborated upon below, full range leadership theory is predominately comprised of transactional and transformational leadership, which have agentic and communal associations respectively (Eagly et al., 2003). These agentic and communal associations relate to role congruity theory, and may also relate to Eagly and Carli's (2007) description of a double-bind. That is, women leaders may have to be particularly tactful in their balancing of transactional (more agentic) and transformational (more communal) leader behaviours.

In amalgamating research streams, Bass and Avolio (1994) first consult scholarly work which studied leadership by supervision and control, rewards and sanctions, pragmatism, and little employee empowerment; that is, transactional leadership (Antonakis & House, 2002). Though I use the term "leadership" above, Bass and Avolio (1994) conceptualized such behaviours more as transactional "management", rather than "leadership". Bass and Avolio (1994) forward the argument that transactional leadership behaviours are an essential component of effective leadership. The second research stream involved discussion of leadership as characterized by emotional interaction between leaders and followers, and placed greater emphasis on "motivation, morality, and ethics"; that is, transformational leadership (Antonakis & House, 2002, p.7). Bass and Avolio (1994) considered these behaviours and values to move beyond transactional "management", and rather considered such behaviours as leaderlike. In

tying together transactional leadership and transformational leadership, Bass and Avolio (1994) forward an “augmentation hypothesis” to suggest that leader effectiveness increases when transactional leadership is augmented by transformational leadership, a hypothesis which has garnered much empirical support (see Antonakis & House, 2002 for review). Most simply, the authors argue that leader effectiveness is increased when leader enact a broad (or, “full”), range of leader behaviours. Further developing their theory, Bass and Avolio (1994) also include laissez-faire leadership into their range of leader behaviours, conceptualizing laissez-faire leadership as the absence of transactional leadership. Accordingly, full-range leadership theory includes three broad categories of leadership styles or behaviours, transactional leader behaviours, transformational leader behaviours, and laissez-faire leader behaviours.

As I introduce the nine facets of full range leadership theory below, it is important to note that Bass and Avolio (1994) did not invent all nine facets during their development of the theory, but rather drew upon existent literatures, aggregating facets to form a more holistic (or, “fuller range”), model of leadership. To begin, full range leadership theory includes three components of transactional leadership. The first component is *contingent reward*, which refers to the use of rewards to motivate or encourage followers based on obtaining desirable performance outcomes (rewards may include monetary bonuses, or simple praise and recognition). The second component is *management by exception-active* (MBE-A), which, similar to contingent reward, monitors employee performance and adherence to goals and organizational objectives. Though, rather than being focused on rewards, MBE-A focuses and provides corrective actions which may be punitive. The third and final component of transactional leadership is *management by exception-passive* (MBE-P) which is similar to MBE-A, but rather than proactively monitoring

employee performance for goal deviation or performance concerns, passively waits for issues to arise and retroactively addresses them (again, often through punitive or “corrective”) means.

The second category of leader behaviours is transformational leadership, with five constituent components: idealized influence (attributed), idealized influence (behaviours), inspirational motivation, intellectual stimulation, and individualized consideration. I draw upon Antonakis & House (2002) to help define these components, as I find the definitions contained within their review of full range leadership theory to be well-articulated. Idealized influence *attributed*, has also been more simply referred to as “attributed charisma”, and “refers to follower attributions about the leader as a result of how they perceive the leader’s power, confidence, and transcendent ideals” (Antonakis et al., 2013, p. 9). Idealized influence *behaviours* refer to behaviours leaders engage in to act as role models for followers. These behaviours reflect a leaders’ “values and beliefs, their sense of mission and purpose, and their ethical and moral orientation” (Antonakis et al., 2013, p. 9). Inspirational motivation refers to leaders’ abilities to motivate and inspire their followers to achieve a shared vision, in part through “communicating confidence that followers can achieve ambitious goals, thus creating a self-fulfilling prophecy” (Antonakis et al., 2013, p.10). Intellectual stimulation is more intuitive, and refers to how leaders “appeal to followers’ intellect” (Antonakis & House, 2013, p.10). Lastly is individualized consideration which “refers to leaders who provide customized socio-emotional support to followers, while developing and empowering them. This outcome is achieved by coaching and counselling followers, maintaining frequent contact with them, and helping them to self-actualize” (Antonakis et al., 2002, p.10). Evident within these five facets of transformational leadership is the role of emotion and humanity, something absent from the more economically focused facets of transactional leadership.

The ninth and final component of full-range leadership theory is laissez-faire leadership, which is defined as an absence of leadership (especially transactional leadership). Notably, both transactional and transformational leadership behaviours have been linked to desirable outcomes, laissez-faire leadership has been linked to negative performance outcomes (Judge & Piccolo, 2004). The inclusion of this final component further broadens (makes more “full”) the range of leader behaviours encompassed within the full range leadership theory.

While scholars continue to conduct research drawing upon full range leadership theory (e.g., Garzon-Lasso et al., 2024; Ryan & Tipu, 2013), it is important to note that its three-factor structure is questionable. Bass and Avolio (1995) developed the Multifactor Leadership Questionnaire designed to measure each of the three proposed factors of the full range leadership model, yet “most studies have failed to reproduce the original MLQ factor structure” (Boamah & Tremblay, 2019, p. 743). I mention this to note that full range leadership theory is imperfect, and accordingly, within the present work, is drawn upon as one of many theoretical perspectives. Indeed, the strongest contribution of Bass and Avolio (1994) was arguable the theoretical amalgamation of transactional and transformational leadership behaviours. Nonetheless the theory amalgamates existent leadership theories which have agentic and communal associations (and accordingly, gendered linkages), which have implications for perceptions of leader effectiveness and women’s career ascension.

2.5 Women’s Engagement in Communal and Agentic Leadership Behaviours

Interest in the ways women and men lead, the similarities and differences in their behaviours, and the implications this has for the evaluation of leader behaviour is a topic with longstanding interest. As noted within Section 2.1, social role theory and role congruity theory draw heavily on communion and agency, with some scholars considering communion and

agency as a “meta-categories” of leadership (Sparr et al., 2023). Though within the theories introduced above I describe the important roles agency and communion exert, it is important that I also review research which has explicitly examined communal and agentic leadership behaviours by gender.

As summarized within Paustian-Underdahl et al., (In-press) several meta-analyses have investigated a variety of leader behaviours by gender. These include Eagly and Johnson’s (1990) meta-analysis surrounding evaluations of democratic versus autocratic leadership and participative versus directive leadership, which found that though many similarities exist between men and women’s leadership styles, women tend to lead in ways which are more participative and democratic. Further, Van Engen and Williams’ (2004) meta-analysis examined a variety of leadership behaviours by gender, ultimately finding that women tend to lead in more democratic and transformational leadership styles dependent on context (e.g., “The effect sizes for transformational leadership in business settings were larger than in educational settings, p.11”). Eagly et al., (2003) disaggregated transformational leadership into its constituent elements and also found gender differences, finding that women tended to lead in ways more strongly characterized by transformational leadership (see Paustian-Underdahl et al., In-press, for review).

Research by Zheng et al., (2018) explicitly examines how women leaders navigate agentic and communal behaviours and the paradoxical tensions that exist within their simultaneous enactment (or “blending”, as they put it). Zheng et al., (2018) investigates how “women leaders juxtapose agency and communion to cope with role incongruity (p. 633)”. Though their research differs from the present research in several important ways (for example,

they do not focus on career ascension), the article's goals warrant overview within the present chapter.

Primarily rooted in role congruity theory, Zheng et al., (2018) interviewed 64 US senior women executives to examine how women leaders “blend” agency and communion in their leadership roles. Within their findings, the authors outline four key pairings in which senior women leaders engage in agentic and communal behaviours. In this case, pairings refer to agentic and communal behaviours the authors found which tended to co-occur. The first pairing is “demanding and caring”; the authors find that nurturing or caring behaviour often accompanied, or “softened”, demanding behaviours. As an example, pushing for higher performance was often found to be accompanied by nurturing behaviours. The second pairing, “authoritative and participative”, describes that when behaving authoritatively (such as “asserting one’s competence over others”, p. 639), women leaders tended to simultaneously show vulnerabilities and act in a participative way. The third pairing, “self-advocating and other-serving”, describes that women leaders tended to focus on achieving their personal goals while simultaneously focusing on the goals of others around them. The fourth and final pairing, “distant and approachable”, related to the balance women leaders described between establishing oneself as a leader while simultaneously making efforts to ensure they are approachable.

While these pairings in themselves are interesting findings and make an important contribution to the study of how senior women leaders lead, the authors add theoretical nuance and outline mechanisms their participants used in their blending of agency and communion. The first mechanism introduced by the authors is “situational accentuating” which describes the process where women leaders “activate” either communal or agentic behaviours depending on context. The second mechanism introduced by the authors is “sequencing”, which differs from

situational accentuating as conscious efforts are made in the order (i.e., sequence) in which communal, or agentic, behaviours are enacted (e.g., they find a women leader may intentionally lead with communion in certain circumstances, or agency in others). The third mechanism is “overlapping” and refers to instances where communal and agentic behaviours occur simultaneously. This can be likened to a Venn diagram, with the middle ground between the two circles representing the area of overlapping behaviours. The fourth mechanism, “complementing”, is slightly more complex and accordingly I provide a direct quotation: “In this mechanism, women leaders differentiated multiple dimensions of the context, and they activated agency and communion to meet the demands of the different dimensions (p. 643)”. The final mechanism introduced is “reframing”, which refers to conscious efforts for women leaders to depict agency and communion as interrelated rather than contradictory.

In sum, Zheng et al. (2018) used primary data to provide compelling evidence regarding how senior women leader juxtapose agentic and communal leadership behaviours. Through outlining both patterns of behavioural co-occurrence, as well as a series of mechanisms explaining *how* participants decided to engage in agentic or behavioural behaviours, the authors describe the tactful balance women senior leaders must strike when conveying agency. Importantly, the existence of five distinct mechanisms evidence how senior womens’ leadership behaviours are contextually informed (with mechanisms being suited for particular contexts). Indeed, the title of their work “Dancing on the Razor’s Edge”, is particularly fitting. As the authors found that senior women leaders effectively juxtaposed agentic and communal behaviours on-the-job, I argue it is likely that women leaders may also tactfully balance agentic and communal behaviours in their pursuit of upward career mobility.

Relatedly is the recent work by Paustian-Underdahl et al., (In-press), which reviews 13 meta-analyses conducted over 50 years (1970-2020) surrounding gender and evaluations of leader behaviours across two dimensions: agency and communion, and effective versus ineffective. Importantly, the authors acknowledge many issues inherent in the historical study of gender and leadership, including endogeneity concerns, an excessive focus on correlational and observational data, and the rare use of objective leader performance metrics. Accordingly, there remains much to learn surrounding *how* women use agency and communion in navigating their careers.

Ultimately, Paustian-Underdahl et al., (In-press) conclude that through their review of existent meta-analyses, “women are seen as engaging in more effective agentic and communal leadership behaviours, compared to men, while men are seen as engaging in less effective and more passive leadership behaviour, compared to women”. Notably, the authors find that the year a meta-analysis was published had no influence on this pattern of results (with one exception). As the findings of Paustian-Underdahl et al., (in-press) suggest that women are more effective in enacting many important leader behaviours (including agentic ones), the authors more greatly rely on double-standards of competence theory rather than social role theory in explaining their results. Indeed, if women are held to higher standards, it would make sense that they are more effective across a broad range of leader behaviours.

Another important contribution made by Paustian-Underdahl et al., (In-press) is their formal categorization of leadership behaviours along communal and agentic dimensions. Though not formally stated, I believe the authors are intentional in their use of the word “dimension” (rather than “continuum”), in part due to the above findings of Zheng et al., (2018)’s blended-agency, and also longstanding research showing individuals can possess both agentic and

communal qualities simultaneously (Bem, 1974). The authors classification of communal and agentic leader behaviours has important implications later on within this document, as it provides further grounding for me to characterize certain leadership behaviours as communal. Paustian-Underdahl et al., (In-press) describe communal leadership behaviours as encompassing democratic/participative leadership styles, as well as “relationship-oriented behaviours, including relational behaviour, consideration, idealized influence, and individualized consideration; and ethical leadership, including moral leadership”. The authors go on to classify agentic leadership behaviours as encompassing: “autocratic behaviour, directive, task-oriented behaviours, initiating structure, contingent reward behaviour, and active management-by-exception (MBE-A)”. And lastly, the authors describe gender-neutral leadership behaviours as including: “change-oriented behaviour, inspirational motivation, and passive behaviours (i.e., passive management-by-exception (MBE-P) and laissez-faire)”.

Highly related to the present work; a striking finding contained within Paustian-Underdahl et al., (In-press) is that, for both men and women, communal leadership behaviours tend to be more strongly related to leader effectiveness than agentic leader behaviours (see their Table 2 in Appendix A). Similarly, the harmful effects of autocratic/directive leadership, and the strong positive relationship between the gender-neutral behaviour of inspirational motivation and leader effectiveness are also notable. Given the strong evidentiary value that a synthesis of meta-analyses provides, the present research strongly bears in mind the potential utility of communal leadership behaviours. Yet, though the authors examine agentic and communal leadership behaviours as they pertain to perceptions of leader effectiveness, research has yet to adequately examine how agentic and communal leader behaviours may pertain to career ascension. Indeed, such exploration is the primary goal of the present research.

2.6 An Advantage for Female Leaders

Recent research introduced (Paustian-Underdahl et al., In-press), synthesizes meta-analyses to find communal leadership behaviours are generally more effective than agentic ones. Relatedly, Hsu et al., (2022) provides strong evidence that women tend to score higher on communal traits. Accordingly, it may be inferred that women may be particularly effective leaders due to their increased propensity to behave communally. Indeed, a link between communion and beneficial leadership behaviours is not new. Though firmly secondary to discussions surrounding a “female leadership disadvantage”, esteemed scholars have discussed the possibility of a so-called “female leadership advantage” for years (e.g., Eagly & Carli, 2003; Rosette & Tost, 2010; Post et al., 2019; Yukl, 2002), further described below.

Over the past several decades, leadership scholars have shifted away from the study of authoritarian or autocratic leadership paradigms toward leadership paradigms that are more androgynous and less overtly masculine (Antonakis & House, 2002; Badura, 2018; Bryman, 1993; Eagly and Carli, 2003; Rosette & Tost, 2010). As summarized by Antonakis & House (2002, p.4), the leadership field has moved “forward from the trait approaches of the 1930s, the behavioural approaches of the 1950s, and contingency approaches of the 1970s, to account for the predominately emotional and inspirational effects of leaders on followers”. Indeed, Bryman (1992) referred to scholars’ focus on the study of leadership through an emotional and inspirational lens as “new leadership”. Though such a shift has resulted in the creation of new leadership paradigms (e.g., relational leadership; Uhl-Bien, 2006) it is also exemplified by scholars’ longstanding interest in emotional and inspirational aspects of longer-standing leadership paradigms such as transformational leadership, servant leadership, or charismatic leadership. For instance, Eagly and Carli (2003), argue that transformational leadership is a

markedly androgynous (and perhaps, even feminine) mode of leadership. Indeed, such androgyny is well evidenced through contrasting transformational leader behaviours such as including followers in decision-making, considering follower input, and attending to follower needs with authoritarian (older, and more “traditional”) leader behaviours, such as making decisions independently, motivating subordinates through rewards and punishments, demonstrating authority, and expecting obedience (Pizzolitto et al., 2023).

Meta-analytic evidence has found that, when rated by others (i.e. not self-report) women tend to receive higher ratings on transformational leadership in comparison to their male counterparts (Eagly et al., 2003; Hsu et al., 2022). Though statistically significant, the effect sizes are small. Eagly et al. (2003) and Hsu et al. (2022) speculate that this effect is the result of several factors. First, it may be that transformational leadership is truly more androgynous or feminine. If so, women can engage in transformational leadership behaviours without violating stereotypical gender norms surrounding femininity (Eagly et al., 2003). Secondly, as clearly stated within Hsu et al. (2022, p.4) women may be “especially adept at executing the more stereotypically feminine aspects of transformational leadership ... because of a spillover effect from their gender roles to their leader roles”. Lastly, congruent with theory surrounding double standards of competence, it may be that due to the need to overcome additional hurdles and “break through the glass ceiling”, women leaders need to be particularly exceptional overall (Eagly et al., 2003; Hsu et al., 2022). In turn, they may rate highly on many desirable facets of leadership including dimensions of transformational leadership.

During the time of Eagly and Carli’s (2003) meta-analysis, they note that contemporary leadership styles were increasingly characterized by behaviours such as empowering subordinates, prioritizing teamwork, collaborating with others, fostering productive work

relationships, and alike. Eagly et al. (2003, p. 809) go on to note “These contemporary approaches to leadership not only recommend a reduction in hierarchy but also place the leader more in the role of coach or teacher than previous models of leadership”. Further, Rosette & Tost (2010, p. 222) note that the possession of communal traits is “increasingly becoming valued” and are “increasingly associated with effective leadership”.

2.7 Summary

Eagly and Karau’s (2002) role congruity theory seeks to explain why and how prejudice against female leaders may occur. Biernat & Kobrynowicz’s (1997) and Foschi’s (2000) research surrounding the double-standards of competence find women are held to a higher standard than men. And, Ryan and Haslam’s (2007) glass cliff theory provides evidence showing women are more likely to be appointed to leadership positions during difficult times. These theories are similar in that they are often used to explain women’s underrepresentation in leadership roles, and each theory uniquely contributes to scholarly study surrounding women in leadership. Indeed, without knowledge of role congruity theory, scholars may unduly discount prescriptive and proscriptive stereotypes surrounding gender and behaviour. Without knowledge surrounding double-standards of competence, researchers would know less about competency-related challenges women face in achieving leadership positions. Or, without discussion surrounding the glass cliff, women’s’ appointment to leadership positions may seem to be uniformly positive. Unquestionably, these time-tested and well-supported theories have made major contributions to the study of women in leadership.

Yet, there also exists research that suggests that women’s underrepresentation in leadership positions remains puzzling. For example, full-range leadership theory (Judge & Piccolo, 2004) suggests that engagement in transformational leadership behaviours is essential

for effective leadership, and Eagly and Karau (2001) find that women may be more effective transformational leaders. Similarly, Hsu et al., (2021) find that women tend to rate higher on communal traits in comparison to their male counterparts, while Paustain-Underdahl et al., (in-press) find that communal leadership behaviours are generally more effective than agentic ones. Importantly, though some research (e.g., Eagly & Karau, 2002) explains why women may duly monitor their agentic behaviours, research does not suggest that women lack ability to effectively engage in agentic leadership behaviours. Rather, research suggests that women are at least equally competent at engaging in agentic leadership behaviours, and if women are perceived as lacking ability related to agency, it is likely the result of stereotypes or discriminatory beliefs. Lastly, Zheng et al., (2018) find that senior women leaders can simultaneously balance communal and agentic leadership behaviours in ways which overcome the bounds predicted within gender role congruity theory.

Indeed, in integrating the introduced theories, and while bearing in mind the societal shifts towards egalitarianism described in Section 1.2, the future for women in senior leadership is changing. To begin, the bounds described within Eagly and Karau's (2002) role congruity theory may be loosening, as may the "double-bind" woman leaders often find themselves within (Eagly & Carli, 2007). Women leaders may now be afforded the latitude to engage in agentic leadership behaviours, so long as they do so tactfully, which they can (Zheng et al., 2018). Further, research surrounding double standards of competence suggests that women leaders need to be particularly exceptional overall, which logically includes being exceptionally competent in agentic areas. Collectively, and in line with full range leadership theory, amalgamating existing research and interpreting it through a contemporary lens leads to me to conclude that so long as there are not backlash effects for engaging in agentic behaviours, women leaders ought to be

especially effective in leading contemporary organizations. While the research chronicled above leads me to this inference, it is important that I re-iterate that much less is known about how women *ascend* to leadership positions, the focus of the present work.

Chapter 3

3.1 Exploratory Research Questions

The present research focuses on two related research questions in an exploratory fashion. First is Research Question 1: “*how* did participants ascend to the CEO position”, which explores behaviours CEO participants engaged in throughout their careers which contributed to their upward career ascension. Though I intentionally explore career ascension behaviours throughout the entirety of participants’ careers (often spanning decades), I particularly explore the behaviours participants engaged in when ascending more senior ranks. Second is Research Question 2: “*why* is there gender proportionate representation in the Ontario hospital CEO role”. This research question examines the contextual demands and job roles of Ontario hospital CEOs.

3.2 Context from a Public Perspective: Phenomenon

As summarized early-on, women remain greatly underrepresented in the CEO role. However, there exists a notable counterexample within the Ontario hospital system. Over the course of the past ten years, women’s representation in the Ontario hospital CEO role has steadily increased; at present women occupy approximately 49% of Ontario hospital CEO positions. Though the gender-proportionate representation observed within the Ontario hospital CEO role is striking, I am intentional in my use of the term “gender proportionate” and refrain from introducing the terms “equality” or “equity”. Indeed, congruent with the systemic inequities observed among publicly traded organizations, women are still underrepresented at Ontario’s

largest, most prestigious, and highest paying hospitals. Nevertheless, such gender-proportionate representation lends itself well to scholarly inquiry as it portrays an extreme case of women's representation in the CEO role, and extreme cases are particularly fruitful avenues for "revealing insights that may be hard to isolate in more familiar conditions" (Eisenhardt, 1989).

3.3 The Ontario Hospital System

Situated within Canada's broader publicly funded universal health care system, the Ontario hospital system is comprised of 136 hospitals (many with multiple sites). Notably, Ontario is the only province with independent hospital governance, and accordingly these hospitals are overseen by 127 CEOs (with few CEOs overseeing more than one hospital). This differs from the province of Alberta, for example, in which one CEO oversees all hospitals. The Ontario Hospital Association (OHA) categorizes Ontario's 136 hospitals into five categories. First are the 17 acute academic hospitals, which are mandated to engage in a significant amount of research and teaching work. These facilities typically offer the most cutting-edge and highly technical medical services. Second are the 47 community hospitals, often characterized as general hospitals, which offer health services tailored to the need of the communities in which they reside. Third are 11 complex continuing care (CCC) and rehabilitation hospitals, which are typically considered as post-acute care hospitals. Fourth are 56 hospitals simply referred to as "small hospitals", which typically operate as a central medical hub for the smaller communities in which they reside. Lastly are 5 mental health and addiction hospitals, which may or may not hold an academic affiliation. Ontario hospitals are also diverse in other ways, such as their size in number of beds, the population density of the areas in which they serve (e.g., rural versus urban), whether they offer emergency services, and alike.

During the time interviews were conducted (mid-to-late 2023), the Ontario hospital system faced a variety of extreme and unprecedented challenges widely recognized by healthcare professionals and the public alike. Though many participants had recently undergone the challenge of leading their hospitals through the COVID-19 pandemic, many challenges arose in its wake. Arguably, the most prominent challenge is understaffing, which may be in part due to extreme levels of burnout faced by healthcare employees after, and during, the COVID-19 pandemic. Indeed, Singh et al., (2024) found that over 78% of public health workers in Canada were experiencing significant levels of burnout after the COVID-19 pandemic, with nearly 50% of workers reporting being harassed due to their involvement in pandemic-related healthcare efforts. Such burnout may be particularly strong in Ontario, as Ontario yields the worst nurse-to-population ratio in Canada (Ontario Nurses Association, 2022). Mainstream media outlets have described the harsh realities of some of these challenges, with headlines entitled “hospital staffing crisis reaching ‘breaking point’, union says” (CBC, 2023), or “Ontario healthcare workers at their ‘wits end’ “over hospital staffing crisis” (CBC, 2024). Scholarly works have echoed this sentiment, noting that Canadian healthcare workers are “past the point of exhaustion” (Duong and Vogel, 2024). Further a recent poll found that 41% of Ontario hospital workers are considering quitting their jobs (Nanos Research, 2024), an alarming prospect.

Logically, such a crisis and staffing shortage has had negative and tangible implications for the quality of patient care within Ontario. As examples, 2023 statistics report that there were nearly 1,000 temporary closures of emergency departments and 316 temporary closures of urgent care centers, both of which were often had to open for reduced hours to accommodate a staffing shortage (Ontario Health Coalition, 2023). In addition is the problem of “hallway health care”, as

stated by the government of Ontario, “on any given day in the province, there are at least 1,000 patients receiving health care in the hallways of our hospitals” (Government of Ontario, 2023).

3.3.1 The Role of Government and Legislation

Having a central role in the allocation of funding and subsequent operation of healthcare organizations within the province, the Ontario government and the legislation it imposes have significant implications for health care delivery within Ontario. Though political tensions underlie much conversation regarding who is to blame for the current state of healthcare within Ontario, it is important to acknowledge existent legislation which contextualizes the environments participants work within.

To begin is the introduction of Bill 124, the “Protecting a Sustainable Public Sector for Future Generations Act, 2019”. The most notable component of this bill is the strong wage freeze for unionized public sector employees, including healthcare workers, which imposed a cap of 1% increases to annual compensation (both wages, and benefits). Though in 2022 the Ontario superior court found that the bill violated the Canadian Charter of Rights and Freedoms, the Ontario government has appealed this decision, and legal battles remain ongoing. Similar is the longstanding wage freeze on public sector executive compensation earnings for those earning \$100,000 CAD or greater. Legislation dating as far back as 2010 has frozen or greatly limited executive compensation for public employees, including hospitals CEOs, resulting in stagnated wages. Most recently, Regulation 406/18 implemented a “hard freeze” on salaries and other elements of compensation for designated executives. In sum, provincial level legislation has sought to stagnate or freeze the wages of healthcare workers throughout all levels of organizational hierarchies.

3.3.2 Oversight

Similar to CEOs in publicly traded organizations, Ontario hospital CEOs report to a board of directors who serve to provide governance. Notably, board members serve as volunteers and are not financially compensated for their board membership. The number of board members who sit on a given hospital board positively correlates with hospital size. As examples, smaller, rural hospitals may have boards with five or fewer members (e.g., Atikokan General Hospital), whereas larger urban hospitals may have boards with over 15 members (e.g., The Center for Addictions and Mental Health). Board members are often community members passionate for healthcare, many of whom hold a professional designation of some sort (e.g., accountant, medical doctor, lawyer, or alike), allowing them to provide unique insights and guidance for board operations (for example, an accountant may be particularly helpful at providing knowledge surrounding finance).

3.4 Research Partner: Proximity Institute

Proximity Institute is a non-profit charitable organization strategically partnered with the Ontario Hospital Association (OHA) with a focus on identifying and developing senior leaders within Ontario hospitals. They are particularly interested in the development of strong internal talent pipelines relating to the CEO role, greatly focus on future-ready leadership, and strive to accelerate leadership development. As they steadily observed an increase in the hiring of women CEOs, they were eager to learn more about why such a phenomenon may occur. Their role within our research relationship was multifaceted as they connected me with CEOs, sent initial recruitment materials, and were of great assistance in providing insights from a practitioner perspective. For over two years I routinely met with members of Proximity Institute to discuss the state of this research, emerging insights, and was able to stay attune with the landscape of

senior leadership within Ontario hospitals through our frequent correspondence. Indeed, and as described below, Proximity Institute's esteemed reputation was an asset to this research project in several ways.

3.5 Participants. sample selection, recruitment

In April of 2023, all 62 women CEOs of Ontario hospitals were invited to participate in the present research study. Men CEOs were not invited, as their inclusion was deemed outside of the research's scope by my research partner. Ultimately, 43 CEOs agreed to participate, 8 CEOs politely declined due to various reasons, and 10 CEOs did not respond, yielding a participation rate of 69% for CEO participants. Unfortunately, the data for one CEO interview was corrupted, resulting in 42 CEO interviews being analyzed. Board chair participants were recruited through snowball sampling: I simply asked CEO participants whether they would be willing to pass along my contact information to their board chairs, and every interviewed CEO participant agreed to do so (See Question 10 of Appendix B). For CEOs' convenience, I included a template they may wish to use in e-mailing their board chair contained within my thank-you e-mail to them (See Appendix C). Importantly, and to remain congruent with ethics, I did not request the contact information of board chairs as unlike hospital CEOs, their contact information is not publicly available. Accordingly, it is impossible for me to determine exactly how many board chair recruitment e-mails were sent, but I believe the number is approximately 43. Ten board chairs reached out to me interested in scheduling an interview. Accordingly, the participation rate for board chair participants is estimated at 23%.

As a strength of the present research, and in part the result of a very high participation rate, there is notable variance in CEO demographics such as their organizational tenure (ranging from less than one year, to in excess of 5 years), CEO origin (internally versus externally

appointed), hospital size (ranging from less than 100 employees to over 5,000 employees), hospital location (from small rural towns to large urban cities), and hospital type (acute care versus non-acute care; academically-affiliated versus non academically-affiliated). Exact numbers surrounding participants membership in each of these demographic categories is not included as they may be identifiable. However, Table 1 depicts how participants in present sample are representative of the various types of Ontario hospitals. Board chair participants were similarly diverse and were also representative of the composition of Ontario hospitals.

Table 1

Participant Representativeness of Ontario Hospitals by Type

Hospital Type	Ontario Hospital System		Participants	
	<i>N</i>	As %	<i>N</i>	As %
Acute academic	17	12.5%	4	11.6%
Community	47	34.5%	16	37.2%
Complex continuing / rehabilitative care	11	8.0%	4	9.3%
Small	56	41.5%	15	34.9%
Mental Health and Addictions	5	3.5%	3	7.0%
Total	136	100%	43	100%

3.6 Data collection

During the Spring of 2023, every woman Ontario hospital CEO was invited to take part in a semi-structured interview conducted through the online video conferencing platform Zoom. Participants who agreed to participate were sent a letter of information (See Appendix D) and the interview protocol two days in advance of the interview. I provided the interview protocol in

advance to provide participants with the opportunity to reflect on the questions asked in hopes of obtaining higher quality data. This proved effective; many participants commented that they had given much thought to the interview questions prior to the interview. After documenting participants' verbal consent (see Appendix E), and prior to the beginning of an interview, participants were read a "confidentiality script" (See Appendix F) where I detailed my commitment to participant's confidentiality and research ethics. As an example, I specifically noted that I was aware Ontario hospital CEOs and those involved in their selection and appointment form a small network, and explained some of my methodologies regarding how I anonymize interview data. Notably, participants were told if a statement of theirs was selected for inclusion in report-writing, I would again reach out to them to ensure their comfort of it's use. Several participants stated they appreciated this process, and accordingly I speculate that the reading of the confidentiality script may increase transparency in participant's responses, and may reduce social desirability bias.

Not including time spent reading the verbal consent form or confidentiality script (as recording did not commence until review of these documents were completed), the average duration of the interviews was 52 minutes and 23 seconds for CEOs ($N = 43$) and 35 minutes and 23 seconds for board chairs ($N = 10$). In total, this sums to 37 hours and 32 minutes for CEO participants, and 5 hours 54 minutes for board chairs, summing to a grand total of 43 hours and 26 minutes of interview audio data.

Interviews were scheduled in two time periods (Time 1: Spring 2023, and Time 2: Fall 2023) for several reasons. First, I simply accommodated participant's schedules and found that their preferences and availabilities coincided with the Spring and Fall. However, this provided me with a tremendous opportunity; the ability to analyze Time 1 results prior to engaging in a

second round of interviewing, which resulted in adding to the list of optional/contextual follow-up questions. Ultimately, the two-round method of interviewing allowed me to triangulate interesting results and dive deeper into interesting codes and themes that emerged during the first round of data analysis.

The interview protocol included questions designed to elicit responses surrounding career-wide ascension behaviours (that is, career ascension behaviours from the first day of one's career to present) but primarily focused on mid-to-late career ascension behaviours specifically related to obtaining and transitioning into the CEO role (largely, as this is what participants felt was important to discuss). A major strength of the sample is the fact that participants occupy the most senior positions within their organizations, and in turn can discuss career ascension behaviours at the most senior levels of leadership. Several methods were used to ensure the data collected was of the highest quality possible. To begin, the initial invitation to interview was sent from Proximity Institute, a highly regarded and well-known organization. This may have caused invitation recipients to view the research as more credible, and likely contributed to the high response rate. Further, the first seven interviews were conducted in part in efforts to trial and refine the interview protocol, which resulted in subtle improvements to the interview protocol. As an example, the most prominent refinement involved the removal of a question which asked CEOs about board practices and governance, as their responses were understandably speculative. Further, interviewing techniques specifically designed for interviewing elite populace ("elite interviewing techniques") were used in efforts to develop trust, build rapport, and ultimately yield high quality data (Mikecz, 2012; Natow, 2019). As examples, I thoroughly researched participants' online profiles to learn as much about them as possible. This included various official announcements or LinkedIn profiles, which informed me of participants' backgrounds

(e.g., nursing), and career history. Further, in attempt to make efficient use of participants' time, I was careful to never ask a question in which I could find the answer online.

3.7 Abductive Reasoning and Thematic Analysis

Prior to introducing the analytical procedure, it is important to introduce the basic premise of abductive reasoning. Most simply, abductive reasoning involves observing an unexplained phenomenon or anomaly (i.e., gender proportionate representation in the Ontario hospital CEO role), and drawing upon existing knowledge to situate and interpret results. Abductive reasoning differs from deductive (“top-down”) reasoning as it does not attempt to draw definite conclusions, and differs from inductive (“bottom-up”) reasoning as it does not attempt to draw broad conclusions from specific instances. Indeed, abductive qualitative research is an emerging and powerful tool for theory generation (Timmermans & Tavory, 2012; Tavory & Timmermans, 2014; Vila-Henninger et al., 2022), and in recent years there have been scholarly calls for a shift from inductive methods of theory generation to abductive methods (Timmermans & Tavory, 2012).

In conducting my analysis I closely follow Thompson's (2022) article “A guide to abductive thematic analysis”, which provides eight distinct stages to guide abductive thematic analysis. The first stage of analysis involved the transcription of interview data into text. This was done using the automated voice-to-text transcription service provided by Zoom software. As Zoom's audio-to-text transcription service is imperfect, transcripts were corrected and further refined by trained research assistants who, with my oversight, developed and followed a transcription guide to provide uniformity in transcription. This resulted in polished and refined textual transcriptions well-prepared for qualitative analysis. To increase familiarization and

immersion with the data, I listened to audio recordings of the interviews while reading the refined textual transcriptions on two occasions.

The second stage of analysis entailed the generation of low-order codes within NVivo 14 software. The generation of codes mainly outlined prominent points of discussion and pieces of information which I felt were important in exploring my research questions, and later served as a foundation for the generation of themes in Stage 4. Given the large volume of data (53 interviews spanning over 43 hours), it was necessary to work with a research assistant in order to code the data in a timely fashion. I worked to establish a high degree of inter-rater reliability between myself and the research assistant in several ways. To begin, I personally coded the first 22 transcripts (which included both CEO and board chair participants), generated 175 codes, and began work on a codebook outlining codes' constituent criteria (detailed below in Stage 3), all of which proved to be very helpful. Because of this, the ultimate goal was for the research assistant to familiarize themselves with the coding process I had already established and remain congruent with it. This is not to say that the research assistant was a passive labourer in this process; rather, we frequently conversed which helped refine and crystalize various codes and their constituent criteria. In doing so, the research assistant first spent several weeks simply reading transcripts I coded and familiarized themselves with coding criteria, often asking me questions about when and why I used certain codes. After familiarizing themselves with the coding process, the research assistant and myself both coded a subset of interviews, interviews 23-27, and I compared our coding output. Ultimately, the coding output was highly similar, suggesting a high degree of inter-rater reliability. Unsurprisingly, there were some instances in which there was disagreement in coding which we discussed and resolved, often resulting in subtle refinement to the wording within the codebook (further detailed below, in Stage 3). Notably, during the first

round of coding, every significant piece of information (including those seemingly irrelevant to my research interests, such as “discussion surrounding hospital accreditation”) were coded.

The third stage of analysis entailed a more formal and structured generation of a codebook, which outlined higher-order codes (themes) and the constituent criteria regarding when to use, and when not to use them (See Appendix G). Although determining “when to use” certain themes was relatively straightforward in my context (as the same passage can be coded under several codes), the “when not to use” criteria was particularly difficult to generate given the notable overlap I often observed between codes (e.g., “detrimental COVID impacts” versus “current healthcare climate”). Within the present research, I did not use codebooks solely to promote inter-rater reliability between myself and the research assistant, rather, I also did so to ensure I was content with the labels and codes we created as they pertain to the data. As recommended by Saldaña (2016), a second parsing of the data was conducted and was particularly helpful in identifying redundant codes (e.g., “subordinate leadership development” with “leadership development of others”, was amalgamated, among others). The codebook was stringently drawn upon during this second round of coding.

During the fourth stage of analysis, codes that conceptually encapsulated the same phenomena were amalgamated to ultimately generate the themes I describe below. As an example, the theme “mentorship”, was an amalgam of the codes “informal networking”, and “proactive outreach to peers”, among others. As outlined by Thompson (2022), the fifth (theorization), sixth (comparison of data sets), seventh (data display), and eighth (writing up) stages of abductive thematic analysis are detailed below.

3.8 Reflexivity Statement

Prior to the results section below, it is important that I acknowledge the influence of my personal perspectives and beliefs. As put by Denzin & Lincoln (2018, p.1), “research is an interactive process shaped by one’s personal history, biography, gender, social class, race, and ethnicity and those of the people in the setting”. This is perhaps more true of qualitative research which often offers greater researcher degrees of freedom and flexibility in analysis. Indeed, some findings within the data came of great surprise to me, which were much less surprising to my supervisors, plainly depicting the role individualized influence exerts while also illustrating the utility of a reflexivity statement. Accordingly, I provide the following paragraph in a reflexive fashion:

I identify myself as occupying many privilege-conferring demographic groups including being male, heterosexual, and white, among others. Importantly, I began this research project believing there exists systemic inequalities and biases against women within the world broadly, including within senior leadership. I largely developed these beliefs due to my vast experiences in hegemonically-masculine environments throughout my life. As examples, through my involvement in sports, I learned what boys’ and men’s “locker-room talk” sounds like. Living a typical undergraduate student experience as a man, I became familiar with “frat-culture” and its gendered underpinnings. Lastly, as with many researchers who study gender, I have been taunted for engaging in the present research. Though such taunts acted as a powerful motivator and strongly evidence the need for research in this area, they nonetheless depict the hegemonically-masculine environments I often find myself within. In sum, I believe if I were to have any bias it would be towards the existence of gender discrimination. The reflection described within this

paragraph evidences the need for mechanisms which can mitigate individualized influence, as described below.

I have taken steps to mitigate of the role of individualized influence. For example, I conducted the first seven CEO interviews alongside my two dissertation supervisors. This allowed my supervisors and I to discuss key themes that emerged during the first phase of the interviews through our perspectives as multiple investigators with different demographic backgrounds, helping to cross-check findings, and ultimately lessening my individual influence. It was early on after these seven interviews where we discovered how my personal perspectives and findings of interest at times differed from their own. As a single and brief example, I was surprised at the emphasis participants placed on their fit between their personal values and perceived utility in the CEO role when deciding to apply or accept the position. It was, at the time, my opinion that many individuals would simply long for the power, prestige, pay, and other external rewards holding a CEO seat entails. As you will soon read, I largely find the opposite; while of great surprise to me, was of lesser surprise to my supervisors.

Chapter 4

4.1 Results section structure overview

Analytic results are presented in a fashion intended to explain how participants ascended organizational hierarchies to the CEO role, and also how they navigated their transition into the CEO role upon their appointment. Given the volume of data and my desire to depict a clear narrative which investigates my research questions, results have been organized through grouping into three categories. First are contextual themes which provide insights surrounding the context in which career-ascension related findings are situated. These themes richly contextualize internal processes within the Ontario hospital system that are largely unknown to the general public, but are important in understanding the introduced career ascension themes. Second are career-ascension themes, the pinnacle focus, which investigate participants' leadership journeys and sheds insight into how participants ascended organizational hierarchies. It is within this section that I develop and introduce the concept of "Shielded Agency", a theoretical model I created based on data collected from the present sample. Lastly are forward-looking themes which provide insights related to the future of senior healthcare leadership within Ontario hospitals. Ultimately, through examination (and to some extent, amalgamation) of these thematic categories, I will go on to integrate theory which seeks to answer my research questions: "*how* did participants ascend to the CEO position", and "*why* is there gender proportionate representation in the Ontario hospital CEO role".

Importantly, the quotations provided throughout the results section are representative of the sample; reported below are quotations from 31 of the 43 CEO participants (72%). Of the quoted CEOs, on average, each CEO is quoted 3.05 times ($SD = 2.39$). In some instances, interviews contained identifiable or proprietary information, and it was impossible to convey

participants' messages without revealing identifiable information (this was particularly common for board chair interviews). Further, board chairs interviews tended to discuss board behaviours and practices, which did not always relate to CEOs career ascension. Lastly, despite reaching out to 43 participants (CEOs and board chairs alike) requesting their approval in using their quotes, I received 31 affirmative responses.

4.2 Contextual Themes

Adding nuance to publicly available knowledge surrounding Ontario's hospital system are participants' insider perspectives. Participants often situated their responses to questions related to career ascension within the context of today's Ontario hospital system. These added perspectives both echoed and expanded upon publicly available information. Notably, the interview protocol did not ask about context in any way. Rather, information surrounding context organically emerged and was unprovoked, suggesting that participants believe that context is imperative in understanding their career ascension and transition into the CEO role. The volume of data involving context was large, resulting in the creation of five contextual themes: 1.) current healthcare climate, 2.) impacts of the COVID-19 pandemic, 3.) personal and organizational value congruence, 4.) clinical experience, and 5.) toxic organizational cultures.

4.2.1 Current Healthcare Climate

Schneider & Reichers (1983) widely accepted definition of organizational climate defines climate as the shared perceptions and attitudes of employees regarding their work environment (See Prabhu et al., 2011 for review). Though researchers typically conceptualize climate at the individual organization level (i.e., individual hospital), here I conceptualize climate for all Ontario hospitals collectively. Doing so is congruent with participant narratives, which depicted very little inter-organization climate variance. Beginning discussion of the current climate within

Ontario hospitals are a series of quotes which greatly re-iterate (and provide support for) public-facing knowledge surrounding staffing shortages, compensation freezes, and the unprecedented challenges contemporary Ontario hospital CEOs face. As examples are the following quotes:

CEO 6: *“It’s probably one of the most challenging times in the history of healthcare to be a hospital CEO”*

CEO 40: *“Well, I think I picked the wrong time to become CEO in healthcare in Ontario, I’ll tell you that much. It’s going well, there are definitely challenges that are probably the most significant challenges that our healthcare system has faced in decades. You know I’ve... I have a lot of mentors, I speak with a lot of other CEOs, and, some of which have been in the business for 30 plus years, and they’ve... they’ve never seen it this bad”*

CEO 42: *“So, half of our workforce has worked here for five years or less, and about half of those people have five years or less experience. So that is a massive turnover of all of your staffing. And we were still working through, over the course of the last year, and we still have, higher turnover sick time, overtime issues. So you still have a very, very fragile workforce”*

CEO 44: *“I feel like we’re operating within a system with no supports”*

CEO 45: *“There’s challenges of being in healthcare right now and I have headaches every day”*

CEO 48: *“The financial situation of Ontario hospitals is so precarious and so chaotic right now and so unsettling, and it’s unprecedented in terms of the deficit that we are experiencing moving forward.”*

CEO 50: *“I’ve been in healthcare for [25-35] years and it is the worst I’ve ever seen healthcare. There’s no staff, there’s no money. You know, everything was built 30, 40, 50 years ago and everything is starting to fall apart. It’s a struggle, it’s a tough time.”*

Yet, though participant’s accounts of the current state of healthcare often reiterated news headlines, participants also revealed insights that are not common knowledge, and discussed how the aforementioned contexts influence daily operations and leadership. For example, while popular press has tended to cover burnout at lower levels of the hospital organizational hierarchies, CEO 6 described issues and consequences of burnout at higher levels of

organizational hierarchies, going on to state:

“I notice that there is a dampened sense of engagement, I would say, among senior leaders, and I think that's in part, because everyone's just so darn tired...it is a tough time in terms of having all of the resources that you need to do the role, and in particular – I'm not talking about money here, although that's part of it. I'm talking about the challenge of strong executive leadership.”

CEO 40 acknowledged this trend, and in efforts of making staff feel valued, CEO 40, like many other CEOs, engaged in frequent “walkabouts” where they would touch base with staff members throughout the hospitals they lead.

In relation to wage freezes, Board Chair 49, explains how their board simply acknowledged the fact that their hospital board will not be able to hire an experienced CEO as they lacked the requisite funds. Stating *“we knew right off the bat that we would not be able to hire a comprehensively experienced CEO with the amount of money we have”*.

Though the data I have introduced thus far paints a bleak picture, many participants also described how hospital care has positively changed over recent years. First is a growing focus on mental health care. Perhaps best exemplified by CEO 25's statement: *“mental health care is the most important health issue of our lifetime”*, several participants discussed Ontario hospitals' increased focus on recognizing and treating mental health. Importantly, though participants described an increased recognition of mental health care within Ontario hospitals, no participant described the state of Ontario's hospital mental health care as adequate. Notably, familiarity with mental health care may be increasingly recognized by boards and mentors in identifying CEO candidates or top talent; CEO 16 noted that she believed her past experience with mental health care was recognized as desirable by influential decision makers relating to her appointment to the CEO position.

In regard to Ontario hospital senior leadership, CEO 14 described how Ontario hospital CEOs are decreasingly a “*tight-knit club*” and are now more willing to let “*the new kid in*”. Along with other participants, CEO 14 described receiving a warm reception in coming into a CEO role and was provided with invites to informal women-led networking opportunities. Further, after describing her relatively linear career ascension (a “typical” ascension characterized by occupying increasingly senior hospital leadership positions), CEO 19 noted that in the present day “*The entry point into even more senior positions can take a completely different path than the one I had taken myself.*”. Essentially, CEO 19 reflects that upcoming and prospective future CEOs may be freed of the prior rigidity that often characterized career paths to the Ontario hospital CEO role. The recent increase of Ontario hospital CEOs who hold the Registered Nurse (RN) title may be exemplary of this, as nursing credentials and experiences have historically not been precursory to senior leadership roles.

Lastly, and as will be more thoroughly discussed in segments to come, is a shift away from traditional authoritarian models of leadership to more collaborative, transformational, and communal models of leadership. Indeed, as described as informing their hiring decision, Board Chair 49 described authoritarian styles of leadership being on the tail-end of modern healthcare leadership in Ontario, and specifically looked to avoid this when hiring a new CEO.

In summary, two key factors emerged from participants’ description of the current healthcare climate: 1.) the state of Ontario healthcare is troubled, and 2.) the paths participants use to ascend and transition into the CEO position are increasingly diverse. Participant’s descriptions of the current healthcare climate came unprovoked, perhaps suggesting it reflected their sensemaking process regarding how they came to occupy the CEO position. Notably, participants described occupying the CEO position during particularly challenging times, which

is congruent with Ryan and Haslam's (2005) glass cliff theory which explains that women are more likely to be chosen for leadership positions during "risky and precarious" circumstances. Though I will later explain why participants are well-equipped for leading through risky and precarious circumstances, it is important to address an obvious challenge faced by the vast majority of participants: leading through the COVID-19 pandemic.

4.2.2 Impacts of the COVID-19 Pandemic

Interviews took place in the wake of the COVID-19 pandemic, and accordingly many participants had led their hospitals through the pandemic. Further, as several veteran Ontario hospital CEOs retired around the time of the onset of the COVID-19 pandemic, many participants transitioned into the CEO role during the pandemic's acute phase. In turn, it is unsurprising that participants often drew upon their COVID-19 experiences and explained the impacts COVID-19 had on their leadership as CEOs and the hospitals they oversee. While there were some predictable impacts, such as CEO 11's description of failing to meet pre-COVID targets and goals, or CEO 48's mention of how the pandemic exacerbated HR and staffing related issues, there were many impacts that remain surprising and outside of the public eye. For example, Board Chair 31, noted that their hospital board's priorities shifted from monitoring CEO performance towards simply ensuring patients are being taken care of. They also noted that this entailed fewer CEO onboarding practices, and a lesser focus on formal CEO succession planning. This shift that Board Chair 31 describes, a move towards an immediate and almost dire focus on patient care outcomes was echoed by CEO 43.

While participants generally described the COVID-19 pandemic as entailing great challenge, it is interesting that several participants described silver linings relating to Ontario

hospital leadership. As an example, though acknowledging many ill-effects of COVID-19, CEO 11 described leading through COVID as a “*fabulous leadership opportunity*”, stating:

“I didn’t expect COVID, and that took a lot of time. I happened to be one who thought it was a great opportunity. We learned a lot. We met a lot of people we wouldn’t have met otherwise. It was an extremely challenging time, and I liked that challenge. So, I’m probably a little bit different than some people you will talk to. I did not find it tiring, I found it energizing. Truly energizing, and I think that we linked with a lot of colleagues we would have never linked with otherwise. And we have a very close relationship among the CEOs of Ontario now, which I don’t think ever would have emerged. So, I think all of that was very cool. That’s the only thing I probably didn’t expect.”

Similarly, CEO 42 also describes the utility of leading through COVID-19:

“One of the things that I benefited from a great deal was leading through the pandemic. Because, I had to test at that moment very, very quickly, to see if my brand of leadership would stand up in a pandemic situation. I’m not afraid of vulnerability, I’m not afraid of deferring to others and leading from behind, I am very open to having very difficult, realities put on the table, and being challenged. And in a command-like situation, it was a real test. Could I succeed? Was I wired for this? I have to be who I am; I can’t be a different person. So, there was only one way I was going to do it, it was my way, which was with authenticity, and with openness and vulnerability.”

Other benefits include CEO 12’s mention of an increased sense of closeness with CEOs in her region due to the pandemic, and CEO 45’s note that she became more strongly perceived as a leader within her community due to being the face of COVID-related updates. Such statements are congruent with scholarship surrounding the utility of crisis leadership, timely chronicled within Wright and Havas’ (2020) recent work entitled: “In the era of COVID-19, leading is a privilege”. Notably, this isn’t the first documented instance of a major medical outbreak bringing Ontario hospital CEOs closer together. Reeleder et al., (2006, pp.29) notes:

“One participant [a Ontario hospital CEO] said in reference to the Ontario SARS epidemic, that there was ‘nothing like the threat of an out of control infectious and communicable disease to bring hospitals and the system together ... a call for people to really be very open and transparent and honest with each other and to

try to work collaboratively together”

In summary, participants generally described the COVID-19 pandemic as posing a strong additional challenge within an already difficult environment. While CEOs with longer-standing tenures chronicled challenges COVID-19 entailed, CEOs with shorter-tenures described the impacts it had on their *transition into* the CEO role (e.g., a lesser likelihood for formal CEO onboarding). The additional difficulties and uncertainty surrounding COVID-19 again elicit thoughts surrounding Ryan and Haslam’s (2005) glass cliff theory.

4.2.3 Personal and Organizational Value Congruence

Discussed by 25 CEOs, two highly related themes woven throughout the data are personal value congruence, and organizational value congruence. Personal value congruence relates to participant’s perceptions of fit between their core personal values and the values inherent within the CEO job role. Relatedly, organizational value congruence refers to participant perceptions of fit between their core personal values and the values (or mission) embodied by their respective hospitals. Coupled together here due to the strong degree of overlap between the constructs, the present segment recounts participant’s descriptions as to why they have chosen to occupy their own CEO job roles.

Participants described personal value congruence in two main ways. Some described the match between themselves and healthcare as a field, while others described the importance they place on behaving authentically. A strong example is provided by CEO 19, who states:

“What brought me into this healthcare sector was a commitment to try and do things to help make people’s lives and circumstances better.... and I think philosophically, then, some of those, you know, core principles and values, that are based on the profession that I belong to, have helped me – in terms of being able to not, not lose sight of what this job really is about.”

Indeed, CEO 19 noted she “*walked away*” from job opportunities in the past due to a perceived mismatch between her personal values, and those mandated by the job role. Similar to a passion for healthcare as a field, CEO 16 described having a “*true passion for integration, and systems planning*”, both of which were central to the needs of the hospital she ultimately went on to lead.

Building upon CEO 19’s passion for health care, two participants overtly noted that money was not a strong incentive for their holding of the CEO seat. While CEO 12 plainly states “*I am not here for the money*”, CEO 18 described an unwillingness to place her hospital in a financial deficit for the purpose of increasing her personal monetary compensation (i.e., was unwilling to request a raise to preserve hospital funds).

Participant discussions surrounding personal value congruence at times strongly overlapped with authenticity. Indeed, leading in ways that are congruent with personal values is inherently authentic. For example, CEO 12 states:

“But, my core values are what they are. And, you know, I’m not going to change, or try to be like the prior CEO. A couple of people have said, well, you know, so-and-so would have done it this way. And like, well I’m not so-and-so – and that’s how I answered.”

CEOs 7, and 20 were so passionate about remaining true to their personal values, they did so in high stakes settings, their CEO employment interviews:

CEO 7: “I wasn’t going to present myself as anything other than like, kinda what I really wanted to do, and what I would bring, because I didn’t want there to be a bad fit, right? And so, if what they felt they needed in terms of characteristics or, uh, direction was different, then, you know, it would be, um, best if I wasn’t the successful candidate”

CEO 20: “And, through the interview process, I actually focused very much on my values as a storyline and narrative during the process”.

Such a steadfast insistence on remaining true to one's personal values within an employment interview is incongruent with much scholarship surrounding the prevalence of impression management within employment interviews (that is, intentionally altering self-portrayal in socially-desirable ways), and further exemplifies the importance participants placed on personal value congruence (Roulin et al., 2015).

Participants also described organizational value congruence. While some of the general themes are encapsulated within personal value congruence (for example, an alignment between a desire to work in health care, and working within a hospital), participants described the importance they place on organizational value congruence in different ways. Some described the congruence between their personal beliefs and ideologies with the espoused values and mission of their given hospitals. As examples, CEO 14 states (in relation to her decision to apply to a CEO vacancy):

“It really was more about how my values aligned. It was about what I thought I could do for the organization...and that all comes back to our mission and our values. So the mission is why we exist, the values is how we go about living out that mission. So if myself as a CEO does not feel congruence with the values, it would be very hard to live out those values, and really demonstrate to the people I'm leading how to go about living out those values.”

Further, many participants conveyed passion for their communities and local infrastructure, leading some CEOs to “know” they wanted to lead smaller hospitals. As examples are the following quotes:

CEO 12: “part of the reason why I wanted to move into that role [the CEO role], by that point, was the passion that I had for this hospital. I mean I didn't want to leave the hospital, or the community...I really wanted a small hospital. So I was watching for opportunities in small hospitals. And that's what led me into the [CURRENT HOSPITAL] position”

CEO 20: “I was looking to move into a CEO role of... an organization at a size that I thought my skills would, kind of, lend themselves to”

CEO 21: *“They've all been choices. I've had options to a certain extent and aligning my values. I really wanted to be a small hospital CEO. I knew that that would be a place where I could land, and if something else develops from here.”*

In sum, personal value congruence and organizational value congruence acted as powerful motivators which guided both participant’s career-ascension behaviours, and as will be described throughout Section 4.3, their leadership styles as well.

4.2.4 Clinical Experience

Though until recently an unconventional path to Ontario hospital leadership, many participants began their careers as a registered nurse (RN), and several other participants began in other healthcare-related professions. Accordingly, it was important to investigate how nursing and clinical experience may influence the career ascension of participants. Though generally participant’s discussions alluded that both nurses and hospital CEOs ought to have the same central goal in mind, patient-centered care, several participants believed their backgrounds in nursing and other patient-care related occupations assisted them throughout their careers as leaders due to the technical knowledge their professional training entailed.

Several participants described how their nursing experience allowed them to “speak clinical”. Further, four participants described benefits of their nursing and clinical experience as they pertain to recognition of their expertise and their perceived credibility as leaders. This is particularly notable as research has found that women’s professional expertise is less readily identified (Joshi, 2014), and it is possible that clinical experience is buffering against this effect.

As examples are the following quotes:

CEO 17: *“I think I have a lot of credibility, being a nurse in the CEO role. I think physicians are much more willing to negotiate with me, and to talk to me, and to engage with me.”*

CEO 19: *“And, at every level, in terms of leadership, I think that added credibility to me and to the voice that I brought to the table”*

Lastly, CEOs 29 and 30 also described the utility of non-technical aspects of clinical training.

CEO 29: *“It has been in my experience. I've used a lot of more of the communication and the relationships strategies as opposed to the clinical background. As a CEO, I don't necessarily need to know the clinical stuff anymore. I do need to be able to use the relationship building and the professionalism standards that I used in nursing when I progress through my career.”*

CEO 30: *“But I think that when we're clinicians we understand how the systems work, - hospitals, home care, whatever it may be; we understand the business. We understand what the frontline providers are experiencing, the triumphs, the challenges, and I think that it just makes it easier to relate to people and to understand what they're challenged with.”*

Though participants generally described having clinical experience as beneficial, two participants described issues that may arise surrounding being perceived as *“just a nurse”*. CEO 14 described an instance where group member affect changed when she reminded them of her graduate-school education beyond nursing, as she puts it: *“And you could see it all on their faces, like, oh, that's right, she's not just a nurse”*. Similarly, CEO 50 notes that being *“just a nurse”* can be a barrier *“I guess one of the barriers is that I'm just a nurse. I guess that was sort of a thought, you know. I'm not- I don't have my Masters in stuff.”*, suggesting that the RN title alone may unduly signal a lack of leadership expertise or competence.

To conclude, participant's generally found utility in having clinical training due to both the technical expertise and non-technical skills it provides.

4.2.5 Toxic Organizational Cultures

Apart from the COVID-19 pandemic, participants often described entering the CEO role and inheriting challenging situations. Six participants commented that they had inherited toxic

organizational cultures that were either a product of the outgoing CEO's leadership styles and behaviours, or the outgoing CEO's unwillingness to address and attempt to alleviate negativity within their management teams. Further, in some instances participant's described toxic organizational cultures as correlating with turnover in top management teams (including frequent CEO turnover), posing the additional challenges of working alongside team members who were also new to their role. One participant noted that high turnover in the CEO role made it difficult for her to establish trust and credibility as a leader, as she speculated that employees may also assume that she too may quickly leave.

As examples, CEO 8 noted that one of her strongest contributions since entering the role was combatting the existent "*fear-based culture*" which, among other efforts, required her to exit several members of the executive team who were unwilling to alter their behaviours to meet CEO 8's expectations of a new and improved culture. CEO 8 explained:

"My number one thing is trying to get the staff happy to come to work again. There was a, a bleed of leadership happening in the organization the previous [SEVERAL] months before I got here."

CEOs 29, and 39 describe similar circumstances, stating:

CEO 29: "I've worked very hard to change the culture of my organization and that has been a long, long journey. When I first started in my organization, the toxic or the culture was incredibly toxic. There was not a sense of collective morale...but through my progressive leadership, I've been able to drive initiatives forward within the organization."

CEO 39: "people were pretty miserable when I got here"

Successful in her attempts at combatting a toxic organizational culture, CEO 28 recounted an instance where her efforts were recognized:

"I keep my door open. One of the staff came in and said, 'I just want to thank you'. They explained that they had always worked in companies with male CEOs"

and said, 'It's the first time in my career I've seen a CEO address a toxic environment, a toxic comment, address it with grace and style, and you're a woman. You said it in a way that was assertive and respectful but you also held your ground and you didn't appear to be phased by it'. They said, 'I have seen male CEOs do that horribly'. I responded to the staff 'Thank you very much'. I don't think I would get those types of observations and feedback if I wasn't visible and trying to be out there with the staff; be who I am, no matter what. I've really tried hard in my career to do that and be true to myself'

4.2.6 A Lack of CEO Onboarding and CEO Succession Planning

CEO onboarding is intended to increase the speed in which CEOs become competent and contributive in their job role and is generally considered best practice (Dai et al., 2011). As a brief recap, CEO onboarding practices can be both formal (e.g., comprehensive orientation programs, meeting key stakeholders, reviewing the criteria that will be used to evaluate their performance, etc.), or informal (e.g., site visits, tips on cultural assimilation, etc.). Indeed, the engagement in CEO onboarding practices was of great interest to myself, and was a topic I formally discussed with all CEOs.

Ultimately, findings show a general lack of formal and informal CEO onboarding practices, and the majority of CEOs described leading their own onboarding (i.e., attempted to familiarize themselves with the CEO job role through personal initiative and direction), due to a lack of provided onboarding. When I asked participants: “Did you engage in any form of executive onboarding, whether it be formal or informal?”. Participants responded:

CEO 6: *“I would say no.”*

CEO 11: *“Nope. Started the day, the job, [VERY SHORTLY] before the previous CEO left, and just did it.”*

CEO 12: *“Yeah, this is something I really missed out on”*

CEO 27: *“Probably I would say nothing formally, which again, I think I would give. This is that I know Proximity now has a program for new CEOs where they go through topics of being a CEO. I've attended a few, and I think those would have been so invaluable during my time and I didn't have those, so I think it was*

for me just learning by getting in there and doing and asking questions. But no, nothing above and beyond that to be honest with you.”

CEO 40: “nothing formal at all. It was all very informal and just a couple of meetings with the CEO, as he was preparing to exit, um, handoffs, emails. And that was really it. It's not really one of those positions where you can do orientation for a couple of days, and you're good to go. It's just not like that.”

CEO 50: “No, that would have been lovely... This one literally was, “hey, you're in the seat. I'm out.” And, yeah. It was - she came and she sat down with me, and gave me a whole list of everything that she was working on, where she was at with different things, but that was a morning... So, there was not really any onboarding.”

Despite typically not being provided with any form of CEO onboarding, participants still needed to familiarize themselves with the CEO job role and related demands somehow, and ideally quickly. Given that the average tenure of CEO participants was over two years, it is clear that they have reached Dai et al.'s (2011) point of being “competent and contributive”, begging the question “how did they (presumably, swiftly) familiarize themselves with the job demands and daily operations of the CEO job role”? In answering that question, 19 participants described leading their own CEO onboarding using a variety of behaviours including scheduling meetings with board members, members of staff, receiving advice from an executive coach, and, in one instance, even receiving executive onboarding from their executive administrative assistant.

Exemplifying these findings are the following select quotations:

CEO 2: “I met individually with each board director either in my office, if that's how they wanted it, or for coffee, or at a [VENUE]. So I met with everyone individually.”

CEO 4: “And then I had my coach, an executive coach, I started back up again. Yeah, and then, you know, mostly it was just meeting with the Board members, meeting with leaders, meeting with CEOs, the University, you know, people in government, all of that kind of stuff.”

CEO 22: “I met with everybody individually, with the former, CEO, to say, and they presented what you know, some of the strength, some of the barriers, some of their priorities. I just to give me a flavor for their divisions at a high-level right, and then I set up so that I would go with each VP. To meet their teams and to tour

their workspaces, and to really understand what you know from the front-line leadership. What was you know? What? What were some of the strengths? What were some of the opportunities? And that was very helpful? But really, as for setting up meetings with partners, that's some of the work that I did. Some partners reached out to me. I didn't even know they were partners.”

CEO 28: *“central to my onboarding process was my executive administrative assistant. She had been with the hospital for many years, and when I asked her about past process, and past/current policies or matters of the board like past engagement, she just knew and helped me to learn very quickly”*

CEO 42: *“I did have the benefit of spending time with an executive coach and that's been hugely beneficial. He helped me build a CEO development plan”*

CEO 44: *“So, most of my information came from asking the CFO questions. And then, just knowing what I knew because I'd worked here for [5-15] years... And I actually wrote- I wrote an onboarding plan, for myself. I did 100- 120 day plan. And then I did a one-year plan..”*

Further is an exchange with CEO 21:

Ryan Miller: *“So you onboarded yourself largely. How did you do that? How did you? How did you come up to speed so quickly and become confident and contributed quickly? How did you do that?”*

CEO 21: *I met with every single member in the organization*

Ryan Miller: All of them?!

CEO 21: *All of them!*

Ryan Miller: That'll do it.

CEO 21: *What's going Well? What are your concerns? What do you wish you could do differently in your job? And those are the 3 questions I asked. We do get, you know, if there's anything to keep from the previous CEO, what would you keep?”*

And also an exchange with CEO 48:

CEO 48: *“And then for the board, I actually did a onboarding plan. So I had a six month plan that I laid out. Kind of what was I gonna do? I discussed it with the board chair, it was an agreement, and then I gave him a regular update on how it was going and what was still needed to be completed.”*

Ryan Miller: So to clarify you outlined the onboarding plan proactively. It was your idea.

CEO 48: *“Yes, that’s right”*

Second is CEO succession planning, which refers to the planning of a CEO’s successor., Engaging in CEO succession planning is also generally considered best practice and ideally would be done formally by all Ontario hospital boards of directors (often, with the input of the incumbent CEO), with a successor being named proactively. Similarly, is “emergency CEO succession planning”, which names a CEO successor for the case of an unexpected and sudden event (e.g., incumbent CEO illness) to, at the least, serve in an interim role. CEO succession planning may also be informal, in which a successor is not formally listed on board documents but is mentioned to the board (perhaps in passing). The engagement of CEO succession planning was also of great interest to me, and accordingly was something I discussed with CEOs. Findings show a general lack of both formal, or emergency, CEO succession planning. As examples, when I asked CEOs “Did any sort of CEO succession planning occur, whether formal or informal”, they responded:

CEO 39: *“No, I don't think so.”*

CEO 40: *“There was no official succession planning that occurred.”*

CEO 48: *“I don't think there was anything formal.”*

CEO 50: *“No. Which is the problem. Since I've been in this role, I've actually done some research with the Ontario Hospital Association. They've got all kinds of documents and policies on CEO succession, which then I'm going to implement.”*

Collectively, when interpreting the findings related to CEO onboarding and CEO succession planning a strong pattern emerges; CEOs often received inadequate notification or inadequate onboarding when entering a CEO role. This is important to note as a contextual theme, as it posed an immediate challenge to most participants; the need to ascend what several participants described as a “steep learning curve” in becoming CEO. Notably, I do not believe

that these findings strongly relate to Ryan and Haslam's (2005) glass cliff theory. Though CEOs did inherit an additional challenge, a lack of CEO onboarding or succession planning it is not a "risky or precarious" circumstance related to the *job role* itself. Based on my familiarity with the data, I believe the lack of CEO onboarding and CEO succession planning was due to a lack of knowledge surrounding its utility, and a general lack of adherence to best practice surrounding organizational governance.

4.3 Career Ascension Themes

The following section introduces themes that emerged relating to upward mobility throughout participants' careers. More specifically, themes within this section organize and provide structure to *behaviours* participants engaged in which positively contributed to their ascension of organizational hierarchies.. Accordingly, the behaviours I chronicle below are introduced in an effort to understand *how* participants ascended to their CEO job role. However, as depicted below, in investigating career ascension behaviours I found that the behaviours which aided participants' upward career mobility strongly coincided with their description of the on-job behaviours required of their CEO job roles. Such a linkage was not often explicitly stated by participants, yet suggests that participants were building their skills and abilities for the CEO job years prior to their eventual occupation of it. Further, the behaviours which I find aided participant's upward career mobility were often not enacted with the direct intention of building one's candidacy for a CEO position (later discussed in Section 4.3.3: career intentionality). Rather, they were behaviours which organically emerged as participants behaved in ways congruent with their personal values, and in response to the contextual leadership demands they faced. Collectively, the findings below can be interpreted as portraying a more organic emergence to the CEO job role, which will later have important implications for theory.

4.3.1 Relationship Formation, Maintenance, and Mentorship

Discussed by 31 CEO participants, a prominent career ascension theme that emerged related to the creation and maintenance of interpersonal relationships, with several participants noting relationships as the most important job role of their CEO positions. These include relationships with peers, mentors, physicians, government, and alike.

Although forming and maintaining relationships did cultivate rich and supportive professional networks (which participants noted they leveraged throughout their careers), the utility of relationship formation and maintenance extended far beyond professional networking. Specifically, participants discussed these relationships as being rich avenues for knowledge sharing which they described as both relating to material job demands (e.g., seeking advice on how to handle certain situations and navigate uncertainty), but also greatly assisted participants in navigating the complex terrain that is career ascension at senior levels of health care. Yet, though participants did describe relationships with government bodies and officials, physicians, and others, it was largely the relationships they had with their peers and mentors that most strongly shaped their career ascensions, and are further discussed accordingly.

4.3.1.1 Relationships with Peers. Frequently discussed by participants was the role of peer relationships, which often came in the form of reciprocal (and mutually beneficial) mentorship. Within the networks participants created, they often discussed seeking and providing mentorship to others who occupied similar job roles or titles at other hospitals. As examples, the following quotes exemplify how peer mentorship has positively contributed to participants' upward career trajectories.

CEO 14: *“Because, the higher you get, I think the less feedback you get. Because you have more autonomy, you're really not – you're really not supervised – as you*

get into a Director, or a VP, certainly not a CEO role. There's nobody watching everything that you're doing, there's nobody who's experiencing how you engage with other people, how you're building relationships, or the impact that you have on others. So, you really get a lot of great information from your peers and the people that are reporting to you.”

CEO 21: “I think the most helpful groups in terms of support have always been my network of peers, so belong to a network of peers. All the executive directors in the [REGION] of Ontario get together and with each other and develop those...they develop together, I guess. And then again, we have the [REGION] Ontario CEO of hospitals.”

CEO 22: “And so, you know, when I applied for different jobs, I would go to her, I would ask for her advice, and then I started as a new VP. With another very new VP and we were very much younger. We weren't grey then. We were much younger, and I think, for us. We grew up together, so we relied on each other. So, I had that privilege of working for [10-15] years with the same colleague. And so we could talk to each other. It was safe space we could vent. We could do whatever we needed to. We could give each other advice, but that was on my same sort of. We were same levels.”

In addition, when I asked CEO 27: “So you mentioned networking with other female CEOs. Is that something that you began to do once you entered the CEO role or were you in similar networks prior?”, she responded:

“I would say it was more job classified. So if I was a chief nursing executive, I was with chief nursing executives. As the opportunity seemed to be coming closer, there was some networking with other female CEOs. But for the most part, I would say it wasn't until I was in the position. And you really had to do that networking yourself. That was probably one of the greatest challenges or gaps I found when I came in, that there wasn't really a network provided to you, or, you know, a mentor.”

As previously noted, the behaviours which characterized CEO's career ascension were also often integral to the CEO job roles they now occupy. Indeed, participant's description surrounding the utility of peer relationships and peer mentoring extended beyond their career ascension and also strongly related to on-job behaviour within their CEO roles. In relation to mentoring at the CEO level, participants reported frequently

exchanging information with other Ontario hospital CEOs both one-on-one (e.g., through phone call), but also in digital group environments. The types of information exchanged was often highly specialized and could only be known by Ontario hospital CEOs and related others. For example, when encountering a difficult situation, CEO 8 describes discussing CEO-board relationships and practices with other CEOs:

“We do have sort of a... You know, a... A non-formal way of sort of canvassing each other, for weird situations. And I would say that CEOs regularly canvass each other about Board practices, or difficult Board situations, because we really don't have anybody else to talk to about that. So, normally we have a lot of conversation on how to deal with Boards with each other. When something comes up. So, our little practices that would help us in a difficult situation with a Board member.”

Importantly, participants described being part of small communities of Ontario hospital CEOs that were typically comprised of other CEOs within their approximate geographic region. Participants described these communities as being very helpful, and interestingly CEO 14 notes *“It's the women who are leading it”*. As examples are the following quotes:

CEO 11: *“And then I did rely on colleague CEOs. Once you become a CEO in Ontario, at least in the [REGION], broad [REGION], everybody calls you up and goes, let me have lunch with you, I'll tell you about being a CEO. Let me chat with you, I'll tell you about being a CEO. So that was very good”*

CEO 14: *“knowing that I can ask questions, knowing that I do have that, that venue, for support, that's what's really been transformative. It's just the sense of confidence that, you're not alone. That you can lean on others. And there have been others closer to our community that we have shared information with”*

CEO 14: *“It's knowing that you don't have to have all the answers, it's okay to say that you don't know something. Because everybody's in the same boat. We're all learning together. We're all here to support each other. So, everybody seems to be very open, with sharing whatever they have which is, it's just really welcoming.”*

CEO 48: *“I felt completely accepted into their circle and I have to say, regardless of whether it's male or female CEOs, I would say the relationship and the support among them is outstanding; better than in any other leadership positions that I've held.”*

CEO 48: *“But I feel like I email somebody... and within seconds, I have a response back. So they're very much a group of people that support each other.”*

4.3.1.2 Relationships with Non-peer Mentors. In addition to peers, and aligned with a general trend of participants reporting having multiple mentors, participants also described receiving mentorship from others who were further along in their careers. These instances resembled more traditional “mentor-mentee” relationships and were both proactively sought out (i.e. a participant seeks a mentor for counselling on a certain topic), or more passively received (i.e. a participant receives mentorship due to their superior’s focus on subordinate leadership development). Often, incumbent CEOs served as mentors to participants while participants were in roles that reported to the CEO, and at times encouraged participants to apply to CEO roles both within-, and outside-of their present organizations. In some instances, particularly when participants believed they had been identified as a high-potential individual, incumbent CEOs championed a participant’s candidacy as a CEO successor to the board. First, incumbent CEOs facilitated important networking connections for participants, with participants noting that connections with board members were particularly important. Second, and tangentially, was the allocation of “stretch assignments” (defined here as job roles or tasks formally out of scope of one’s job role, but welcomed by participants due to their developmental ability).

The following quotes exemplify participant’s description of the utility of networking-related mentorship:

CEO 16: *“I’ve had past CEOs, actually, be very leaderful, and reaching out, and opening doors for me.”*

CEO 16: *“he often introduced me to individuals who I needed to network with, and then had – expected me to carry on from there. So, I don’t think – there wasn’t a lot of hand holding – I think he, you know, made the connections, and the expectation was, I think, he really was sitting back to see how much I would take initiative on, then further developing those relationships, and that seemed to have been successful.”*

CEO 30: *“He sent me to board meetings on his behalf. He sent me to other meetings That typically were almost always attended only by CEOs, and he sent me in his place.”*

And, when I asked CEO 45 “And did you develop experience interacting with the board during that time?”, she responded:

“Yeah, definitely. It was a huge learning curve. And, you know, working with the board as a CEO was much different than I expected.”

In sum, as described by participants, the role of mentorship by peers and related others was crucial throughout their career development. A prominent method of mentorship were mentor’s allocation of stretch assignments to participants, and the following quotes exemplify participant’s description of stretch-assignment related mentorship:

CEO 16: *“So, in my past I’ve had a very important mentor, who really continued to see potential, and to invite me into initiatives that typically didn’t have a nurse involved.”*

CEO 24: *“he created opportunity for me, within the organization. So you know, when it was unrelated to my role necessarily. So, if they needed a facilitator for something he’d say, I think CEO 24 could do that. If there was during the accreditation process they needed somebody to help, he said, why don't you? CEO 24 can help with that. So he was always positioning me in my role, for, like you know, I well supported him and he also gave me opportunities to do things.”*

CEO 28: *“I was given opportunities to do that, and also take stretch assignments to prepare me. The stretch assignments were usually across an organization. So when someone says to me, that they want to be in senior leadership position in a couple of years; I'm thinking about what are the bigger projects that they could lead and get out of their own silo.”*

CEO 39: *“So what he was really trying to do was grow both of us as leaders by giving us responsibility for areas that were outside of our professional training. As you move up in organizations, you are going to move outside of whatever your professional role is because there is more to every organization than just whatever happens to be your entry point”*

Though the many quotations above exemplify how participants benefitted from mentorship throughout their *career ascension*, and similar to the maintenance of peer

relationships, participants typically maintained their relationships with the mentors during their *transition and occupancy* to and of the CEO role.

4.3.2 Contextually-informed Relational Leadership and Shielded Agency

The following segment examines participants' descriptions of how they lead which I disaggregate into two components. First, I begin by chronicling participants' relational leadership behaviours as they have described them. And second, I argue that the leadership behaviours participants employ are contextually informed.

To begin, throughout their careers participants reported engaging in a wide variety of relational leadership behaviours, often noting that relationships characterized their day-to-day behaviours as leaders. For example, participants often described their leadership styles using words such as: kindness, transparency, compassion, communication, collaboration, and empathy, among others, all qualities which may help develop interpersonal relationships. Exemplifying these qualities are the following quotes and behaviours:

CEO 4: *“And you know I mean and, and this may be part of being a woman and a leader, that I’d classify myself as a more kind of humble leader.”*

CEO 11: *“But I can’t imagine anybody leading people not valuing communication and kindness. Because it’s how people want to be treated. My – I meet with every orientation group that comes to the hospital, uh, every new orientation team. And I always say, in the end, out of everything I’ve said to you today, just remember that every person you meet in this organization – patient, colleague, family member, whatever – treat them the way you would want your own family treated”*

CEO 11: *“And if you’ve never communicated, and you don’t big – do a big effort in communicating, and your people don’t know who you are, they go, oh, there’s that ivory tower making a decision, right? That’s bad.*

CEO 21: *“But I also, I think my other main contribution is transparency, and trust.”*

CEO 22: *“I very much lead by kindness and compassion. And I care about the people I work with. And so I have deep relationships with this group that I’ve worked with”*

CEO 42: [WHILE LEADING, DESCRIBES] “*using empathy to understand what people needed*”

In summary, participants described leading in ways that prioritized values surrounding the creation and formation of meaningful, and ultimately, productive, working relationships. Collectively, as it pertains to their *leadership styles* (rather than their *career ascension behaviours*), participants’ description of stereotypically agentic leader behaviours was rare. This is surprising and is seemingly incongruent with Eagly & Karau’s (2007) description of the “double-bind” women leaders face, which posits that women leaders tactfully balance engaging in both agentic (i.e., prototypically leaderlike), and communal behaviours. Drawing on theory introduced within Chapter 2 (specifically, role congruity theory and the rewards and penalties associated with behaving congruently with gender stereotypes), one explanation for this finding is that participants intentionally lead in ways which convey communion and femininity in efforts to remain congruent with gender stereotypes, thereby avoiding backlash effects of stereotype breach. Though at the surface such behaviour may seem purposeful, this explanation could be strengthened when bearing in mind the strong emphasis participants placed on leading in ways congruent with their personal values and beliefs, and theory suggests such values and beliefs are gender informed. However, deeper exploration of the data leads to a somewhat more complex inference. That is, participants’ leadership styles are contextually-informed, and the emergence of relational leadership as the prominent leadership style is due to the fact that relational leadership is well-suited for addressing many situations encountered by Ontario hospital CEOs.

In part evidencing how participants’ leadership styles and behaviours were contextually informed was the engagement in agentic, or stereotypically masculine, behaviours, which were enacted dependent on contextual demands. As one example, CEO 11 states:

“You have to know when to be tough. It’s not like you’re a wimp. You have to be able to say this isn’t working for me, this is a problem, or I’ve sought all of your in advice, this is the decision I’m going to make for the organization. It’s a little bit different than the advice you gave me.”.

Other examples include participants ending the employment of subordinates (often referred to as “exiting”), or making tough or unpopular decisions (e.g., COVID-related mandates). Specific quotations of these instances are not included as they may be identifiable

However, a deeper dive into the nuances of role congruity theory yields an important insight. Eagly and Karau (2002) do not formally propose a “golden” ratio of agentic to communal behaviour for women leaders to strive towards. Rather, such a ratio may be contextually informed, and as participants described the job demands that characterize the Ontario CEO job role as being relational in nature, they may be best addressed with a ratio that strongly favours communal behaviours. However, within such a circumstance, where the balancing act strongly favours communal and stereotypically feminine behaviours, how might participants ensure they are also sufficiently behaving “leaderlike”? One simple explanation relates to the female-dominated nature of healthcare, which, as an industry, may view leadership as more androgynous in comparison to male dominated industries. That is, women may be more likely to view communal behaviours as appropriate for leaders. Yet, women’s influence on CEO selection may be relatively limited because while healthcare as a whole tends to be female-dominated, the upper echelons of health care management, and particularly boards of directors who make CEO hiring decisions, have notably greater male representation. Accordingly, I propose an alternative explanation; that participants are in fact engaging in agentic behaviours, but are: 1.) mostly doing so in subtle ways not obvious from their leadership behaviours, and 2.) “shielding” explicit agentic behaviours through being highly relational leaders.

Prior to detailing the implications of shielded agency, it is important that I describe the central tenets of the term. First, shielded agency involves participants' contextually informed blending of agentic and communal behaviours in a fashion which allows them to effectively lead, despite taking on a highly relational communion-dominated approach to leadership. Second, shielded agency comes in two forms: (a) shielding against explicit agentic behaviours (e.g., terminating a subordinate's employment), and (b) shielding against more subtle agentic behaviours (e.g., steering a conversation). Third, due to participants' predominant engagement in relational leadership behaviours, they accumulate credibility as communal leaders, and such credibility acts as a buffer (or, provides "femininity credits") which protect against agentic backlash penalties. In turn, due to their credibility as relational leaders, participants' engagement in agentic behaviours are perceived with greater leeway. In short, the highly communal relational women leader can "get away" with the occasional and tactful engagement in agentic behaviour, due to an accumulation of femininity credits.

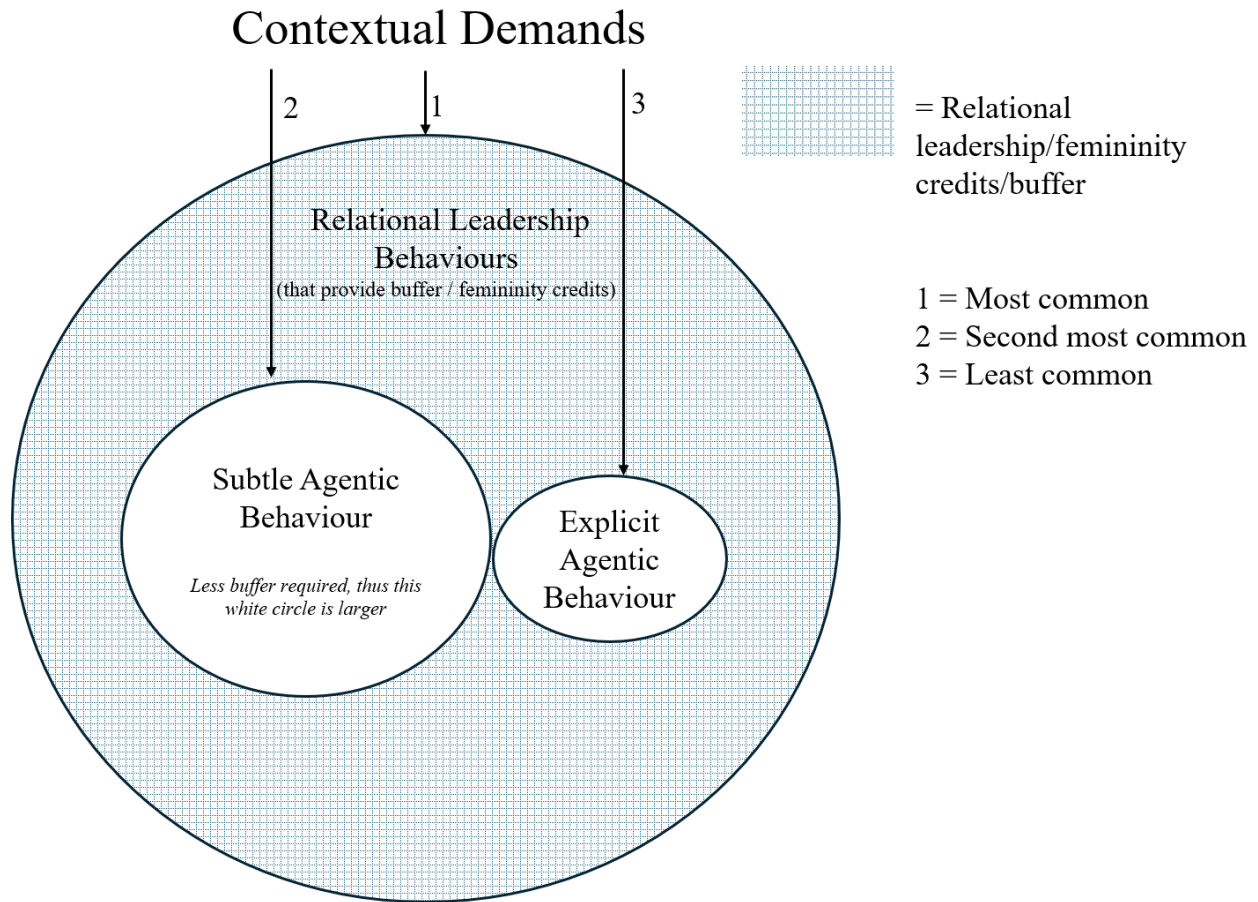


Figure 1. A Model of Shielded Agency

The figure above provides a visual depiction of the shielded agency model which depicts three types of leader behaviours which are contextually informed. The first is relational leadership, which is both a form of leadership as well as a buffer protecting the leader's legitimacy when a more agentic approach is required by context. Importantly, both subtle agentic behaviours and explicit agentic behaviours are circumscribed within relational leadership to visually depict relational leadership's buffering effect. Second are subtle agentic behaviours, which, as they are in need of less buffer, are depicted in a larger white circle. Lastly are explicit agentic behaviours, which require the most relational buffering.

4.3.3 Strengthening of Senior Leader Identity

Twenty-three participants discussed the discovery of their ambition to become CEOs, which came in the form of both gradual realizations, as well as crucible moments. Further, participants generally did not develop interest in occupying senior leadership positions until later in their careers. For example, several participants explicitly described moments throughout their careers in which they did not foresee themselves within the CEO role. As examples are the following quotations - CEO 4: *“I haven’t aspired my whole career to be a CEO”*; CEO 19: *“I never saw myself in a leadership role”*; CEO 30: *“It was never really part of my intentional plan in the beginning”*; CEO 44: *“And then, when I came out here, I didn’t really have any intentions of a CEO-CEO position, I didn’t have any interest”*.

Yet, despite these initial thoughts participants indeed went on to become CEOs, begging the question “what changed”? The following section examines this question and uncover themes relating to how and why participants discovered their ambition to occupy the CEO role. Interestingly, the three explanations I will soon propose are inherently utilitarian in nature, something not always associated with an individual’s longing to occupy a CEO role. Though it is possible that participants may have responded in socially desirable ways, participants did not describe pay, power, prestige, or similar as motives for occupying the CEO role. Personally, and relating to my personal perspectives statement, I was surprised to not hear these factors mentioned once within 43 CEO interviews.

In relation to participants’ discovery of their ambition to occupy the CEO role, three explanations emerged, which was accompanied by the strengthening of their identity as senior leaders. First was a shift in participant beliefs, or a realization, that they *could positively contribute* to a given hospital if they were to occupy the CEO position. Second are instances in

which participants believed, based on their experience in less senior positions, that *they could instill beneficial changes* if they became CEO. And lastly is the role of *interim CEO experience*, which, in some cases, preceded explanations one and two. As examples of participants' beliefs in their ability to positively contribute to a hospital are the following quotes:

CEO 4: *"I'm very passionate about this organization, and really believed that, you know, there was a, a very bright future strategically forward here, and that I had the the skills and the vision to bring the organization there"*

CEO 14: *"that's when I realise – it's me. Like, I'm the next person, in this organization, to take the CEO role. They need me. So, it was more out of a sense of duty, and I just... It took some time, for me to try on that idea. And obviously, about [X] years went by, before the opportunity presented itself, between that realization and, and me applying for the job. But, it really was more about how my values aligned. It was about what I thought I could do for the organization."*

CEO 19: *"You know, in the profession that I belong to – nursing – a lot of times, there is just a lot of complaints, and complacency... That people talk about how bad things are but they don't actually get engaged in a way that actually can change, and make things differently. And I just felt that, for me, personally, I, wasn't interested in, you know, complaining to my peers, who, with no... It wasn't going to change the outcome of the circumstances we were in. Unless we came up with a different way to be engaged to dialogue. And then I realized that, you know, being a leader in the organization, actually helped that."*

Secondly, at various points in participants' careers, several participants developed a belief that they may do things differently than the leaders they ultimately worked under, and envisioned changes they believed could lead to better outcomes. Indeed, such realizations demonstrate participants' newfound confidence in their senior leadership abilities. As examples are the following quotes:

CEO 19: *"I never saw myself in a leadership role. That wasn't my past. But when you're working in an organization, and you go, "oh, I think it could be better. I think we could do it differently. I'd like to be part of the team that helps make those decisions." And so you figure out how you can get involved. And then, you're not afraid to actually, you know, share your opinions, and, and make your voice heard."*

CEO 24: *“I stood back and I looked at the other CEOs that were out there and said, well, I can do that and I think I can do that better. Then they can do it right. So you know, I think there's an element of that, and wanting so not only wanting to be of service at that level, but also kind of a recognition in terms of well, like, if that person can do it, then surely the goodness I can do it, and you know, and then I think there's that, there's an ambition component in there, right? And wanting to contribute at a different level. And I am being at, you know, at the big table with the adults, right? Making sure that you have an opportunity to influence policy, influence you know, municipal and provincial government, influence national association. So those sorts of things. So it is that ability to contribute at a bigger picture level, I think. that is, that is appealing. That makes you think, yeah, you know what I want that”*

CEO 39: *“What started to happen for me was that I was starting to look at the CEOs I was working for and think- ‘I might not do it that way’ or ‘why are you doing it that way’ or ‘help me understand why you've made a decision to do this... [And, it part due to asking these questions]: Two CEOs at least, and a couple of board chairs said to me ‘you should be a CEO’*

Lastly, participants often developed a sense of senior leader identity and an ambition to occupy a CEO position permanently upon accruing experience during their appointment as incumbent CEOs. As examples are the following quotes:

CEO 6: *“And once I began to do the job on an interim basis, I really felt a close affinity for it, strong commitment to my community, to those we serve. I, in short, really liked the job, which is what really inspired me to apply for it on, non-interim, but rather more permanent basis.”*

CEO 30: *“But during that time [as interim] I realized that I actually like this a lot, and I think I'm pretty good at it. It wasn't something I had aspired to or planed to do. And so it was really at that juncture that I thought Hey, this is something I could probably do that I I hadn't thought of. So to answer your question. I think that I've had a really diverse set of experiences and roles that's really prepared me well for that role.”*

4.3.4 Career Intentionality

A central theme relating to participants' career ascension was their intentionality in pursuing senior leadership positions throughout their careers. The majority of participants described their paths toward entering their CEO roles as unpredictable, often occurring without

longstanding effort directly targeted at upward career mobility. Rather, the data reveals that participants found themselves well-prepared to occupy the CEO job role more naturally due to the leadership skills and interpersonal qualities they developed and embodied throughout their careers. Indeed, many participants did not envision themselves in a CEO role until later in their careers, something I will argue often required the development of a *senior* leader identity, as preceded by their “discovery of CEO ambition”.

Many participants described not having strong desires or motivations to occupy the CEO role until later in their careers. As examples are the following quotes

CEO 5: *“I’ve really been drawn to the capacity to make changes in a leadership role from, from a young age. Did I plan to be a CEO when I got the CEO? Of course not. I always just look for opportunities and see which ones resonate and then go for it.”*

CEO 6: *“My career has been one that has been... not very deliberate, I would say. There are people who say “By the time I’m 30 I want to be a CFO of a... International corporation, by the time I’m 40, I must be a... You know... Ambassador to... Major European country. Like, I don’t have those, I’ve never had those sorts of milestones. It’s like, as long as this work is interesting, and rewarding, I’ll stay, or if there’s growth potential, that’s great. But it’s never been a “I must be the CEO.”*

CEO 30: *“I think that some people want to do this role, and they aspire to it, and they they have a plan to get to it. For me it was more of the accidental tourist. I just kind of discovered by serendipity that I could do this job. I’m pretty good at it but it was never really in the plan before that”*

4.3.5 Gender Discrimination

Thus far the career ascension themes discussed largely portray an optimistic picture as they illustrate a shift towards gender-proportionate representation in the Ontario hospital CEO role. However, it is important to note that although participants’ strategic engagement in certain behaviours did benefit their careers, they did not create a “glass escalator” to their eventual occupation of the CEO seat. Indeed, eight CEO participants collectively described 17 instances

of overt forms of gender discrimination, that is, forms of gender discrimination that are obvious (and were at times, shocking). Further, ten CEO participants collectively described 17 instances of covert gender discrimination, that is, forms of gender discrimination that are less obvious or identifiable. Lastly are quotes by twelve CEO participants who reported instances of “possible gender discrimination”, with such quotes being speculative in nature (e.g., “I do not think X would have happened if I was a man”).

4.3.5.1 Overt Forms. Participants’ description of overt forms of gender discrimination came in many forms, and though there were 17 coded instances, they were very unique and identifiable (e.g., a person in X position called me adjective Y). Accordingly, out of ethical duty, direct quotes are exempt from reporting. Nonetheless, I am able to list general themes and the sentiments contained within participant quotes surrounding overt gender discrimination.

For your interpretation as a reader, it is important that I note that not all of the data coded within this theme came from participants’ firsthand experiences (i.e., not always was a discriminatory statement or event directly stated to a participant). In turn, unlike all other data reported throughout the results section, some data reported within this section included participants’ second-hand accounts of discriminatory behaviours or statements. The inclusion of such second-hand data was made after very careful consideration, and I decided to retain it for two reasons. First, in all instances participants attributed their information to highly credible sources. As a fictitious example, a participant may learn of something that was said about them during a board meeting three years later, while having a picnic with a now-retired member of that board. Secondly, participants expressed great confidence that a discriminatory event occurred, and their reports were not phrased as speculative in nature (as a separate code existed for speculative accounts). In sum, to preserve the authenticity of participants’ narratives and to do

justice to the “full picture” surrounding participants’ career ascension and transitions into the CEO role, second-hand information was retained within this section.

First are instances where participants plainly learned that those involved in a career promotion or hiring as CEO were simply unwilling, or greatly uninterested in, hiring a woman for a position they were interested in. This was often phrased very plainly (i.e., “a woman is unfit for the Ontario hospital CEO job role”). Discriminator’s reasonings for such statements included perceptions of women being too emotional, unfit for navigating difficult relationships with physicians, or incapable of navigating the balance of work life and childcare. Second were instances where participants’ marital status proved to be a barrier. Interestingly, participants described instances of being discriminated against both because they were in a marriage, as well as not being in a marriage, in a “lose-lose” scenario. Third was the asking of inappropriate, and at times even legally-prohibited questions during employment interviews. Specific instances pertaining to this finding are not described here, though a list of legally-prohibited employment interview questions can be found online through the Ontario Human Rights Commission. Participants often noted that they felt forced to respond to inappropriate or illegal questions, describing whistleblowing during the interview process as a surefire way to hinder their candidacy for the position. Lastly are very few instances of other sexist remarks or inappropriate sexual advances made by co-workers.

4.3.5.2 Covert Forms. Typically described in greater detail were covert forms of gender discrimination, which took a variety of forms. Interestingly, often participants attributed covert forms of gender discrimination as occurring without ill-intent on behalf of the discriminator. As put by CEO 12: *“So some of those comments which... People don’t realize they’re making, and I don’t feel they make it maliciously, they just... They don’t realize, that it*

puts more pressure on, on you, as a woman.”. This sentiment was echoed by several participants who described mentors or friendly others as making similar comments, though again while believing there is no ill-intent. Indeed, in two instances when probing responses describing these responses I plainly asked participants if they felt this behaviour was the result of culturally-engrained stereotypes (rather than ill-intent), in which they responded “yes”.

A common form of covert gender discrimination participants described was being talked over, routinely interrupted, or “shut down”. As examples are the following quotes:

CEO 2: *“I think that's probably the biggest, being talked over or not listened to, or like: I just said that. Now you're saying it like, did you not hear me say it?”*

CEO 2: *“I was the only female, and I was – from time to time, I'd have to say, okay, like, like “you're talking over me”*

CEO 27: *“Sometimes you feel like you can get shut down a little easier. Your opinions in a meeting, are maybe not as valued as other opinions and you have to prove yourself. Sometimes you have to prove yourself a little more than maybe your counterpart may have to prove them.”*

A second prominent method of covert gender discrimination was the undue discounting of ideas. That is, in many instances participants reported providing a suggestion, solution, or general answer, only for it to glossed over or ignored. Yet, when the same statement was later posed by a male colleague, it was taken more seriously. As examples are the following quotes:

CEO 15: *“Or, you know, those classic things, you know. Where, you might have an idea, and people don't even listen to you. And then one minute later, dude has the same idea, and it's like, oh my god, [MALE NAME], that's the best idea ever! I'm like, what am I, f**king invisible here, like...?”*

CEO 36: *“If it came from a boy doctor, it was quality information. If it came from a girl CEO, it was acknowledged. But then, until the boy repeated it, it wasn't... Good enough... To be acted upon”*

CEO 45: *“Sometimes I see in meetings, and I see that female CEOs say stuff and myself, and then I see the Male CEOs say the exact same thing, and the response they get from people- totally different than the response that female CEOs get.”*

Several participants also described the centrality of emotional regulation, feeling that it was particularly important for them, as women, to never outwardly express emotion in excess, in ways they believed their male counterparts could get away with. As an example, CEO 21 states: *“It’s hard how your expectations of a female leader, and how she behaves and expresses emotions have such a different range of forgiveness then for men and I”.*

Lastly are few instances not encapsulated in the above themes in which participants described experiencing covert forms of discrimination, or even an absence of gender discrimination which will be soon described. For example:

CEO 30: *“Generally speaking I don’t think gender has a big impact on success in this field; it’s more skill and experience that wins the day though there were times, particularly in earlier days where I would think to myself, they would never push back like that on an older man. They just wouldn’t do that if I was a guy”*

4.3.5.3 An Absence of Gender Discrimination. Interestingly, despite the fact that roughly half of the sample described instances of overt and covert forms of gender discrimination, 20 other participants (i.e., the other half) reported not experiencing gender discrimination. Though exact numbers are redacted for participant confidentiality, experiences of gender discrimination were more likely to be expressed by CEOs of smaller hospitals in more rural geographies, whose boards tended to be less demographically diverse. In interpreting the following quotations it is important to bear in mind that many participants who reported they did not personally experience gender discrimination, acknowledged its existence and impact on career advancement and senior leadership (both within Ontario health care, as well as within society more generally). So, as exemplified below, several participants felt that gender discrimination exists, though they did not personally experience it. As examples, when I asked CEO 2 “based on the experience that you’ve described thus far, do you think that there are any

that are unique to women? Or, has there ever been any sort of overt gender discrimination in the field that you've experienced?”, she responded:

CEO 2: *“You know I get asked this a lot, and I don't know whether it's just because I don't notice stuff as easily as people, because you'd think I... You think any woman's answer to that would be yes, but mine actually is no... I have never been specifically harassed. I've never been, yeah, like I've never experienced some of those things that I think women have experienced.”*

When I asked CEOs 40 and 48 the same question, they responded: *“Not that I've seen. I, uh, I really have not encountered anything that would lead me to believe that there's any discrimination based on gender.”*, and *“I really don't feel that, Ryan”*, respectively. Other quotes exemplifying this theme are:

CEO 11: *“And I know there are lots of women who will say it was tough as a woman, etc. I never found that, and I'll be honest about it, I talked to lots of women who said, oh, I feel like I didn't get ahead.”*

CEO 16: *“I feel that there are other indicators of discrimination, and it's less gendered. Quite honestly, I feel like – if anything – it's really turning the tide, that sometimes I see some of my very competent and exceptional male peers maybe start missing opportunities because of gender and diversity becoming more prominent – as it should. So I don't, I don't think that's... I don't see that as the barrier right now.”*

CEO 19: *“What I would say is, I have been successful in terms of... Advancing in leadership roles. And maybe I've been naïve in terms of, you know... the challenges. But, I don't feel like personally, I've had those”*

CEO 20: *“I've been very, very fortunate, that I don't think that it's held me back. But it has made me operate intentionally to make sure that my gender didn't get in the way of my goals.”*

CEO 38: *“I just, I have never experienced it. Even if it happened, I probably, my mental model wouldn't go to there”*

In sum, CEOs' conflicting responses surrounding gender discrimination reflect the most ambiguous pattern of results observed within my findings, and as I will later detail this is an area that future research may wish to explore.

4.3.6 Summarizing Career Ascension Themes

Throughout Section 4.3 I described the most prominent career-ascension themes that emerged within my data and chronicled behaviours that assisted participants in their career ascension and transition into the CEO role. Importantly, though at the onset of this project I initially sought to examine solely *how* participants arrived at the CEO job role, what I found was that the behaviours participants used in their pursuit of upward career mobility were also greatly used within their positions as incumbent CEOs. Ultimately, this demonstrates a linkage between vocationally oriented career ascension behaviours and leadership behaviours.

From a vocational standpoint focused on upward career mobility, data shows that participants used and leveraged relationships to accrue social capital and realize the benefits of networking, differed in their intentionality and approach to pursuing higher ranks, and developed (or strengthened) a sense of identity as a senior leader as they progressed throughout their careers. From a leadership behaviours standpoint, data shows that participants described using the same central behaviours throughout their careers (such as relational leadership), despite the diversity in their career backgrounds (RNs, other clinical medical professionals, non-clinical medical professionals, and alike). This congruence further supports a key finding within the data; that participants leadership styles and behaviours are contextually informed. Woven throughout both participants' upward career mobility and leadership behaviours are challenges surrounding gender discrimination, with participants demonstrating great resistance in overcoming this additional barrier.

4.4 Longer-term Future Investments in Organizational Success

In addition to themes surrounding the context of the Ontario hospital system (contextual themes) and themes related to participants' career ascension behaviours (career ascension

themes), are themes that are more future-oriented. That is, they are proactive behaviours intended to better the future of senior leadership within Ontario hospitals, and accordingly have implications for the future of senior leadership within Ontario hospitals for years to come. Themes include: subordinate leadership development, men and women as allies, and promoting diversity. A final code includes quotes simply coded as “practical advice”, that outlines information participants felt would be useful for aspiring senior leaders.

4.4.1 Subordinate leadership development

CEO 8: “I view the leadership role here as we’re here to support leaders. Um, get barriers out of the way, and to help them achieve the strategic goals that we’ve set for them”

CEO 22: “As a leader, I get out of the way. I remove the barriers, and I help people be their best self. And that's my job.”

Often situated within congruence with personal values surrounding leadership, participants frequently described engaging in initiatives intended to develop the leadership potential of subordinates. Though at times this coincided with naming an individual(s) on a formal CEO succession plan, it typically entailed mentoring subordinates, often involving them in CEO duties in preparation for their potential occupancy of the CEO role. Interestingly, we observe some overlap between the mentorship CEOs described receiving from incumbent CEOs and the mentorship they describe providing high-potential subordinates. This is unsurprising, as CEOs described the mentorship they received from incumbent CEOs as highly useful, and accordingly described a desire to similarly engage in these behaviours in the spirit of subordinate leadership development. As obvious examples, participants reported intentionally acquainting high-potential subordinates with hospital board members, or allocating them stretch assignments to broaden their career experiences. As an example is my short exchange with CEO 11:

CEO 11: *“But particularly, I will discuss complex issues with the people that I’m suspecting could be the future CEO. So I involve them in many day-to-day discussions.*

Ryan Miller: Right. And these discussions that you’re involving them in, um, these, these mentees, they’re ones that are particularly, perhaps, challenging, or?

CEO 11: *“Yeah, more challenging. If it’s got, you know, like, okay, we want to put in a proposal for a lab. Do you think we should? Are we over stretching? Is it something we should do? How would you go about it? And then I may leave that as a project they will run with, and allow them the opportunity to come back and talk to me about it. But show the Board of Directors the work they’re doing, and be able to report it.”*

An additional example is a quotation from CEO 17:

CEO 17: *“I want to be in that position, where hopefully I can groom the next CEO – whether it’s a man or a woman. ... I want us to be cultivating, and looking at succession planning, and how do we support it? And if there are, if there are people that want to be CEO in the organization at a future time, how can we help support them, and get them exposure to the Board, or...?”*

Lastly, and again evidencing their utilitarian passion for bettering patientcare, are participants intrinsic motives for developing the leadership potential of subordinates. Several participants described feeling a sense of reward in watching those they personally mentored flourish and further develop throughout their careers. Indeed, CEO 10 stated her main contribution as CEO was: *“creating leaders through distributed leadership that are capable of making good solid decisions, and be confident about themselves”*, further explaining: *“That’s my passion”*. Such a sentiment is depicted through the following quotes:

CEO 21: *“I just love it when I go and see people I have mentored moving on, surpassing me and on and doing one of the things. That that’s the maybe that’s the self-serving purpose, right? It feels so good. Right? So, so yeah. And I think in health care, I can do that. There’s a lot of opportunity to do that, a lot of opportunity to grow people, and keep learning”*

CEO 25: *“I believe in grooming health system leaders. I’ve had [2-4] of my VPs of [HOSPITAL REDACTED] who’d become CEOs. Which I see as a huge accomplishment”*

CEO 36: *“So if I think that I can help someone, or change their life, for the better, as a staff person... It makes me so happy. If one of my senior team goes out and gets a job as a CEO somewhere? Absolutely. Makes me happy. If I can help them go to school to get other skills? Makes me happy.”*

In summary, participants believed in, and often prioritized, the development of their subordinates. Though this came in several forms (many exempt from description due to their uniqueness), in general, themes surrounding subordinate leadership development resembled themes participants described benefiting from during their time preceding the CEO role, and notably involved board exposure. Collectively, the congruence between participants’ description of the mentorship they received from incumbent CEOs, and the mentorship they presently provide to prospective CEOs, further evidences their belief in the utility of mentorship from incumbent CEOs.

4.4.2 Promoting diversity

In further regard to participants efforts in bettering the future of Ontario hospital healthcare are their proactive efforts in promoting diversity within their workforce. Importantly, participants never described enacting diversity mandates or having diversity inform their hiring decisions, but did advocate for diversity in many ways. Many instances of such behaviours are identifiable and accordingly some quotes are exempt from reporting in the present section, though I am able to portray general themes and sentiments contained within participant quotes to preserve their narratives and the authenticity of their voices.

Most common are examples of CEOs who strongly advocated for greater diversity on the board of directors that oversaw their appointments. Though the CEOs themselves do not have the power to appoint board members, their strong advocacy notably correlated with boards’ changes in demographic composition, perhaps suggesting their voices were heard. As examples, one

participant specifically advocated for greater representation from non-White men and members of Indigenous communities. Ultimately, the board shifted in this direction. Another CEO described the importance of having Indigenous elder(s) on her hospital's board of directors, describing such as a "need". Indeed, in this case too Indigenous representation increased. Notably, advocacy for greater representation from Indigenous community members was a common theme reported by several participants, and is congruent with Ontario initiatives surrounding an increase in Indigenous representation within Ontario healthcare systems. Echoing a similar sentiment, Board Chair 32 described comparing the demographic composition of their hospital's board to the population the hospital served, and noted observing an incongruence acted as a motivator for dedicated efforts in improving demographically-proportionate representation within the hospital board. Lastly, though participants described instances where they overtly promoted diversity, typically with success, a general message was woven throughout their narratives. That is, though participants acknowledged some progress has been made, there was a general consensus that there is still a long way to go, with the success stories chronicled above as being small steps in the right direction.

A second theme that emerged was participants sense of pride or accomplishment in working with diverse team members, who in many instances were a result of direct hires. To reiterate, participants' never enacted diversity mandates or quotas, but often found themselves working with diverse senior leadership teams and described approaching hiring through a DEI lens. Indeed, combatting systemic inequalities as it pertains to race, gender, Indigeneity, and others, was a passion many participants described. As an example, after describing her very diverse (and large) senior leadership team, CEO 2 stated "*I'm really trying to kind of align the hospital strategy around equity with the team. ... That would be my legacy*". Indeed, the power

within CEO 2's use of the word "legacy" depicts the strength of emotion many participants had towards paving the way to a more diverse and equitable future within leadership in senior leadership in Ontario.

Other examples related to promoting diversity within Ontario hospital leadership include CEO 19's mention of DEI-informed leadership development programs, stating:

"How do you actually support young people in the organization, who may be at different levels to actually be mentored and supported in leadership development and training programs that really target what we need to, in terms of advancing diversity, and racialized communities, and racialized staff in our organization? It's a focus for, for our board, and certainly if it's a focus for our board, it's a focus for me!"

The fruits of such leadership development programs described by CEO 19 may be far-reaching; CEO 42 described diversity, equity, and inclusion as a requirement of being a high-performing team and organization, noting:

"I will say, like from a people perspective, the most important thing that I'm working on with the teams is, moving us forward as a truly inclusive and anti-racist organization. And I see this as the total need for us to be a competitive and truly high performing organization that really defines quality as every voice, everyone's contribution, and attracts and retains, the most diverse workforce, in the world, to come work here because they feel that level of inclusivity."

This sentiment was echoed by CEO 28 who describes diverse senior leadership teams in a positive light:

"I think I've got a good blend in the senior team with diversity, and that's a good thing. I work with them for who they are, regardless of the gender. It's the way I'm trying to orientate myself while being very respectful. And you know, it seems to be working so far"

To help to conclude this segment is a quote from CEO 51: *"And that's why kind of EDI is so important, and, you know it-it's not just about representation, but it's about a mindset."*

Indeed, participants tended to embrace a mindset surrounding the promotion of diversity, equity, and inclusion, which was operationalized in many different ways. Though the present section recounts several specific quotes and accounts, this “mindset” was generally portrayed to me whenever the topic of DEI arose. Accordingly, the results suggest that the future of leadership in Ontario hospital health care, and particularly senior health care, will be more diverse, with participants universally describing such an increase in diversity as beneficial.

4.4.3 Men and women as allies (or lack thereof)

In describing their career ascension and as depicted above, the majority of CEOs described positive influence from both their men and women peers which often came in the form of mentorship. Both men and women often served as friends and allies in providing mentorship, championing CEOs’ candidacy, formally listing participant CEOs on formal CEO succession plans and alike. However, there were a small number of unique instances where men engaged in other allyship behaviours such as: listening and learning about barriers aspiring women leaders face, amplifying women’s voices, challenging biases, creating inclusive environments, and alike. Though there was little description of men as allies beyond mentorship, I have chosen to report results surrounding this theme due to the strong practical implications they entail. A particularly strong example of a man as an ally is depicted in the following excerpt from my conversation with CEO 21, who describes her board chair as a strong ally:

CEO 21: “he is the kind of guy that is like super supportive, very, very cognizant of the challenges that women in leadership might have. And it's always, I don't want to say, smoothing the way because it doesn't do that. But he is. He is incredibly supportive in a way that doesn't dominate, and it's a really, really wonderful place to be.”

Ryan Miller: You also noted that your board chair is particularly cognizant of the challenges women leaders face... What kind of behaviours or actions really exemplify that they're aware of this?

CEO 21: “[BOARD CHAIR] is amazing. So [BOARD CHAIR] will consciously wait for me to speak first. he will. Yeah. When we were in social situations, or whatever he will consciously ensure that credit is given... And it is probably the most wonderful environment I've ever worked in... [IN RELATION TO WOMEN LEADERS] he's always saying, always making sure that they are valued for the work that they do. He would never tell me. I look good. He would never ever, ever comment on clothes or appearance or behaviour ever!”

Similarly, and congruent with notions of a shifting society outlined within Section 1.2, Board Chair 49 recounts the importance of men’s understanding of women’s leadership abilities, stating:

“So I would tell you that I think, even 10 years ago, people were saying “do you think she can manage it? She's got a young family, you know.” Right? And now they're saying “okay, the support systems are in place so that young women with young families can, in fact, take on these jobs the same way men did.” So, and part of that transition, and I'm going I'm out on a bit of a limb here, but I would tell you that part of that transition is having men in the sector understand that the senior executive positions can be shared. And that women can do those jobs. And, you know, I think a lot of that has to do with childcare being more comprehensive. It has to do with everyone realizing that if you're gonna have a-a full slate of executives on your team, the population is 50/50. 50% men, 50% women Diversity of thought is dependent on that.

So I think that is the change that has fueled a lot of this and has given people, like [CEO NAME REDACTED], that maybe even a decade ago would not have been considered for this position because, she had a family. And [CEO NAME REDACTED] has a family but you know, she has a husband that does the equal billing... And I think that's what's happened to many of the women and that they have realized that they can actually make this happen and they can lead safe and comprehensive family lives while committing this extra time, because men have also understood that they have a role to play in it.”

Outside of the workplace, several participants recounted spouses as allies, and in turn there were many instances where participants felt it was important to note that their husbands were supportive. As examples are the following quotes:

CEO 16: *“I neglected to say how critical our personal support networks are. Because my husband you know always saw a lot of, potential in my learning opportunity. And so he was always, you know, supportive... That support network was critical part of my success.”*

CEO 24: *“And so there was a VP role in [REGION]... My husband's a [PROFESSION], so he's portable. So that's another key piece of my ability to be a CEO is I have a husband who was able to be part time or be there for our kids when I couldn't be and the other thing was they were prepared to make me the [DEPARTMENT] VP”*

CEO 50: [IN REFERENCE TO A PRIOR WOMEN CEO]: *“Her husband was a stay-at-home man and he looked after the kids...She wanted a career as a CEO, and he supported that. But otherwise she couldn't have done it.”*

Also within the data were instances where women described the importance of women supporting other women, or described behaviours in which they did so. As examples are the following quotations:

CEO 2: *“I decided: you know what, I'm just gonna go and say, I want to be a CEO. [laughs] So, um, it takes a group of women sometimes to get women to think of that... It's really important, I think that female CEOs, and other people in leadership positions actively help other females, who might not necessarily find the path as easy.”*

CEO 21: *“Right. There's a lot of it. It's we get. We derive so much value personally out of our work because I'm with these people more than I am at home. And it's, think, sometimes as a woman, we put ourselves down, and we don't feel valued. So, I pour my heart forward to making sure that these women feel valued in their work and in their worth to the organization.”*

Further is a powerful excerpt from my conversation with CEO 51, who describes the far-reaching “trickle-down” effects of having women occupy the top CEO role. That is, the simple fact that a woman attained the prestigious position of CEO indirectly supports other women by empowering them with the belief that they too are qualified for senior leadership. Indeed, the increasing appointment of women to the Ontario hospital CEO role sends a strong message throughout their hospitals (the individual organizations), the Ontario hospital system, and Ontario health care at large. Notably, though this is the only explicit instance or quotation which plainly depicts this

phenomenon, it is a message or sentiment that I found interwoven throughout conversations with other participants.

CEO 51: *“So I have to say, one of the things that's been incredibly remarkable has again, given me such gratitude, is that there have been so many women who have been impacted by my appointment. Like people talk about this. I have a very good friend who works at the university, and lots of professors ... And she said to me, you don't understand, these people I've never even met before, never heard of, they're like “you know her? We're rooting for her, because her appointment means that we can do it, too.”*

Ryan Miller: Wow.

CEO 51: *I've had managers, like nurse managers, you know, from programs. I literally have goosebumps ... I'm gonna cry like, I hear these stories and I literally wanna cry because I can't actually believe they're talking about me, and I can't actually believe what this has meant. But this has been a major symbol in the GTA. But like, you know, I was talking to some of the staff and they're like, yeah, you know, the nurses, the staff, they met you and they can't believe, like, you know, you have a family, and you have young kids. And they said to me, they're like, they said, “Well, if she can do it. Then maybe I can, too.” I'm like, “yeah, you can. Like, you can.” So many people come into my- they see like my kid's artwork framed and they see their school pictures. And they're like “oh, my God! I can do this, too.” And I'm like, “yeah, you can. You totally, nobody will ever stop you.” So that's been pretty remarkable.”*

As a final example of women supporting women, CEO 24 describes a very interesting though seemingly counterintuitive way of developing other women leaders, by intentionally holding them to higher standards than their male counterparts due to a belief that they themselves will be held to higher standards during evaluation due to systemic inequalities favouring men. Exemplifying this is the following excerpt from our conversation:

CEO 24: *“and I would say. I am probably harder on women than I am on men and it's because I do say like there's still, you know, to your point about the barriers, or whatever it is still harder for a woman to break through, and where there is in any sort of traditional gender bias on anything. And so, I think that I probably am consistently. I push harder on women leaders to deliver because I feel like they can't afford not to”.*

Ryan Miller: It's really out of striving for their development.

CEO 24: *I'm doing this for your own good kind of approach to how can I help you develop and achieve your greatness, right down the road? But versus me sort of sitting here going like you've got to do this, and you're going to get to here, and you know, and that those were the rules of the game when I came up. And so who changes the rules?... If 50% of the CEOs in hospitals are women. Currently, or greater than 50% who changes the rules? We can".*

In sum, CEOs and board chairs alike described great utility in allyship and support from both men and women aside from mentorship. This came in the forms of “traditional” allyship as depicted early-on in this section, spousal support, and women supporting women. However, these exist several notable counterexamples in which women describe a lack of support from other women, at times even finding other women to be barriers to their career ascension. As examples are the following quotations:

CEO 2: *“I think it was that week that I turned my thinking to a little bit more around leadership and females, and how we don't support each other, and maybe we are actually harmful to each other”*

CEO 6: *“I think women can be hard on women, too. And there seems to be sort of a, you know. There's either a stream of women who want other women to succeed, and there's also the stream of women who... feel the opposite, perhaps.”*

CEO 17: *“Again, I just, I think women can do a better job of supporting women in leadership roles. Because, again, I think we're very critical of each other. And probably overly critical.”*

CEO 19: *“You know, I can say, it as a woman – sometimes women don't necessarily support each other, right?”*

As well as a short excerpt from my conversation with CEO 44:

Ryan Miller: “Did you experience any barriers or resistance points as you were entering into senior levels of leadership.

CEO 44: *“Hmm. yeah. I mean, if I'm honest, there was, just like in any other realm, there's the mean girls. And so, there's people who feel threatened by you. Usually that's more palatable in a female than a male.”*

To sum, participants' described benefits of allyship behaviours enacted by both men and women. Such allyship typically eased participants' upward career trajectories, and accordingly such behaviours logically have many practical implications which will be later discussed. Notably, I am intentional in the use of the term "a lack of allyship", versus "enemy-ship" or similar terms, as the behaviours related to a lack of allyship did not have overtly depict malicious intent. Accordingly, I characterize the present segment as distinct from gender discrimination, with one notable exception. That is, it may be argued that CEO 24's mention of intentionally being "harder" on women, though coming from a "good place" and with noble intentions, is by definition discriminatory. Accordingly, it is possible that such behaviour can result in both positive (allyship) or negative (a lack thereof) outcomes.

4.4.4 Practical Advice

Lastly, it is important that I report findings from a code simply entitled "good advice for aspiring CEOs" due to the many practical implications that can be gleaned. On several occasions participants both plainly explained some of the best advice they have received throughout their careers (e.g., by mentors), or plainly stated recommendations for aspiring CEOs and incumbent CEOs. As examples are the following quotes:

CEO 19: *"the reality is you know, you don't advance in healthcare by not, you know, at some point, being assertive and articulate about what you want. And what you want for yourself personally and professionally... you have to be pretty, confident as you move into some of these roles. And that's an acquisition that you get because of, you know, where you've been, and your experiences."*

CEO 25: *"Now I can remember very, very long time ago, being interviewed by a recruiter not in front of a panel, but for a CEO job. And she said to me, you know, you're not quite there, and I said, "what am I missing?" She says "you haven't served on any boards. You need board work." And so I got myself on a board, and*

I learned to be a board member, right? When I wasn't doing the governance work. And, you know, made all the difference. So yeah, you gotta, you- you- you coach people, you advise people, this is what it took, this is what- when I became a CEO, they wanted to know of me, in my experience, to see if I was right for this place. So let's talk about that. Let's get you those experiences.”

CEO 28: “How does one even apply for a CEO job? How do you get yourself ready? One of my mentors said, often times CEO positions or executive positions are recruited through recruitment firms. So it'd be good for you if you made connections with recruitment firms, and just put your name out there, so to speak, and let them know that you're interested. This way you can learn what their process is all about. My mentor actually connected me with a few recruitment firms that they knew of. Several of the firms replied positively, ‘Would love to meet [CEO NAME]. We'll be in touch with them to set up a meet and greet’”

CEO 36: “this wise person once, once said to me – probably about [#] years ago – “It's no longer what you know, it's no longer who you know, it's about who knows you.” So I started looking at. “Okay. How do I get people to know me in those circles?” Right? If I really wanted an acute care hospital CEO position, what's the entry door? What, who knows me in that sphere? So I had to get out of the subacute world, per se, or the community world, to be able to get noticed for the work that I was doing...I tried to get on a hospital board.”

CEO 51: “And everybody said, ‘you know, what you really need to do is get some government experience at some point.’”

CEO 51: “when I was pursuing an opportunity in government, you know, the people that I worked with all said, like, you know whether it was like, you know, the VPs that I worked with who had that experience or others said, like, “you know, it's invaluable to kind of get in there, and what you learn is remarkable.”

Finally, though identifiable in many instances, are cautionary tales surrounding the realities of search firms and “head hunters”, and the implications their goals and operations have on aspiring CEOs. Ultimately, six participants described negative experiences with search firms which I succinctly summarize in the following short paragraph:

Search firms have a job to do, which is to provide boards of directors with an (ideally, long) list of potential candidates whom they portray as qualified to occupy a CEO vacancy. It is in the best interests of the search firm to propose long lists of potential candidates, in part because it depicts a more exhaustive search. CEO(s) described instances where they believe

individuals were included on such lists despite not actually being serious contenders for the CEO position. CEO(s) also noted instances where they believed they were selected, and at times even interviewed for, CEO roles which they later learned they never had a realistic chance of obtaining (either through formally hearing of this through credible others, or from their own internal realizations). Lastly, CEO(s) described instances where they felt themselves or others were interviewed “for the sake of” being interviewed. Accordingly, due to my personal familiarity with some CEOs’ negative experiences with search firms, I personally would advise aspiring CEOs to realistically reflect on the strength of their candidacy when deciding whether to go through with a resource-intensive application process.

4.4.5 Summary of Future Investment Themes

Section 4.4 outlined several themes which portrayed what the future of hospital leadership may look like in Ontario. An overarching theme is the long-term future outlook endorsed by participants. That is, they often engaged in behaviours intended to benefit Ontario hospitals for decades to come in developing talent in new and upcoming senior leaders, promoting diversity at the highest levels of Ontario leadership, and by sending powerful messages throughout their organizations that may empower equity-deserving populations. First, based on participants’ lived experiences and known utility surrounding subordinate leadership development (e.g., stretch assignments), there is reason to believe that incoming generations of Ontario hospital leaders will be well-prepared for senior leadership positions. While the data precludes the ability to suggest that upcoming Ontario hospital leaders will be “better prepared than ever before”, it is logical that participants’ lived experiences as women leaders may be passed down to aspiring women leaders, suggesting that Ontario may remain an

outlier in having gender-proportionate representation in the CEO role. The data does suggest, however, that a strong internal talent pipeline of women leaders is being developed.

4.5 Results Conclusion

As the author it was my goal to leave you, the reader, with a well-evidenced explanation to help understand why the Ontario hospital system is notable counterexample in observing gender-proportionate representation in the CEO role. In doing so, I first introduced contextual themes which described the environments participants found themselves in throughout their careers. These themes served as the foundation to interpret career ascension themes and future-oriented themes. Secondly, and most importantly, I introduced career ascension themes which provided an overview of the behaviours participants engaged in throughout their careers, including behaviours they presently exercise as CEO. Lastly were themes which examined participants' long-term investments in the future, and offered predictions surrounding what the future of senior health care leadership may look like within Ontario hospitals. I conclude the present chapter with a succinct recap of the narrative portrayed throughout the results section.

First, I respond to Research Question 1: “how have women ascended to the Ontario hospital CEO role”, which I find was achieved the following process. To begin, participants behaved in ways congruent with their personal values, which were highly communal and relational. These communal and relational values resulted in communal and relational behaviours, which benefitted participants as they used them to navigate diverse interpersonal relationships which served as mechanisms of social capital accrual (e.g., mentorship). Personal values surrounding relationships also led participants to engage in relational forms of leadership, and through practice their competencies surrounding relational leadership strengthened throughout their careers. As participants realized these strengths, their sense of identity as

competent senior leaders increased, often resulting in ambition to occupy the CEO role. In response to Research Question 2: “why is there gender proportionate representation in the CEO role”, I reach a similar conclusion. The job demands of Ontario hospital CEOs largely require the same communal behaviours that participants have used throughout the entirety of their careers, and accordingly it is fitting that individuals who have successfully used communal behaviours for a prolonged period of time and well-qualified for occupying such positions.

Chapter 5

5.1 The Path to the CEO Seat

Throughout the present research, I examined the interesting case of gender-proportionate representation observed within the Ontario hospital CEO role. I did so through exploring two research questions which investigated: (1) *how* did participants ascend to the CEO position, and (2) *why* is there gender proportionate representation in the Ontario hospital CEO role. Notably, the behaviours relating to both upward career mobility as well as transitioning into the CEO role were highly similar. In short, they both predominately revolved around the use of communal behaviours, with the reserved and tactful use of agentic behaviours. The present section focuses on career ascension themes and seeks to crystalize the narrative told by participants. With few exceptions, I answer research questions one and two simultaneously as it portrays a narrative congruent with participants' responses. Indeed, throughout the interviews participants described their career ascension to the CEO role as fluid, frequently alternating between discussion surrounding career ascension behaviours, behaviours they used during their transition to the CEO role, and behaviours they believe characterize the CEO role. Prior to discussing theoretical linkages, below I provide a concise narrative depicting how participants ascended throughout their careers and successfully transitioned into the CEO job role.

Perhaps the most important component in explaining *how* participants ascended to the CEO position, relates to the congruence between participants' leadership styles and the behaviours required for effective leadership within the Ontario hospital system. Notably, rather than obtaining the CEO role through deliberate and concentrated efforts to ascend organizational hierarchies, participants described leading authentically and in ways which were congruent with their personal values, which tended to result in highly communal leadership styles. Indeed,

participants' successful occupation of the CEO seat suggests that such highly communal leadership styles prove effective within Ontario hospitals. There is also evidence that participants' leadership styles were recognized as effective as they were often encouraged to apply to the CEO position by knowledgeable others, including incumbent CEOs, former CEOs, board members, and alike. In short, participants led in ways which were congruent with their personal values, which tended to result in highly communal leadership styles. Participants also described the contextual demands leaders face within the Ontario hospital system as being particularly well-addressed with communal leadership behaviours. In turn, there is an organic fit between participants' leadership styles, and leadership behaviours required to be effective within the Ontario hospital system. Notably, though participants described the CEO role as being much different than roles they had previously occupied, they described using the same, predominately communal, behaviours in navigating their transition to it.

Further depicting participants organic fit with the hospital CEO position are their motives to occupy it. Depicted through discussion related to organizational value congruence, participants desired to lead hospitals as they believed they could instill beneficial change, and ultimately positively influence patient-care outcomes. That is, rather than longing to obtain a CEO position due to pay, power, prestige, or alike, participants discussed an intrinsic interest to occupy the CEO role "for all the right reasons". The desire to occupy the CEO seat often came after the strengthening of their identity as senior leaders, and a recognition that they have the skill and ability to successfully hold the CEO seat. Further evidencing participants' altruistic motives is their strong focus on the long-term success of the hospitals they lead, as outlined with Section 4.4. Yet, it is not solely the congruence between participants' personal values, their consequent leadership styles, and contexts which led to their eventual occupation of the CEO

role, it was also their astute ability to recognize contextual demands and respond using appropriate leadership behaviours, both agentic and communal.

This organic fit, coupled with participants' personal value congruence, has a very important implication: it suggests that participants' engagement in communal behaviours is primarily driven by intrinsic motives. That is, participants are not simply engaging in communal behaviours because they have found "that's what works for career advancement", but rather, are motivated to engage in them in their pursuit of leading authentically and positively impacting the hospitals they oversee. Of course, this finding does not entirely rule out extrinsic motives for engaging in communal behaviours (e.g., promotion, higher compensation), nor' does it rule out the potential use of communal behaviours as an impression management tactic. But, it does strongly suggest that extrinsic motives and impression management are not the dominant logic for explaining participants' communal behaviours.

Another prominent component responsible for participants' career ascension to the CEO role is their ability to tactfully balance the engagement in agentic and communal leadership behaviours. Though participants described their leadership styles throughout their careers as highly communal, there were also times where participants described engaging in agentic leadership behaviours. This may include making difficult and unpopular decisions (at times going against subordinates' input), exiting employees, advocating for oneself, or seeking stretch assignments, among others. Though it is unsurprising that throughout their careers, and particularly at senior levels, participants were required to engage in agentic behaviours, participants described to me a remarkable skill that they did not always explicitly articulate or seem to recognize themselves. More specifically, results show that participants are very skillful at assessing when to use communal or agentic leadership behaviours dependent on the context

they face. That is, participants described heavily relying on communal leadership behaviours unless agentic leadership behaviours were necessary. As described within the shielded agency model above, and as will be later discussed in relation to role congruity theory, by strongly establishing themselves as communal leaders, participants were able to accrue “femininity credits”, possibly buffering against potential agentic backlash effects.

The final component relating to participants’ ascension to the CEO role relates to their transition to the CEO job role upon their appointment. This component focuses on how participants transitioned from occupying a senior leadership position to the lead CEO role. To begin is how participants decided to apply for a CEO role, which accompanied the strengthening of a senior leader identity. Though prior to occupying the CEO role participants held senior leadership positions, many described instances where they realized they were capable of leading a hospital as a CEO. This came in several forms, including gradual realizations over time, observing management and believing they may make different decisions, or upon encouragement from knowledgeable others. Notably, and aligned with their altruistic motives, participants did not decide to apply for a CEO job unless they felt they were qualified. Generally, participants did not greatly describe the role of search firms or go into great detail surrounding the interview processes, but did often describe the process as challenging. The most commonly cited challenge was the change from reporting to a single individual, to a larger group of individuals (a board of directors). Participants also heavily relied on communal behaviours during the transition phase, particularly as participants generally led their own onboarding. In doing so, they reached out to peer CEOs, former CEOs, board members, and in one instance, an executive assistant to help familiarize themselves with the internal processes and job demands of the CEO role.

To sum, though participants' backgrounds and work experiences were diverse, there were central themes which characterized participants' ascension to the CEO role. Plainly, participants described leading in ways which were congruent with their personal values, which tended to result in highly communal leadership styles. Though generally such leadership styles prove effective in fulfilling the job role of Ontario hospital CEO role, participants also described instances where agentic behaviours are required, and skillfully appraised contexts in determining suitable leadership behaviours. Lastly, in their transition to the CEO role itself, participants relied on their relationships with networks of knowledgeable others to help expedite the time it takes them to become competent and contributive in the CEO seat.

5.2 The Glass Cliff

The first theoretical conclusion that can be gleaned from the data relates to the impact of context; the current state of the Ontario hospital system. As described from a public perspective in Section 3.2, and from the perspective of CEO participants in Section 4.2, the current state of the Ontario hospital system may be described as "risky and precarious". Accordingly, there is evidence of a glass cliff effect as outlined by Ryan and Haslam (2005); during increasingly challenging times within Ontario hospitals, there has been an increase in the proportion of women CEOs. Accordingly, the "think crisis-think female" effect described by (Ryan et al., 2011, p.470), in which women "are seen to be good people managers and can take the blame for organizational failure" may be existent. Further, research suggests that leaders thought to be more communal are more likely to be selected during crises as communal leadership behaviours are thought to be better-suited for dealing with crisis (Ryan et al., 2016). Notably, in an experiment, Kulich et al., (2021) finds that women are significantly more likely to be chosen to lead an organizational crisis relating to internal disharmony (a relational issue) in comparison to

an organizational crisis related to a financial issue. The authors attribute this effect to the stereotypes between communion and femininity, arguing that communal traits (and by association, women) are perceived to be better leaders to address relational crises. Notably, as thoroughly described above, the role of the Ontario hospital CEO and Ontario's universal health care sector at large is highly relational.

Further, as several CEOs described inheriting toxic organizational cultures (a relational issue), it is possible that in some instances boards may have preferred candidates with more communal traits. Indeed, though I am unable to provide a direct quotation due to participant confidentiality, there was one instance where a board chair noted they were explicitly looking for a candidate who could reconcile internal conflict. In contrast, there were also instances where board members made overt discriminatory remarks against women's suitability as CEOs. Accordingly, though there is evidence of a glass cliff effect, the mechanisms responsible for what underly boards' decisions to appoint women hospital CEOs remains unknown. Lastly, though I acknowledge the existence of a glass cliff effect, holistically, the results strongly suggest it is not the dominant logic for explaining the observed gender proportionate representation in the Ontario hospital CEO role.

5.3 Revisiting Role Congruity and Agentic/Communal Behaviours

In Chapter 2 I noted that Eagly and Karau's (2002) role congruity theory is the predominant framework I draw upon as I examine the gender proportionate representation in the Ontario hospital CEO role. Interestingly, the findings of the present research both support and strongly challenge key propositions of role congruity theory in several ways. I will begin by describing the two main ways my results are consistent with role congruity theory. First, as predicted by role congruity theory, participants' career ascension behaviours were both agentic

and communal, with some participants describing the existence of a double-bind (Eagly & Carli, 2007). And, secondly, participants described tactfully balancing agentic and communal behaviours in ways which uphold stereotypes surrounding femininity, while also conveying agency in order to be perceived as adequately leaderlike. In sum, two central tenets of role congruity theory are supported. However, as previously noted, Eagly and Karau (2002) do not propose a “golden ratio” of agentic to communal behaviours, leaving room for the role of context as an actor navigates this balance. This is crucial, as in the 22 years that have passed since the publication of their seminal work, the context of what it means to be a leader has changed drastically, particularly in ways which call into question the mandate for a strong agentic component in leadership.

Recent research has suggested that contemporary leadership and sought-after leadership qualities are less agentic than decades past, calling into question the extent to which women leaders need to behave agentially as proposed within role congruity theory (Paustian-Underdahl, in-press). In aggregating over four decades of data, Powell et al., (2021) find sought-after leadership characteristics are decreasingly agentic, and are increasingly communal, with preferences shifting towards what they refer to as an “androgynous profile”. Similarly, Eagly et al., (2020) examine 72 years of public polling data surrounding gender stereotypes and agency, communion, and competence, to find that public perceptions are shifting such that men and women are increasingly viewed as equally competent, and also find the gap between men and women’s perceived levels of agency is lessening. Collectively, this suggests a contextual call for communal leadership behaviours more broadly. Accordingly, there may be a lesser need for women to behave agentially (i.e., stereotypically masculinely) to be perceived as leaders. Over

time, leadership prototypes have substantially changed, which has strong implications for the present research.

Accordingly, the results of the present research largely contrast a key proposition within role congruity theory, which is that women leaders must behave notably agenticly in order to be perceived as leaders. Indeed, the results of the present work show that a large sample of women CEOs ascended organizational hierarchies and successfully transitioned into the top CEO role using predominately communal behaviours. This also contrasts research which has suggested that agency is increasingly important the higher up within an organization one resides (Heilman, 2012). Further, as participants' career ascension is in part driven by the association between perceived leader effectiveness and promotability (Hentschel et al., 2018), communal leadership behaviours may be more effective than agentic ones, perhaps particularly for women leaders, a proposition strongly supported by Paustian-Underdahl et al., (in-press). These findings also suggest the loosening of the “double-bind”, affording women leaders more latitude in how they chose to integrate agentic and communal leadership behaviours.

The present research also builds upon role congruity theory by introducing a new mechanism through which senior women leaders engage in agentic behaviours. Throughout the present research I have continually referred to participants “tactful” use of agency, but have not thoroughly explored potential mechanisms for how such tact unfolds. Generally, participants described, and at times alluded to, a general sense of knowing when and where to be agentic. In making sense of participant data, I introduce and define shielded agency as a way participants tactfully convey agency without greatly disrupting gendered stereotypes surrounding communion and femininity. That is, through shielded agency women leaders can engage in agentic behaviours and convey agentic competencies without greatly violating societally prescribed

stereotypes surrounding femininity and communion. As depicted within Figure 1, I find that as participants firmly establish themselves as communal leaders, they firmly uphold stereotypes surrounding communion and femininity in a fashion which likely exceeds societal expectations. I argue that such an abundance of communion and associated femininity creates a reputation or communality aura that surrounds participants and buffers against agentic backlash effects. In relation to career ascension, as the perceived need for agentic behaviours is lesser at lower levels of organizational hierarchies, it is possible that it is easier for participants to develop this reputation or buffer earlier in their careers and reap the benefits as they ascend organizational hierarchies (Heilman, 2012).

While my dataset precludes the ability for an in-depth examination of agentic behaviours, I would be remiss to not acknowledge a tangential explanation. Recent research has begun to disaggregate agency to allow for a finer-grained examination of gender effects. For example, Rosette et al., (2016) distinguished between competence and dominance agency, and of particular relevance, Ma et al., (2022) recently validated a six-factor model of agency to examine agentic backlash effects by gender. Ma et al., (2022)'s six factors include: competent agency, ambitious agency, dominant agency, diligent agency, independent agency, and self-assured agency. Quoting Ma et al., (2022), competency agency is defined as "intelligence, capable, and skillful", ambitious agency refers to "a desire for status, success, and power", dominant agency is defined as "manipulative, controlling, forceful", diligent agency refers to "a high commitment to work", independent agency refers to "self-reliance", and self-assured agency refers to "self-confidence and self-promotion". Interestingly, Ma et al., (2022) find agentic backlash penalties for women demonstrating dominant agency, but agentic benefits when women demonstrate competent agency, diligent agency, and independent agency. These findings contrast much

existent scholarship surrounding agentic backlash penalties (e.g., Livingston et al., 2012; Rudman & Phelan, 2008; Rudman et al., 2012), though I believe the research is of high evidentiary value due to its rigor.

While the findings of Ma et al., (2022) support many claims made throughout this paper surrounding a shifting society or a shift towards more androgynous leader prototypes, it may also help explain how participants in the present study have tactfully engaged in agentic behaviour. That is, it may be that participants are particularly skilled at knowing which forms of agency to convey, and when. Skill in this domain may too shield participants from agentic backlash effects or perceptions of agentic deficiencies.

In further regard to role congruity theory are the long-term future investments participants described making in the pursuit of future organizational success. Through engaging in a variety of behaviours including subordinate leadership development, the building of internal talent pipelines, or promoting diversity due to genuine beliefs surrounding its utility, participants often described the importance of building up others. These behaviours are congruent with communality as they look to benefit future generations, promote sustainability, and are focused on the collective good.

5.4 Full Range Leadership Theory

The results of the present research also have implications for full range leadership theory, with findings suggesting that it could be helpful if the “range” of behaviours a leader engages in is informed by leader seniority. While full range leadership theory generally discusses the utility of transactional and transformational leadership behaviours, and discusses how laissez-faire styles of leadership are problematic, it encompasses the very broad domain of leadership in its entirety essentially taking a one-size-fits-all approach to leadership behaviour. That is, full range

leadership theory is not specifically targeted at junior, middle, or senior leaders, but rather provides guidelines and suggestions for all leaders to follow. As the contextual demands of leadership vary significantly dependent on leader seniority, it is sensible that there are likely differences in the how full range leadership theory should be conceptualized for senior leaders.

Based on my findings, I argue that for senior leaders, full-range leadership theory should be augmented in a way which includes leader behaviours related to long-term future investments. As depicted within Section 4.4, participants within the present research greatly emphasized the importance of making long-term investments in their hospitals' futures, but very notably did so in ways in which they do not personally benefit. There is an interesting linkage to be made here as it relates to CEO compensation, as briefly summarized below.

Ontario hospital CEO's monetary compensation is not contingent on hospital performance, and rather is provided in the form of an annual salary. In contrast, within most (especially, private) organizations, the majority of CEOs' compensation is provided in the form of variable (i.e., performance-based) compensation. Variable compensation can be tied to short-term successes (e.g., successful fiscal quarters), or long-term successes (such as organizational market cap growth). For example, within the United States approximately 71% of CEO pay comes in the form of variable compensation (Edman et al., 2023). Further, Groysberg et al., (2021) find that healthcare organizations are particularly likely to incentivize long-term future investments, with 81% of CEOs variable compensation being comprised of long-term incentives. Accordingly, it can be concluded that among US health care organizations, the majority of CEO compensation is based on long-term/future organizational performance.

Plainly, this suggest that CEOs within the present sample are behaving in ways that are largely viewed as ideal by the boards of US healthcare organizations, as evidenced by their

compensation structures. This then begs the question, why are Ontario hospital CEOs so concerned about future investments if they are not recognized or rewarded for their engagement in them? In response to this question, I point to participants' utilitarian and intrinsic motives for occupying the CEO seat, which strongly relate to their personal beliefs, organizational value congruence, and concern for patient care. Ultimately, results suggest that participants are invested in the long-term success of their hospitals because, based on their vast experiences, it the right thing to do as it is in the best interest of patient care.

5.5 Gender Discrimination and Double Standards of Competence

The present research also makes a theoretical contribution by examining gender discrimination at the most senior levels of leadership. As approximately half of CEO participants described experiencing gender discrimination in some form, the first conclusion is that gender discrimination is alive and well at senior levels of leadership. Although participants successfully ascended to the top CEO seat, they often did so while facing additional barriers, hurdles, or other challenges due to being women. This typically came in the form of covert instances of gender discrimination which interestingly participants noted they often believed were enacted without malice. Congruent with Eagly and Karau (2002), this suggests there exists deeply-rooted and societally-engrained norms surrounding differences between men and women. Notably, however, the other half of CEO participants stated that they had not experienced gender discrimination.

There are several possible explanations for these mixed findings. While research depicting how and why gender discrimination *is* perceived has been introduced and evidenced above, explanations as to why gender discrimination *is not* perceived remains more puzzling. Simple explanations include participants being unaware that they were discriminated against, a potential industry effect of the female-dominated nature of healthcare resulting in less gender

discrimination, or luck, among others. As several participants reported experiencing discrimination from individuals whom they believed had no ill-intent, it is also possible that other participants may mandate ill-intent within their mental models of experiencing discrimination, and accordingly may not classify the same behaviours as discriminatory. Yet, a lack of discriminatory intent does not result in a lack of discrimination-induced harms (Ely, Ibarra, & Kolb, 2011). Another possible explanation is that participants identify with their elite peers (commonly men), who may not believe in gender discrimination, but rather, believe they achieved their elite roles solely through their own merit. Such a possibility is described throughout Haslam et al., (2020). Lastly, as depicted in Section 1.2, “A Shifting Society”, it may also be that participants were truly not discriminated against within a society that increasing values women in the workforce and in leadership roles.

Longstanding research also provides several potential explanations as to why participants may not report experiencing gender discrimination. As examples, social comparison theory suggests that individuals often evaluate themselves in reference to their peers rather than a universal standard (Crosby, 1984), with other research showing evidence of within-group comparisons among marginalized groups (Major, 1994). Accordingly, participants may compare their career experiences with their women peers, leading them to believe their own challenges are normal rather than discriminatory. Alternatively, though not often a term used in gender and leadership discourse, is the potential influence of “survivorship bias”, which may lead participants to view gender discrimination as a non-existent or lesser barrier as they have successfully ascended organizational hierarchies (or, “survived the ascent”) to the top role. Further, research describing a “leaky pipeline” suggests that women who have experienced

notable gender discrimination may abandon pursuit of more senior roles (Alper, 1993). In turn, there may be sample selection effects as CEO participants have not “leaked from the pipeline”.

Another possible explanation for these mixed results relates to double standards of competence. More specifically, it may be that those that reported not experiencing gender discrimination were more likely to have their competence recognized, whereas participants who did experience gender discrimination may have experienced issues in having their competence recognized. The linkages between perceptions of competence and perceptions of discrimination (gender bias), was recently studied by Briggs et al., (2022)

Drawing upon status characteristics theory, research by Briggs et al., (2022) examines the linkages between gender and “competence-questioning communication” with several interesting findings. First, Birggs et al., (2022, p. 1327) argue that “competence-questioning behaviours may be a manifestation of bias by those with higher ascribed status”. The authors disaggregate competence-questioning communication into three behaviours: condescending communication, voice nonrecognition, and interrupting. Particularly relevant to the present research is voice nonrecognition and interrupting. Briggs et al., (2022, p.1329) state: “voice recognition and nonrecognition has to do with how individual employee voice is received by individuals (e.g., supervisors, coworkers)”, whereas interrupting is: “the deliberate stopping or hindering of another’s speech such that there is a break in the continuity, or the speaker’s turn is disrupted”. Within the present research participants routinely stated that their voice was not heard, that their ideas were unduly discounted, or that they were often interrupted. Accordingly, there is a linkage between Briggs et al.’s (2022) competence questioning behaviours and the covert forms of gender discrimination reported by participants. To re-iterate, what Briggs et al., (2022) is referring to as “competence-questioning communication”, was often reported to me in response

to a question relating to gender discrimination. This linkage suggests that participants' competence was questioned throughout their careers in a way which they linked to gender discrimination in their sensemaking process.

In further regard to findings reported within Briggs et al., (2022) relates to supervisor gender. More specifically, the authors find that women are more likely to perceive competence-questioning behaviours as indicative of gender bias if the behaviours are enacted by a man rather than a woman. This is notable as given the female-dominated nature of healthcare, there are more women leaders in healthcare in comparison to other industries (World Economic Forum, 2022).

In turn, one possible explanation for the mixed results regarding participants experiences of gender discrimination may relate to the gender of leaders they have worked throughout their careers. That is, participants who have had many male superiors may more readily classify certain behaviours (such as voice recognition, or interrupting) as constituting gender discrimination, whereas participants who have had many female supervisors may interpret the same behaviour as non-discriminatory.

Chapter 6

6.1 Limitations and Future Directions

First, the largest limitation of this research is the absence of male comparator group within the sample. In formally outlining the scope of this project over two years ago, it was decided that the study would solely investigate the career ascension processes of women CEOs, and I have remained congruent with that. Though I have gone to great lengths to combat this limitation by making arguments as to why certain behaviours are particularly likely to be gendered, it cannot be concluded with certainty that the career ascension behaviours chronicled above are entirely unique to women. Similarly, though participants within this sample strongly

viewed the Ontario hospital CEO role as mandating a great degree of communion, it is possible that male participants may appraise the same circumstance differently. Accordingly, future research should examine the career ascension behaviours of male CEOs, perhaps within a healthcare context in order to protect against a potential confounding influence of industry.

Second, the research takes place solely within the female-dominated industry of healthcare, and within a publicly funded hospital system with practices unique to Ontario, Canada. Accordingly, it is impossible to tease out potential effects of industry, the gender composition of the workforce, the publicly funded nature of the Ontario hospital, among many other idiosyncrasies. In turn, unless explicitly interested in healthcare leadership, I recommend that future studies draw from a sample of many diverse industries if possible.

Third, due to sample size limitations I did not investigate demographic variables aside from gender, yet literature suggests that other demographics such as ethnicity or sexual orientation exert influence on leader behaviours. Accordingly, future research may wish to examine career ascension behaviours considering other demographic variables either on their own (e.g., the impact of ethnicity), or in an intersectional fashion (i.e., multiple demographic groups simultaneously). Similarly, future research may also wish to examine how participants perceive the job demands of the CEO role, based on other demographic variables.

Fourth, the measurement of gender is increasingly complex, and I have chosen to measure gender dichotomously (i.e., a woman versus a man), though other scholars may choose to measure gender in different ways. Also, I did not ask participants about their gender identity. Researchers engaging in similar research in the future may choose to measure gender differently.

To conclude this section, I provide several formal propositions for further research in the gender and leadership domain. First, due to the lack of content surrounding participants' agentic behaviours contained within my data, I was unable to disaggregate agentic behaviours by sub-dimension such as those introduced by Ma et al., (2022). Future research may benefit from moving beyond a single factor conceptualization of agency. Secondly, existent scholarship studying communion has generally considered communion as a unidimensional construct despite it encompassing a wide range of traits and behaviours. Accordingly, future research may benefit by examining the possibility of communion as a multi-dimensional construct. I particularly believe that the creation and validation of a multi-dimensional model of communion would be a large contribution to the literature. Third and finally, future research may wish to examine the interactive effects between sub-dimensions of agency and communion, particularly if a multi-dimensional model of communion is created.

6.2 Practical Implications

The findings of the present study suggest several practical implications. Though I chronicle the practical implications as they pertain to women in senior leadership, it is possible implications may pertain to men leaders as well. To begin, perhaps the most obvious practical implication is that there is tremendous utility in engaging in communal leadership behaviours both as it pertains to career ascension, but also as it pertains to leading (and transitioning into) a senior leadership role (in this case, the CEO role). Plainly, this suggests aspiring women leaders should be cognizant of the utility of engaging in communal behaviours. That is, communal behaviours can be “leaderlike” behaviours, perhaps especially for women.

Another practical implication relates to *how* women leaders express agency. Participants described engaging in agentic behaviours sparingly and tactfully, often expressing agentic

competencies very subtly. In turn, participants were able to convey that they were competent and well-rounded leaders while avoiding agentic backlash penalties. A practical implication that follows is that women leaders should also ensure they are conveying agentic competencies, but benefit from being tactful in doing so.

As the first practical implication outlined the utility of engaging in communal behaviours, and the second practical implication outlined the utility of agentic behaviours, the third practical implication relates to balancing the two categories of leader behaviours. Participants were especially skilled at assessing contextual demands and responding with an appropriate balance of communal and/or agentic behaviours accordingly. Results suggest developing this skill is challenging, and accordingly there are implications for leadership development programs.

Leadership development programs (and perhaps particularly those targeted towards women) should ensure that they adequately incorporate the development of communal competencies in addition to agentic competencies. Further, leadership development programs should also focus on developing the difficult skill of tactfully expressing agency, balancing agentic and communal behaviours, and assessing contextual demands as they inform this balance. As strength in this skill highly characterized the career ascension and leader behaviours of participants (highly successful CEOs), it may be a differentiating factor between those that do, or do not, ascend organizational hierarchies.

Lastly are implications for evaluators when making hiring decisions. Simply, results suggest that evaluators should be careful to not undervalue communal competencies when making hiring decisions for leadership positions at all levels of organizational hierarchies. Indeed, communal behaviours increasingly characterize leader prototypes and sought after-leader behaviours and should not be overlooked.

6.3 Conclusion

The purpose of this work was to explore the career ascension behaviours of women CEOs within the Ontario hospital system, and also to investigate potential explanations as to why there is gender proportionate representation in the Ontario hospital CEO position. Findings reveal that an integral component in responding to both questions is the importance of communal leadership behaviours, which act both as a mechanism for participants' upward career mobility, but also characterize the Ontario hospital CEO role. Though the findings contained within this research contrast much existent scholarship which finds that leadership is predominately characterized by agency, or that women leaders experience agentic backlash effects, my findings more closely align with other research published very recently. As the utility of communal leadership behaviours and a shift towards more androgynous leadership prototypes is presently unfolding in the study of leadership, the findings of this research provide convergent validity to other research which finds benefits of communal leadership behaviours.

By leveraging access to primary data, the present research makes several contributions to existent scholarship surrounding women in senior leadership. Most notably, I contribute to literature which focuses on the communal side of leadership. Though emerging research continues to investigate the relationship between communal leadership behaviours and leader effectiveness, importantly, I explicitly investigate how communal and agentic behaviours pertain to women CEOs *career ascension*. Further, I find that the leadership demands facing Ontario hospital CEOs are very well-addressed by communal behaviours, which starkly contrasts much existing literature which suggests that senior leadership positions, and particularly the CEO role, strongly entail agentic behaviours. In further regard to theoretical contributions, I introduce the notion of shielded agency, a mode of agency in which women leaders may engage in agentic

behaviours while mitigating their risk of experiencing agentic backlash effects. I situate this model within role congruity theory due to its firm roots in agency and communion. Further, I integrate findings with full range leadership theory, ultimately suggesting that the theory should be informed by leader seniority, and specifically outline linkages between the theory and senior leadership. Most notably I find that CEO participants had a strong focus on long-term organizational success and worked diligently in investing in the future of the organization. Lastly, I describe how gender discrimination operates at the most senior levels of leadership linking competence questioning communication with double-standards of competence.

In conclusion, this dissertation comprehensively explores the phenomenon of gender proportionate representation in the Ontario hospital CEO role. The findings contained within this paper offer both theoretical and practical insights, and also begin a unique research stream which examines how women leaders use communal and agentic behaviour in their pursuit of upward career mobility. Within the first paragraph of this document I note that I desire to contribute to the collective pursuit of knowledge which may expedite gender egalitarianism, Through several years of diligent study and the publication and dissemination of this document, I have given my best effort to accomplish that goal.

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Appendices

Appendix A: Paustian-Underdahl et al., (In-press) Table 2

Table 2

Meta-analytic Correlations for Evaluations of Leadership Behaviors and Effectiveness (derived from previous meta-analyses).

	Effectiveness	N	k	95 % CI	Citation
Communal					
Ethical/Moral	0.77	2289	11	.97, 1.06	Bedi, Alpaslan, & Green, 2016
Idealized influence	0.68	8196	14	.59,.77	Dumdum et al., 2013
Individualized consideration	0.59	14,364	23	.49,.68	Dumdum et al., 2013
Intellectual stimulation	0.57	13,392	19	.48,.68	Dumdum et al., 2013
Relational/Consideration	0.52	1605	20	N/A	Judge, Piccolo, & Ilies, 2004
Democratic/Participative	0.25	7225	51	N/A	Gastil, 1994*
Agentic					
Contingent reward	0.56	16,578	24	.46,.66	Dumdum et al., 2013
Task-oriented/Initiating structure	0.39	1960	20	N/A	Judge, Piccolo, & Ilies, 2004
MBE-Active	0.08	12,638	18	.02,.15	Dumdum et al., 2013
Autocratic/ Directive	-0.17	982	5	-.29, -.04	Metabus
Gender Neutral					
Inspirational motivation	0.55	11,898	19	.44,.66	Dumdum et al., 2013
MBE-Passive	-0.38	11,761	44	-.43, -.32	Dumdum et al., 2013
Laissez-faire	-0.37	11,547	21	-.43, -.31	Dumdum et al., 2013

Appendix B: Interview Protocol for CEOs

Introductory Passage

Below contains a series of broad interview questions which you will be asked. Notably, given the semi-structured nature of the interview, there may be related follow-up questions dependent on your response, all of which cannot be foreseen or listed below. Any potential follow-up questions will be directly related to the study's research questions. There are no wrong answers, and we are interested in hearing anything you may feel is relevant to our research. *Note.* The questions below are roughly ordered in the sequence they will be asked.

Interview Questions

- 1.) How did you become CEO? I would like to know about the process of you becoming CEO.
 - a. Why did you apply for this particular job, and why did you accept it? Were you identified and groomed as a high potential candidate for the role? Invited and encouraged to apply by senior leadership? Independently put your name forward as a candidate?
 - b. Did you experience any barriers or resistance points as you were entering the senior levels of leadership in your field?
- 2.) How is it going? Is the role what you anticipated? How would you describe the quality of your relationship with your board?
- 3.) What have your main contributions been thus far?
- 4.) Did any sort of CEO succession planning (formal, or informal) occur? If so, who was central to the CEO succession process (e.g., board of directors, HR, search

firms, individuals)?

- 5.) Tell me about the experience of the selection process with your board, what was that like, what differentiators was the board looking for, and how did you position yourself to meet those?
- 6.) Did you engage in any form of executive onboarding (formal, or informal)? If so, who was central to the onboarding process (e.g., board of directors, HR, search firms).
- 7.) Based on your experiences that you've described thus far, do you think there are any that are unique to women, or that there is any gender discrimination in the field?

End of Interview Questions

- 8.) Was there any question you were expecting us to ask, that I did not? If so, what are they, and would like to respond?
- 9.) As I progress with the study would you be interested in exploring some of these examples further? If I have further questions, may I come back to you?
- 10.) I am very interested in hearing a governance perspective as it relates to our study, to help provide a more holistic snapshot of the ascension processes of CEOs. One way we're beginning to do this is through discussions with hospital board chairs. Would you be willing to introduce us (through e-mail) to the board chair you work with?

Appendix C: Draft Letter to Chair

“Dear [Chair],

I have recently met with Ryan Miller, a PhD Candidate at Ivey Business School (Western University), for research he is conducting surrounding the ascension processes of women CEOs within the Ontario hospital system. I shared with him my personal narrative, and he asked me if I would be willing to pass along his e-mail address to you in case you are interested in engaging with his research. He is interested in hearing a governance perspective on the CEO ascension and selection processes. Below, please find the executive summary he asked I pass along to you.

If you are interested in participating, please e-mail him directly so he can schedule an interview with you (in accordance with research ethics procedures, I have not shared your contact information with him). His e-mail address is [REDACTED].

Executive Summary:

“Despite women being underrepresented in senior leadership positions worldwide, approximately half of Ontario hospital CEOs identify as women, many of whom were recently appointed in the last few years. This poses many interesting questions: What is unique about Ontario hospital CEO’s leadership journeys and rise to CEO positions, and what barriers and enablers have they encountered along the way? This research seeks to understand these questions, among others, to better inform leadership development pathways within the Ontario hospital system, and to contribute to the scholarly literature on gender inequality in leadership more broadly.”

Appendix D: Letter of Information

Project Title: Exploring the Leadership Journeys of Women CEOs within Ontario Hospitals

Principal Investigators:

Dr. Alison Konrad, Professor at Ivey Business School, [REDACTED]
[REDACTED]

Dr. Martha Maznevski, Professor at Ivey Business School, [REDACTED]
[REDACTED]

Co-Investigator(s): PhD Candidate Ryan Miller, [REDACTED]

Introduction:

You are being invited to participate in this research study about the leadership journey of women CEOs of Ontario hospitals because you either occupy this position, are involved in the appointment or selection processes in some fashion, or have been identified as having relevant knowledge to the research subject matter. The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this research. This study is funded by Proximity and researchers at the Ivey Business School at Western University.

Purpose of the Study:

The present study seeks to investigate the recent gender proportionate representation of women (and nurse) CEOs within the Ontario hospital system. What does their ascension look like? Did they perceive additional barriers? What are their thoughts on gender effects? Among others.

Procedures and Duration:

All women CEOs of Ontario hospitals, those involved in their selection/appointment process, or others identified with relevant knowledge are eligible to participate in the study. If you agree to participate, you will be asked to have a conversation with researchers about the experiences of women CEOs within the Ontario hospitals related to their leadership journey, hiring processes, perceived challenges, and other related questions. This interview will be conducted online by Zoom and will be recorded if you so choose. The video portion of the recording will be immediately deleted upon interview completion. If you do not wish to be recorded a researcher may take notes throughout the interview with your expressed consent. If you do not wish to be - recorded, or have notes taken, you may still participate in this study. It is anticipated that the entire commitment will take about 40 to 90 minutes, dependent on the amount of time you are willing to commit to this research.

Potential Risks and Discomforts:

Because we are collecting personal identifiers there is always the risk of a privacy breach. All confidential materials (your name, your e-mail address, your phone number, and alike) will be stored on encrypted and password protected storage mediums.

Benefits: You may not directly benefit from participating in this study but insights on the enablers and barriers for women aspiring to leadership roles, and how women are identified, groomed, and developed, may benefit other leaders in Ontario hospitals as well as the broader health care system. There is also potential for this work to impact efforts related to gender equality in leadership outside of health care.

Participation and Withdrawal:

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions, or withdraw from the study at any time with no effect on you whatsoever. If you choose to withdraw from this study, you may request that your data be removed and destroyed from our database by contacting the research team. It is important to note that a record of your participation must remain with the study, and as such, the researchers may not be able to destroy your signed letter of information and consent, or your name on the master list. In addition, if results are published, you will be unable to withdraw quotes that you have approved for use in publication. However, any data (recorded interviews, textual transcripts, and alike) may be withdrawn upon your request.

We will make every effort to keep confidential all research records that identify you to the extent allowed by the law. Your study information will be de-identified and combined with information from other people taking part in the study. You will not be personally identified in these written materials. Members of the research team from both the Ivey Business School and Proximity will be reading de-identified interview transcripts and conducting data analysis.

The researcher will keep any personal information about you in a secure and confidential location for 7 years, at which point it will be confidentially destroyed. Your audio-recording and transcripts will be labeled with a randomly generated 5-digit interviewee number. A list linking your randomized interviewee number with your name and e-mail address will be kept by the researcher in a secure place, separate from your study data. However, teleconferencing/videoconferencing technology has some privacy and security risks. It is

possible that information could be intercepted by unauthorized people (hacked) or otherwise shared by accident. This risk cannot be eliminated, and we want to make you aware of this. You may choose to review the privacy policy of Zoom. Zoom cloud recordings will be saved on Zoom data servers located in the US or Canada. De-identified data may be retained indefinitely for future re-analysis, potentially including other researchers not listed (new graduate students, new research partners, and similar).

If the results are published, neither your name, your hospital's name, or any other information that could potentially be identifiable will not be used. If your quote is selected to be used, you will be contacted with the quote and asked to confirm your comfort of its use.

Delegated institutional representatives of Western University and its Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research in accordance with regulatory requirements.

Compensation for Participation:

You will not be compensated for your participation in this study.

Rights of Research Participants:

If you choose not to participate or to leave the study at any time it will have no effect on your position (e.g., professional standing). You do not waive any legal right by consenting to participate.

We will give you new information that is learned during the study that might affect your

decision to stay in the study.

Who to Contact with Questions:

If you require any further information regarding this research project or your participation in the study you may contact Dr. Alison Konrad, [REDACTED], Dr. Martha Maznevski, [REDACTED], or PhD Candidate Ryan Miller, [REDACTED]

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics (519) 661-3036 or 1- 844-720-9816, email: ethics@uwo.ca.

If you would like to receive a copy of any potential study results, please contact Dr. Alison Konrad, Dr. Martha Maznevski, or PhD Candidate Ryan Miller at the email addresses shown above.

This letter is yours to keep for future reference. Please contact the Principal Investigator for another copy if needed.

Appendix E: Verbal Consent Form

Project Title: Exploring the Leadership Journeys of Women CEOs within Ontario Hospitals

Principal Investigators:

Dr. Alison Konrad, Professor at Ivey Business School, [REDACTED]

[REDACTED]

Dr. Martha Maznevski, Professor at Ivey Business School, [REDACTED]

[REDACTED]

Co-Investigator(s): PhD Candidate Ryan Miller, [REDACTED]

[REDACTED]

Have you read the Letter of Information, have had the nature of the study explained to you, and consent to participate in the present research? Are any questions you may have answered to your satisfaction?

Yes No

Do you agree to allow this interview to be recorded (audio, textual transcription of audio, and video), in which the video will be immediately deleted upon completion of the interview, and the audio used for later textual transcription.

Note: You may choose to turn your camera off throughout the interview, in which case the recorded video portion is black.

Yes No

If you do not agree to allow your interview to be recorded, do you agree to allow the researcher to take notes during your interview?

Yes No N/A

Do you agree to allow the researchers to use de-identified quotes provided by you during this interview when disseminating research findings. Do note that if a quote of yours is selected for use, you will be contacted for approval prior to it's use in publications and similar.

Yes No

Do you consent to participate in this study.

Yes No

Participant's Name: _____

Date: _____

My signature means that I have explained the study to the participant named above. I have answered all questions.

Person Obtaining Informed Consent (please print): _____

Signature: _____

Date: _____

Appendix F: Confidentiality Script

Before I begin, I would like to let you know how seriously I take our obligation to research ethics, your confidentiality, and the protection of research data. We're aware that Ontario hospital CEOs and those involved in their selection/appointment form a small network. Anything you say today will not be shared with other participants in any capacity. That is, we will not say things like "we've heard this before", or "oh, another small hospital CEO said this". We are not interested in receiving any proprietary information from board deliberations, nor are we interested in specific names or places. Rather, we are looking for general responses from your experiences as they relate to the questions we will ask.

Your name and (if you agree) the audio and video from the recording of this interview will only be accessible by internal members of the Ivey Research Team. Files will be stored on encrypted and password protected computers. Research assistants may help clean (ensure the accuracy of) the textual transcription of this interview, and code these interviews for themes that emerge.

I would also like to talk a little about what we will, and will not, share with Proximity Institute. We will not share your name, or the audio, video, or textual transcripts – Proximity will not know from us who participated in this study, only that they have sent an initial recruitment e-mail. What we will share are high-level themes that have emerged from the amalgamation of many interviews, and possibly de-identified quotes. That is, quotes that cannot be associated with a certain participant. If a quote of yours is selected for use, you will be contacted and asked whether you approve the use of your quote.

Ultimately, we would like for you to feel as comfortable as possible throughout this interview process knowing that anything you share with us will be protected.

Appendix G: Codebook Example

Name	Files	References	Definition	When to use	When not to use
Creating and Maintaining Relationships	30	91	Participants reflecting on the importance of creating and maintaining relationships and specific actions or methods taken in the relationship-building process.	Apply this code when participants make comments about: the importance of creating and maintaining relationships with key stakeholders (eg. Staff, government, community partners) to get the CEO job and in the CEO job; personal strength in this regard;	Do not use this if it is about: relationships with the board ("Board Relations" code and subcodes are more appropriate in this case);
Subordinate Leadership Development	29	54	Participants reflecting on the importance of developing leaders in the organization and specific actions or methods taken in the subordinate leadership development process.	Apply this code when participants make comments about: the importance of developing internal talent; giving subordinates diverse portfolios and experiences (stretch assignments); challenging subordinates and pushing them out of their comfort zone/strengths	Do not use this if it is about: participant CEOs being developed by others, when they themselves are the subordinate ("mentorship" code and subcodes are more appropriate in this case);
CEO Accomplishments/First Noted Accomplishment	29	31	Participants reflecting on the accomplishments made during their tenure. Specifically, the first noted accomplishment and accompanying details	Apply this code when participants make comments about: their accomplishments and the accomplishments that they've led (only the first noted one)	Do not use this if it is about: any other accomplishments outside of the one they first note
Education/Credentialed Education	28	49	Participants reflecting on the education and courses taken throughout their leadership journey and specifically, what they learned / how these courses have supported their journey to where they are now	Apply this code when participants make comments about: taking courses with credentials at universities and learning institutions	Do not use this if it is about: any learning that happens outside of credentialed programs / institutions.

Curriculum Vitae

Ryan Miller, Ph.D. Candidate – Ivey Business School at Western University

EDUCATION

- August 2019 – Present Ivey Business School at Western University
London, Ontario, Canada
**Doctor of Philosophy in Business Administration:
Organizational Behaviour**
Anticipated Date of Graduation: 2025
- September 2017 – Carleton University, Ottawa, Ontario,
September 2019 **Master's Degree of Arts in Organizational Psychology**
- September 2012 – University of Guelph, Guelph, Ontario,
April 2017 **Honours Bachelor's Degree of Arts in Psychology**

REFEREED PUBLICATIONS

- 2022 Mohan, G., Seijts, G., & **Miller, R. O.** (2022). Does Leader Character Have a Gender? *Journal of Business Ethics*
<https://doi.org/10.1007/s10551-022-05313-9>
- 2022 Seijts, G., de Clercy, C., & **Miller, R. O.** (2022). Character and Trust in Crisis Leadership: Probing the Relationships Among Character, Identification-Based Trust, and Perceptions of Effectiveness in Political Leadership During the COVID-19 Pandemic, *The Journal of Applied Behavioural Science*.
<https://doi.org/10.1177/00218863221110627>
- 2019 Stewart, L.A., Wilton, G., Baglole, J.S., **Miller, R.O.** (2019). Recidivism Rates of Federal offenders in Canada: Examining revocations, new warrants of committal, and new convictions. Correctional Service Canada: Ottawa ON.
- 2018 **Miller, R.O.**; Gayfer, B.L., & Powell, D.M. (2018) "Influence of Vocal and Verbal Cues on Ratings of Interview Anxiety and Interview Performance" *Personnel Assessment and Decisions*:
<https://scholarworks.bgsu.edu/pad/vol4/iss2/3>

**REFEREED
CONFERENCE
PRESENTATIONS**

- 2024 **Miller, R.O.**, Maznevski, M.L., & Konrad, A.M. (2024). Communion then Agency: Women's Ascension to the Hospital CEO Role. Paper presented at the Academy of Management 2024 Conference. Chicago, Illinois, United States
- 2023 **Miller, R.O.**, Konrad, A.M., & Maznevski, M.L. (2023). The Ascension Processes of Women CEOs in the Hospital System. In Konrad, A.M., *Diversity in Elite Leadership: Global Effects, New Outcome Variables, and Deep Dives Into Processes*. Symposium contribution presented at the Academy of Management 2023 Conference. Boston, Massachusetts, United States
- 2022 Seijts, G., de Clercy, C., & **Miller, R.O.** (2022) *Character and Trust in Crisis Leadership*. Poster presented at the Society of Industrial and Organizational Psychology 2022 Conference. Seattle, Washington, United States
- 2022 Mohan, G., Seijts, G., & **Miller, R. O.** (2022) *Does Leader Character Have a Gender?* Poster presented at the Society of Industrial and Organizational Psychology 2022 Conference. Seattle, Washington, United States
- 2018 **Miller, R.O.**, & Campbell, B. (2018). *Risk and Protective Factors to Underemployment among recent University Graduates*. Poster presented at the 29th International Congress of Applied Psychology. Montreal, Quebec
- 2018 **Miller, R.O.**, & Campbell, B. (2018). *Personal and Organizational Costs of Underemployment among Recent University Graduates*. Poster presented at the 7th Annual Interdisciplinary Conference in Psychology. Ottawa, Ontario
- 2017 **Miller, R.O.**, & Powell, D.M. (2017) *Investigating the influence of vocal cues on appraisals of interviewee anxiety and performance*. Poster presented at the Canadian Psychological Association 2017 Conference.

Toronto, Ontario

2017

Cassidy, S., Lech, O. E., McCurrach, C. W., **Miller, R. O.**, Zaroski, O.V., & Gill, H (2017) *Making the most of your virtual team: A thematic analysis of effective and maladaptive virtual team processes in rich- and lean-media environments*. Poster presented at the Canadian Psychological Association 2017 Conference.
Toronto, Ontario

SCHOLARSHIPS AND AWARDS

April 2024

Al Mikalachki PhD Research Fund

April 2022

Western Graduate Fellowship

October 2022

John F. Rankin Doctoral Scholarship

September 2019

Ivey Plan for Excellence Ph.D. Scholarship

September 2019

The Brock Scholarship at Ivey Business School

September 2017

Carleton University Entrance Scholarship for Academic Merit