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Leveraging Leadership in Public Health Middle Management [Dissertation Notice]

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DISSERTATION NOTICES

Adelman, K. S. (2010). *Employee voice and upward communication: A phenomenological collective case study of leadership behaviors in performance excellence award winning health organizations*. Ph.D., Capella University.

This study was exploratory in nature, utilizing a phenomenological collective case study approach. The phenomenon under study was the lived experiences of individuals surrounding employee voice and upward communication. The purpose was to understand CEO behaviors and actions that promote employee voice and upward communication in performance excellence award-winning healthcare organizations. The results suggested the award-winning CEOs facilitated employee voice and upward communication by being approachable, largely achieved through their regular presence throughout their organization. By being consistently visible and available to employees, these CEOs fostered relationships, built trust, and promoted open, upward communication. Leaders in the case studies created a cultural focus on continuous improvement largely built around transparency of information, and particularly looking for the bad news from their employees. Voice invitation and positive voice response from leaders reinforced critical upward feedback as not only welcome, but expected.

Barr, D. A. (2008). *Leveraging leadership in public health middle management*. M.A., Royal Roads University.

The strategic direction of Kingston, Frontenac, Lennox, and Addington Public Health, in keeping with the newly revised framework of public

health standards in the Province of Ontario, embraces leadership development. This research examines how the organization can support the emerging role and leadership development of middle management. A review of the literature includes the exploration of middle management, leadership development, and organizational culture and change. An action research approach was used to capture qualitative results through the methodology of personal interviews and focus groups. Findings and conclusions focus on communication plans, leadership competencies, and professional development. Study recommendations consist of enhancing the internal professional development tool, acting on leadership development trends, building communication systems, and creating plans for the succession of leaders.

Dotson, E. D. (2008). *The business case for leadership diversity in health care*. Ph.D., University of California, Berkeley.

This research explores the influence of leadership diversity, as defined by race and ethnicity, on the financial success of healthcare organizations and the quality of care received by patients served by the organizations. It examines whether leadership diversity is associated with financial and quality outcomes in an organized delivery system in which reduced hospital stays suggest economic savings. Patient diversity and racial concordance are also included as independent variables regressed on outcome measures.

Financial and quality of care data for a sample of 24 hospitals in an integrated health system were assessed over a five-year period. Annual discharge data are the measure of costs, while clinical process data for cardiovascular care (acute myocardial