

Transformational Leadership in Nursing:

Aspiring Leaders Development Program for Indian American Nurses

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Despite the diversity in the healthcare setting, Indian nurses are underrepresented in leadership positions. Several hospital systems have formal leadership programs to train nurses to be effective leaders. However, few programs prepare minority nurses for leadership roles. This article discusses the development and implementation of a leadership program for Indian nurses by the National Association of Indian Nurses of America. The curriculum was based on the transformational leadership principles. The post-test analysis showed an improvement in the overall scores of the Leadership Practice Inventory. An increase in the representation of minority nurses in leadership positions can positively influence healthcare disparities.

Nurses from India began migrating to the United States in the early 1970s to accommodate the nursing shortage. Nursing employment trends are described as countercyclical dependent on the shortage of nurses and immigration policies.^{1,2} Despite changing immigration policies, the number and representation of internationally educated nurses from India in the US nursing workforce increased substantially in 2008 to become the third largest group of internationally educated nurses in America.³ Even though there was a decline in the flow of nurses from foreign countries over the past decade, 76% of internationally educated nurses in the United

States migrated from Asia, Africa, Latin America, and the Caribbean in 2015.⁴

The internationally educated nurses transition to the new workplace environments and face challenges, including cultural assimilation and related communication barriers.⁵ The United States remains a desirable destination for internationally educated nurses and hiring organizations, and nurse leaders need to provide these nurses with the support and training they need as they transition into the US workforce.⁶ Employee development programs for this population should target their communication, leadership, and teamwork skills, which could have a favorable impact on the quality of patient care and patient outcomes.

The National Association of Indian Nurses of America (NAINA) consists of many categories of Indian nurses, including first-generation Indian immigrant nurses, second-generation Indian American nurses, and students of Indian heritage. NAINA is an active minority nursing professional organization with 14 chapters nationwide and approximately 2000 members.^{7,8} NAINA was incorporated as a nonprofit organization in 2006 with the goal of uniting all Indian American nurses with 1 voice to increase their visibility within the professional arena and to rejuvenate their unique cultural heritage and values. These values are embedded within their

KEY POINTS

- **Indian American nurses face challenges in accessing appropriate leadership positions and are underrepresented as leaders in the current diverse health care setting.**
- **Engaging Indian nurses in leadership training helps them to develop a common mission, vision, and goals.**
- **An increase in the diversity among nursing leadership roles could positively impact health care disparities in America.**

professional expertise and are valuable assets to be used effectively in providing culturally competent care to the increasingly diverse populations served by the evolving health care system. Indian American nurses face challenges in accessing appropriate leadership positions and are underrepresented among leaders who deal with emerging issues related to nursing and healthcare reform and policies.

Several agencies, hospital systems, and organizations have formal leadership programs to train nurses to be effective leaders. Unfortunately, few programs prepare minority nurses for leadership roles in health care system, and even fewer, if any, have focused specifically on developing the leadership skills of Asian Indian nurses. An increase in the diversity among nursing leadership roles could positively impact health care disparities in America.⁹

NAINA recognizes the urgent need to mentor Indian nurses to be leaders by developing leadership skills that enable them to play a critical role in transforming health care. In addition, resources should be made available to assist Indian nurses at all levels, from frontline nurses to nurses in managerial positions, to strengthen their leadership abilities and progress to assume higher leadership positions in nursing and professional organizations. Therefore, with grant support, NAINA initiated the Aspiring Leaders Development (ALD) program to provide training opportunities for a cohort of Indian nurses to become effective transformational leaders in hospitals, academia, and communities. The purpose of this article is to discuss the development and implementation of a transformational leadership program by NAINA for a cohort of aspiring nurse leaders of Indian heritage that draws upon our strong heritage, focuses on individual leadership development, and furthers mission of NAINA.

BACKGROUND

The US health care system continues to grow and is projected to experience a shortage of registered nurses as it move toward 2020.^{10,11} Since 1980, US immigration policy fosters the immigration of internationally educated Indian nurses into the US workforce.¹ The internationally educated Indian nurses are tasked to provide culturally competent care as they work with the diverse patient population of the United States. Therefore effective integration of Indian nurses in all the area of nursing including leadership would benefit in addressing the underrepresentation of racial and ethnic minorities in the US health professions.¹²

As nurses migrate from a foreign country, they undergo both sociocultural and workplace adjustments, including unfamiliarity with new surroundings, new health care system, and adapting to an expanded role of nursing such as practice, teaching, and leadership.⁵ So, these nurses are required to integrate new

knowledge, unlearn old knowledge, change professional behavior, and redefine their professional identity in the area of nursing practice, education, and leadership.¹⁰

The leadership of contemporary nursing is influenced strongly by the restrictions of the past and opportunities of the future.¹³ These restrictions and opportunities are particularly relevant to Indian nurses because most Indian nurses are immigrants and foreign educated. In recent years, there has been a particularly notable growth in the number of registered nurses in the United States from India. According to the United States Bureau of Health Professions survey, 15,827 registered nurses working in America in 2008 were educated in India compared with 1,271 in 2004.¹⁴

Additionally, the US Department of Health and Human Services stated that 75.6% of Asian nurses seek BSN or higher degrees compared with 48.4% of White nurses.³ Although the nursing workforce of Indian American nurses with BSN or higher degrees has increased, nursing leadership is not significantly represented by Indian American nurses.

Internationally educated minority nurses often present with difficulties such as feelings of marginalization, discrimination, cultural displacement, and a lack of promotion opportunities in general.¹⁵ In addition, a lack of appropriate support systems, mentors, and coaches further impedes the rise of potential leaders. Clearly, leadership development for nurses of Indian heritage in the United States is imperative, so they can represent Indian Americans in the health care and policy arenas. Formal leadership training programs can provide opportunities for aspiring nurse leaders (ANLs) of Indian heritage to formally learn the roles and responsibilities of nurses in leadership positions and actively contribute to the current evolving and diverse health care system. The Institute of Medicine's report (2011) also endorsed the need to further develop leadership skills in nursing and highlighted the need for leadership programs to assist nurse managers in becoming quality leaders.¹⁶

THEORETICAL FOUNDATION FOR THE PROGRAM

Leadership expert James McGregor Burns introduced the concept of "transformational leadership."¹⁷ Burns defined transformational leadership as a process where leaders and followers engage in a mutual process of "raising one another to higher levels of morality and motivation." According to leadership experts Kouzes and Posner,¹⁸ transformational leadership behaviors are teachable and can be learned. Transformational leaders raise the bar by appealing to the higher ideals and values of followers. In doing so, they may model the values and use charismatic methods to attract people to them and to the values. Transformational

leadership is still considered the most impactful leadership style for motivating and leading individuals and organizations to higher levels of achievement and success. Education, professional development programs, mentoring, and coaching are invaluable to developing transformational leaders.

PROGRAM DESIGN

The focus of NAINA's ALD program was to help ANLs develop the 5 core principles of the Leadership Challenges introduced by Kouzes and Posner:¹⁹ modeling (model the way), inspiring (inspire a shared vision), challenging (challenge the process), enabling (enable others to act), and encouraging (encourage the heart). The ALD program focused on the development of these 5 core principles among the ANLs through a targeted curriculum using interactive and experiential learning activities, including assessments (pre- and post-tests), self-reflections, lectures, workshops, and group activities.

Additionally, Betty Moore's speaker series, "Lessons in Nursing Leadership," which highlights the journey of exemplary nurse leaders, was integrated into the curriculum as an instructional activity.²⁰ The inclusion of this speaker series was a requirement of the funding source and was relevant for the program objectives. At the end of the ALD program, the participants were expected to be able to apply leadership behaviors for their professional development, develop an individual leadership development plan, and demonstrate leadership skills by engaging in leadership roles identified in their respective leadership development plans.

Selection Process

A call for applications was sent to all NAINA chapters to be disseminated to all members. All applicants were required to submit their curriculum vitae and an individual leadership development plan, which included a purpose statement indicating a specific leadership role to which they would like to advance and 3 specific goals or outcomes that would assist them in advancing to this leadership role. All the application packages were reviewed by the program coordinator and 2 nurse leaders who served as the faculty for this program for completeness of the application. All applicants were accepted to the program and informed of the commitment required to complete the program. The 14 ANLs, of whom 12 were women and 2 were men, represented 10 NAINA chapters. See Table 1 for demographic details.

Training

The ALD program included the following steps: identifying participants' learning needs, developing and implementing a targeted curriculum, and program evaluation (Figure 1).

Table 1. Demographic Data

	N (%)
<i>Age, years</i>	
25-35	2 (14.3)
36-50	10 (71.4)
>50	2 (14.3)
<i>Sex</i>	
Male	2 (14.3)
Female	12 (85.7)
<i>Professional qualification</i>	
BSN	2 (14.3)
MSN	10 (71.4)
Masters in other fields	1 (7.1)
Doctorate in nursing practice	1 (7.1)
<i>Years of experience in nursing</i>	
<5	1 (7.1)
5-10	1 (7.1)
10-20	5 (35.7)
>20	7 (50)

Identifying participants' learning needs through pre-assessment. The Leadership Practices Inventory (LPI) developed by Kouzes and Posner¹⁹ was administered to each ANL recruited to participate in this program. The LPI version used in this program was a 360° tool used to assess the participant's current leadership performance in the 5 practices of exemplary leadership. Participants did a self-assessment and identified 5 to 10 individuals with whom they had interacted professionally (e.g., peers, supervisors, or subordinates) to rate them. Upon completion of the LPI, each ANL was provided a detailed report summarizing the assessment from all observers. The information obtained from this assessment was used to design the specific curriculum for this group. The ANLs also revised their individual leadership development plan that they had submitted during the application process based on their LPI scores.

Developing and implementing the curriculum. The curriculum focused on the 5 core practices of exemplary leadership (modeling, inspiring, challenging, enabling, and encouraging). The lessons were prioritized according to the ANLs' LPI scores.

1. A face-to-face workshop: A certified facilitator of Kouzes and Posner's Leadership Challenge conducted the workshop. During this workshop, the content expert presented the content. In addition,

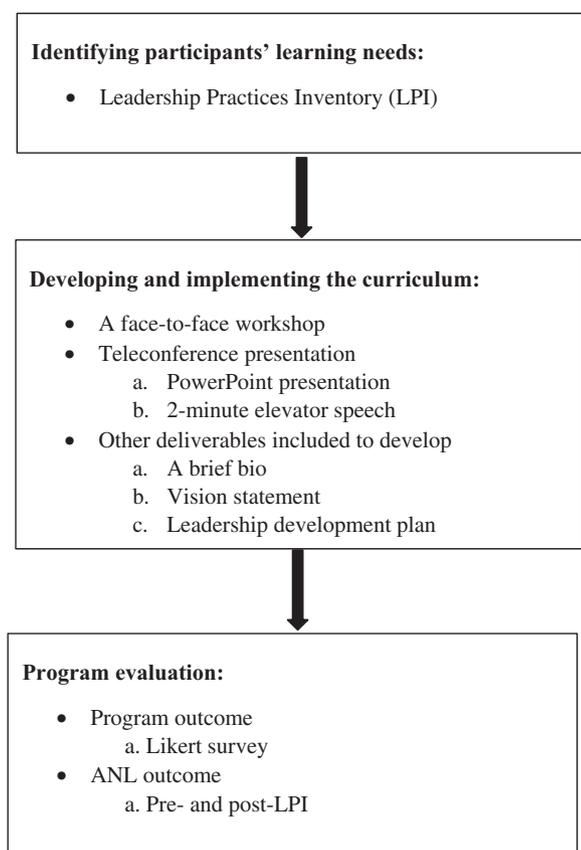


Figure 1. Aspiring Leaders Development Program

the ANLs reviewed their LPI scores and identified specific areas from the 5 practices of exemplary leadership styles that they needed to develop. Each ANL was guided to identify specific strategies to develop these principles and directed to revise their individual leadership development plans accordingly.

2. Teleconference presentation: All ANLs watched the “Lessons in Nursing Leadership” video series provided by the Gordon and Betty Moore Foundation (the sponsors of the project).²⁰ Each ANL was assigned to give a presentation to the group on 1 renowned nurse leader from the video. The faculty experts gave feedback to the ANLs during the presentations.

a. Presentation content:

- Identify the leadership vision of a nurse leader from the video series.
- Present 3 takeaway points from the respective leader’s vision.
- Describe how the leader influenced their leadership vision and personal leadership development plan.
- Explain how they would integrate an identified takeaway point and relate it to Kouzes and Posner’s principles of the leadership challenges.

- Compare their vision statement written as part of the application process to their current vision.

b. Deliver a 2-minute elevator speech

3. Other deliverables: Each ANL developed a professional biography, vision statement, and a leadership development plan.

Program evaluation. Summative program evaluations included quantitative and qualitative data, and included evaluation of both the overall program outcome and the ANL outcome. The program evaluation was a 5-point Likert survey that assessed various aspects of the program, including the program objectives, program content, faculty experts, and program coordinator. All ANLs were required to complete a program evaluation after the completion of the program. The pre-test and post-test LPI were administered to provide a summative evaluation for each ANL. The LPI was readministered to each ANL at 6 months after the completion of the program. The ANLs requested the same observers who completed the pre-test to complete the post-test.

PROGRAM OUTCOMES

Pre-Test LPI Analysis

Pre-test LPI analysis identified the learning needs for the ANLs and provided the framework for the workshop content. The observer scores for the ANLs were the highest scores for challenging the process and lowest for enabling others to act, thus the workshop content had an emphasis on the core principal behaviors that the ANLs needed to develop (*Table 2*).

Post-Test LPI Analysis

The post-test analysis showed an improvement in the overall LPI scores. In the post-test, too, enabling others to act was the lowest score based on the average of all observers, although there was an improvement by a few points when compared with the pre-test scores. The managers’ post-test scores were approximately 10 points higher than their pre-test scores. *Figure 2* compares the pre- and post-LPI scores and demonstrates some improvement in the scores from the pre- to the post-LPI scores.

Program Evaluation

All the ANLs gave very positive feedback during the program evaluation. Overall, the ANLs thought the program was very effective and organized (*Table 3*). The personal experiences and comments were particularly impressive as the ANLs measured and evaluated their own progress during the program.

NAINA has done an exceptional job with this program. The instructors are excellent and have become mentors to me, who I will continue to have a

Table 2. Analysis of 5 Leadership Behaviors Based on Group Observers' Responses

Leadership Behavior	Most Frequent Behavior	Least Frequent Behavior
<i>Enable others to act</i>	Treats others with dignity and respect	Ensures that people grow in their jobs by learning new skills and developing themselves
<i>Encourage the heart</i>	Praises people for a job	Finds ways to celebrate accomplishments
<i>Model the way</i>	Follows through on promises and commitment he/she makes	Asks for feedback on how his/her actions affect other people's performance
<i>Inspire a shared vision</i>	Speaks with genuine conviction about the higher meaning and purpose of our work	Describes a compelling image of what our future could be like
<i>Challenge the process</i>	Seeks out challenging opportunities that test his/her own skills and abilities	Experiments and takes risks, even when there is a chance of failure; challenges people to try out new and innovative ways to do their work

professional relationship with. This program has set expectations and has helped me in my journey into nursing leadership.

Excellent program with lot of information/knowledge while having a lot of fun. Amazing to have kept everyone awake throughout the whole time for 2 days! Wish to have another one, a follow-up workshop.

When asked how they would use the program, the responses varied, but the ANLs generally stated that they would use the knowledge to develop their personal

leadership qualities that could be applied for self-growth and at the professional level. One said, "I will be using the content of the program in my development as a leader, in my professional and personal journey as a health professional." Another ANL stated, "This workshop has been extremely helpful in guiding me in my career and putting things into perspective." Yet, another reflected,

I used to say that I am not a good leader. The LPI report in the program helped to identify my strengths

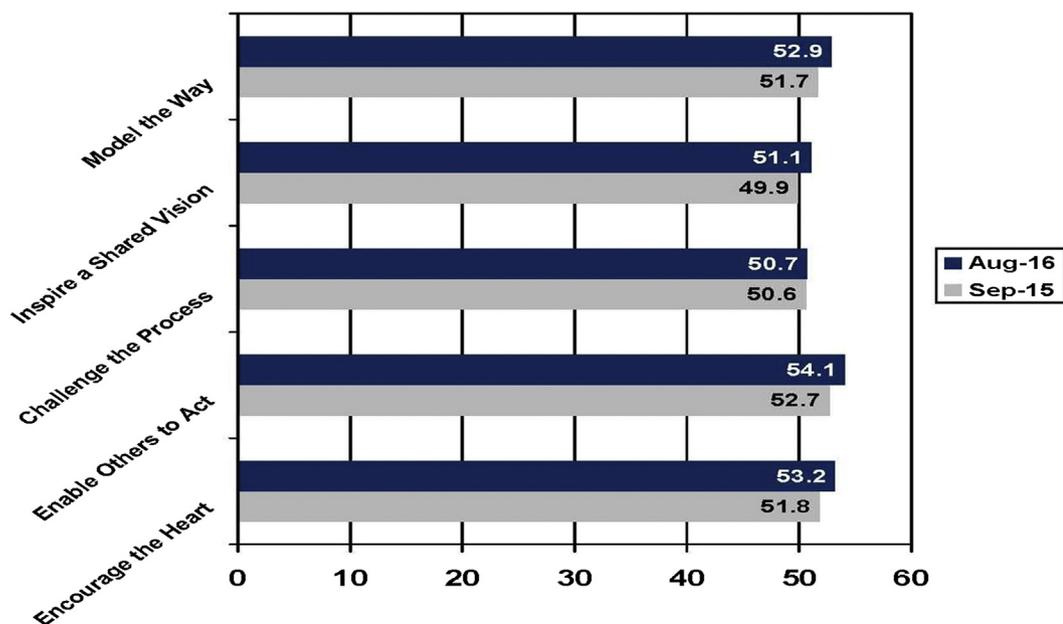


Figure 2. Pre- and Post-Leadership Practices Inventory Comparative Group Scores

Table 3. Program Evaluation Results, n (%)

Question 1. Program effectiveness to achieve objectives

Answered: 13; Skipped: 1

Excellent	Good	Fair	Poor	N/A
13 (100)	0	0	0	

Question 2. Please rate the effectiveness of the workshop

Answered: 15 (1 additional participant only for workshop)

Excellent	Good	Fair	Poor	N/A
14 (93.33)	1 (6.67)			

Question 3. How resourceful were the faculty?

Answered: 14

Extremely,	Very	Moderately	Slightly	Not at all
13 (92.86)	1 (7.14)	0	0	0

Question 4. How clearly was the information provided throughout the program?

Answered: 14

Extremely	Very	Moderately	Slightly	Not at all
13 (92.86)	1 (7.14)	0	0	0

Question 5. How organized was the program coordinator?

Answered: 13; Skipped: 1

Extremely	Very	Moderately	Slightly	Not at all
10 (76.92)	3 (23.08)	0	0	0

Question 6. How organized was the program?

Answered: 14

Extremely	Very	Moderately	Slightly	Not at all
12 (85.71)	2 (14.29)	0	0	0

Question 7. How likely are you to recommend this program to a friend?

Answered: 14

Extremely	Very	Moderately	Slightly	Not at all
13 (92.86)	1 (7.14)	0	0	0

Question 8. How knowledgeable was the workshop presenter

Answered: 15

Extremely	Very	Moderately	Slightly	Not at all
14 (93.33)	1 (6.67)	0	0	0

and weaknesses as a leader, and the workshop helped me, not only to identify my vision and goals, but also provided guidance to achieve my goals.

Some indicated that they are considering returning to school. One commented, "I am planning to start my master's next year and also having vision goals to move up in my career." Another said, "I enrolled in the DNP program."

Early Outcomes

The objectives of the ALD program were met successfully with improved scores in the participants' leadership inventories and leadership performance based on quantitative and qualitative data. Although the improvement shown was not substantive or statistically significant, the progress made by individual nurses, both at their jobs and as members of the organization, is noteworthy.

Since the completion of the program, several leadership positions within the local NAINA chapter have been filled by ANLs who participated in the program. These ANLs also serve as elected officers and participate in NAINA activities. ALD program graduates aspired to try out new and innovative ways to lead formally and informally in their regular work environments. The short-term implication was ANLs who were better prepared and eager to serve NAINA. The long-term implication is the development of a cadre of Indian nurse leaders who share, not only NAINA's mission and vision, but also the commitment to taking NAINA to newer heights.

Implications

Leadership from nurses is needed at every level and across all settings. Yet, nurses are challenged by the lack of leadership skills required to transition from bedside to the boardroom and engage colleagues, subordinates, and executives so that together they can identify and achieve common goals.²¹ Nurses at all levels need strong leadership skills to contribute to patient safety and quality of care. Therefore, a leadership program can serve to develop and improve their leadership skills among, not just minority nurses, but all nurses. Leadership programs such as these can help successful integration of internationally educated nurses to leadership positions in the health care system and impact patient outcomes.

In the United States, nurses are underrepresented on the boards of private nonprofit and philanthropic organizations, which do not provide health care services but often have a large impact on health care decisions.¹⁶ Therefore, this transformational leadership program organized by NAINA has the potential to develop future strong leaders, not only in the hospitals, but also in the advisory committees, commissions, and boards where policy decisions are made to advance health systems to improve patient care. Transformational leadership programs can increase nurses' job satisfaction and commitment to the organization and organizational culture.²² Engaging internationally educated Indian nurses in leadership transformational training helps them to develop a common mission, vision, and goals, which are keys to success of the health care settings.

CONCLUSION

Leadership development was recognized as an urgent need for NAINA based on membership feedback. At the same time, NAINA realized the wealth of leadership experience among the membership locally, regionally, and internationally. We therefore planned to tap into existing nurse leaders within our membership to mentor and facilitate the ALD program. NAINA's commitment was intentional with 2 purposes. The

primary purpose was to develop ANLs into nurses trained to lead and equipped with tools, resources, and plans to promote themselves as leaders. Second, we proposed to establish a formal leadership program for ANLs of Indian heritage to create a model for effective leadership of nurse leaders. We also propose to conduct a study to explore the perceptions about barriers of leadership development among Asian Indian nurses in the United States.

NAINA hopes to continue with the committed professional development so that they can continue leadership activities and help our successors to be successful. We hope to build on the train-the-trainee model²³ to foster the growth of the initial cohort of ANLs, so that they can serve in the intermediary role as they train and mentor other ANLs with continued support and mentorship from NAINA's existing team of leaders. We hope to continue this approximate rate of growth over the following years to noticeably increase the number of Indian nurse leaders in the health care system with the goal of improving health care outcomes.

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