CONCEPTUALIZING SOCIAL INTELLIGENCE CAPABILITIES IN WOMEN LEADERSHIP: A QUALITATIVE STUDY IN THE QUEENSLAND HEALTHCARE INDUSTRY.

A Thesis submitted by

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ABSTRACT

The healthcare industry is dominated by women with approximately 75% share of the global workforce. In spite of that, less than 25% of these women hold senior leadership positions. Research has shown that women, more than men, can exhibit leadership characteristics such as openness, empathy and support, which would enable organisations to be best placed for the delivery of superior healthcare services now and into the future. Previous research has confirmed that social intelligence is a necessary part of leadership, and it is a contributing factor to an individual's success in their work performance; however, the connection to women, specifically executive women in the healthcare sector, has been unclear. This qualitative research investigates the ways in which executive women in the public healthcare industry in the state of Queensland can draw upon their social intelligence skills and knowledge to advance their leadership careers. Using the theoretical lenses of Goleman's social intelligence theory and the open systems theory of organisational leadership, twelve women in senior leadership positions in Queensland Health were recruited to discuss their lived experiences on this topic in order to answer the research question: *What social intelligence capabilities promote leadership career advancement of executive women in a Healthcare context?.* The participants were specifically asked about what self-reported social awareness and facility capacities they possessed, how they use these capacities to engage and interact with individuals and the broader Healthcare system, and how social intelligence can be utilised in the leadership career advancement of women. The results of the research demonstrate that social intelligence enables executive women to build and execute four key capabilities namely, *nurturing relationships, navigating complexity, building self-trust and enhancing reputation*, and these capabilities

subsequently enhance the leadership career advancement of executive women. This research deepens our knowledge on social intelligence as it relates to women leadership and presents insights into how social intelligence impacts on the career advancement of executive women in the Healthcare industry. Furthermore, as a key practical implication of this research, women who are seeking executive roles can maximise social awareness and social facility capacities to advance their leadership careers.

CERTIFICATION OF THESIS

I Zoe Bishop-Kinlyside declare that the DBA Thesis entitled Conceptualizing Social Intelligence Capabilities in Women Leadership: A Qualitative Study in the Queensland Healthcare industry, is not more than 100,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references, and footnotes. The thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

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Finally, I would like to recognise the executive women who participated in this research. You are all inspiring, courageous and tenacious and I appreciate you sharing your experiences and stories with me.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1: INTRODUCTION

1.1   Introduction to the Problem

Women were absent in much of the research literature on leadership before and during the early 19th century as women were not conceptualised as leaders (Davis & Maldonado 2015). The women's movement began to make social gains during the 1960s; however, the 'man on white horse' ideology still rang true during that time (Klenke 2004). During the late 1980s, some organisational groups had designated feminists to leadership positions (Davis 1991), but it wasn't until the early 1990s that gender difference theories began to consider the behaviour, skills and knowledge of women leaders. The turn of the 20th century saw considerable attention given to the way that women lead and influence organisations, with women's leadership featuring strongly in gender difference theories (Davis & Maldonado 2015). Women contribute to all levels of an organisation's efficiency and productivity including leading at all levels and these perspectives are evident in contemporary leadership thinking (Davis & Maldonado 2015).

Women are making progress in forging successful careers and undertaking academic studies to position themselves as duly qualified and suitability competitive in leadership roles within organisations (Bierema 2016). This is evident in the Australian gender composition of higher education completions in 2017 showing that women represent 59.5% of all completed undergraduate and postgraduate higher degrees, compared to 40.5% of men (Workplace Gender Equality Agency [WGEA], 2019). Despite these figures, there is a paradox that exists because women occupy fewer executive leadership roles compared to their male counterparts (Verick & Greer 2012). Tomlinson et al. (2018)

provided a useful insight, suggesting that whilst there is evidence to suggest an increase in women's engagement in education and workforce presence, women are also delaying having babies and having fewer of them and resuming work sooner, notwithstanding the career penalties that often occur as a result of returning to lesser status roles or part-time work arrangements.

Statistics from the Australian Bureau of Statistics (ABS 2018) reflected that 64.8% of executive positions and above were occupied by men. In the state of Queensland in Australia, women represent over two-thirds of the public service workforce (Queensland Government 2021) and according to the Queensland Public Service Commission (2021), 50.60% of women occupy Senior Officer, Senior Executive and Chief Executive classified positions in the public service. Whilst there may be a perception that women have successfully circumnavigated organisational barriers and obstacles to break through the glass ceiling, women continue to be under-represented in executive-level positions in Healthcare, with only 12.5% of women occupying the role of Chief Executive Officer (CEO) in large Australian hospitals (Bismark et al. 2015). Women have an inescapable presence in the Healthcare industry, not only as patients but also as a large proportion of the workforce as well (McDonagh & Paris 2013). In Queensland Health, women make up 74.88% of the workforce, but only occupy 37.12% of executive leadership positions at standard pay point Health Executive Service (HES) L2.1 and above (Queensland Health Business Intelligence 2020, pers. comm., 24 January 2020).

Previous research suggests that women are highly effective and capable leaders, accomplished in producing results of a high standard (Hunt, Layton & Prince 2015). A survey of over 7,200 leaders demonstrated that women at all levels, from frontline

managers to executives, were scored overall as more effective leaders when compared to their male counterparts (Zenger & Folkman 2012). Research conducted by Hopkins and Bilimoria (2008) found that despite attempts to simulate men's approach to achieve advances in leadership, women are regularly underscored when it comes to performance in comparison to men. This often results in promotional opportunities being offered to men over women. The literature has provided many possible reasons for this, including gender stereotypes (Catalyst 2007; WGEA 2019), gender differences and prejudice (Verick & Greer 2012), implicit bias (Bierema 2016), and societal norms and personal reasons (McDonagh et al. 2014). Nevertheless, what has remained unclear is the role that social intelligence has on the leadership labyrinth of executive women in a Healthcare context.

Social intelligence has been described by Thorndike (1920, p. 228) as an individual's capacity to 'understand and manage men and women, boys and girls – to act wisely in human relations'. Beheshtifar and Roasaei (2012) suggested that social intelligence serves as a foundation for leadership effectiveness and success with Goleman (2006) adding that assessing the level of social intelligence competence is one of the most effective ways to determine an individual's success in their role. In addition, Zaccaro (2002) believed that social intelligence capacities are even more crucial in senior leadership roles, where leadership effectiveness requires more complex forms of social perception and behavioural responses with successful leadership requiring both. Furthermore, Zaccaro et al. (1991, p. 39) stated that 'socially intelligent behaviour incorporates both social reasoning and relational competencies'. However, more recent research conducted by Goleman (2006a, p. 84) incorporated social intelligence 'ingredients' into two broad groups, 'social awareness' and 'social

facility'. For the purpose of this research, Goleman's (2006a) concepts of social awareness and social facility will be referred to as capacities, as they are the core components of social intelligence and reflect a leadership ability and the associated characteristics which socially intelligent leaders should possess.

Goleman (2006a, p. 84) stated that in essence 'social awareness is what we sense about others and social facility is what we do with that awareness'. Goleman (2006a) described four key components of social awareness: primal empathy, attunement, empathetic accuracy and social cognition. In addition, Goleman (2006a) described four key components of social facility: synchrony, self-presentation, influence and concern. Given the strong association between capacities and successful leadership (Zaccaro 2002), these social intelligence capacities were considered a useful framework to guide the analysis of the self-reported capacities of women who occupy executive leadership roles and may help determine the link to career advancement of women in the Healthcare industry.

1.2   Background of the Research

Leadership and gender are constructs which have been examined in detail (Evans 2014; Kanter 1977a; McDonagh et al. 2014). Yet, the research exploring women in executive leadership roles within a Healthcare context and the relationship to social intelligence capacities is scant. Women aren't advancing into leadership roles at a rate contemporaneous with men. Considerable research about women and leadership has focussed on the identification of barriers and difficulties associated with women achieving executive leadership positions, often within small organisations (Bierema 2016; Bishu & Headley 2020; Brescoll 2016; Eagly 2007; Eagly & Carli 2007).

This research not only considers leadership and women in a Healthcare context, but also incorporates social intelligence as a key leadership concept which is essential for effective leadership (Goleman 2008). More precisely, rather than focussing on why women do not progress into executive leadership roles at the same rates as their male counterparts, this research seeks to understand what social intelligence capabilities are important for the leadership career advancement of executive women in a Healthcare context. Next discussed is why this topic is important to research. It is estimated that approximately 75% of the global Healthcare workforce is made up of women (HRH Global Resource Center 2017). Despite this, approximately only 25% of these women hold leadership positions, with an even smaller percentage – 18% – acquiring senior leadership roles (Hauser 2014). These parities are even greater for Aboriginal and Torres Strait Islander women, women with disabilities, women from other minority groups and women of colour (Hempenstall, Tomlinson & Bismark 2019). The *Queensland Women's Strategy 2016-2021* states that 'having women in leadership positions in our community ensures that women's voices are heard at senior, decision-making levels and increases opportunities for women to contribute to civic, business and community life' (Department of Communities, Child Safety and Disability Services [DCCSDS] 2016, p. 9). There is little dispute about the value of women in leadership roles; however, such leadership opportunities are rarely afforded (Eagly & Johnson 1990; Hopkins & Bilimoria 2008; McDonagh & Paris 2013; Ragins, Townsend & Mattis 1998; Sturges 1999). By examining the social intelligence capabilities that women require to progress into the upper echelons of organisations, specifically in Healthcare, there

may be increased opportunities for women to contribute to civic, business and community life.

The idiom 'social intelligence' was coined by Dewey (1909, p. 22) and Lull (cited in Sternberg & Kaufman 2011, p. 564-581). The research by Thorndike (1920) was the first to differentiate social intelligence from other forms of intelligence. Thorndike (1920, p. 228) described it as an individual's capacity to 'understand and manage men and women, boys and girls – to act wisely in human relations'. Thus, social intelligence conceptualises social interactions as an observable outcome of an individual's knowledge of self, that is, their capacity to control, interpret and channel one's own emotions, and be intentional in the way to act and interact with others (Beheshtifar & Roasaei 2012). Furthermore, the way that individuals think, speak, act and behave as individuals can have a significant impact on the overall performance and success of an organisation (Zaccaro, Foti & Kenny 1991). In organisations, the focus shifts from the individual to the collective and requires each individual to be able work together, with each member self-regulating, reflecting and adjusting behaviours along the way, resulting in higher levels of productivity and optimal levels of performance within the organisation (Beheshtifar & Roasaei 2012).

The research question in qualitative research characteristically starts by asking *how* or *what* could be inferred by the research findings (Creswell 2007). The qualitative method is ideal for extensively analysing a topic (Bickman & Rog 1998; Corbin & Strauss 1990; Creswell 2007). For the purposes of this research, a qualitative approach was utilised to better understand the lived experiences of executive women in Healthcare and the social intelligence capabilities needed for their leadership careers. Qualitative research provides a lens with which to capture

executive women's stories, characteristics, accounts, experiences, practices and abilities which can be otherwise difficult to measure.

1.3   Statement of the Problem

Gender inequality in executive leadership positions remains a challenge. The problem lies in the under-representation of executive level women in the Healthcare sector and as a result, there is a need to examine the role of social intelligence in the career advancement of women into leadership positions. More specifically, there is a lack of knowledge of social intelligence capacities that help women progress their leadership journeys. In the Healthcare sector, as with the case of many other workforce sectors, a large proportion of executive roles are occupied by men, with a greater proportion of women working in middle management positions (Weil & Mattis 2001). Evans (2003) found that in Australia, the representation of women in leadership roles in the Healthcare industry is falling short. In the Queensland public health industry, women make up 74.88% of the workforce, though occupy only 37.12% of executive leadership positions at standard pay point Health Executive Service (HES) L2.1 and above (Queensland Health Business Intelligence 2020, pers. comm., 24 January). Board representation, however, is the exception. Nationally, with the exception of Australian Capital Territory and Tasmania due to no such board entities currently being operational (Cohn et al. 2021), 53% of board members were women, which was consistent with the 50% expected. The results suggest that the Australian Healthcare sector is operating well, in regard to women on boards. Nevertheless, with respect to chief executive positions, Queensland has fewer women than men, with just 31% of women in chief executive positions (Cohn et al. 2021).

Krivkovich, Kutcher and Yee (2016) offered some explanations for the under-representation of women in executive positions including hiring practices, promotion of women once hired and biased evaluations. This research project goes beyond these factors and will add to the body of knowledge surrounding the role social intelligence has and how it can be utilised in the leadership career advancement of executive women in a Healthcare context. It is well established that gender equity in health leadership is correlated positively with improved organisational and societal outcomes (Just Actions 2020; Wagner 2018; WGEA 2019; Verick & Greer 2012) and therefore it was not only necessary to undertake research on this topic, but is essential to support gender parity in the executive suite into the future (Just Actions 2020; Ragins, Townsend & Mattis 1998).

1.4   Purpose and Nature of the Research

The purpose of this qualitative research is to identify the social intelligence capabilities that promote leadership career advancement of executive women in a Healthcare context. This research identified the self-reported capacities executive women in Healthcare possess and how executive women use these capacities to engage and interact with individuals and the broader open Healthcare system. Furthermore, this research examines how these interactions have impacted upon their leadership careers and why executive women believe that these capacities may have a role to play in advancing the leadership careers of women. This research is based on a qualitative research design which enabled the exploration of understanding, experiences and opinions. Qualitative approaches embolden the researcher and the participants to join in a process of discovery in order to abstract meaning through interpretation (Richards & Morse 2013). The findings will enable women to be better informed about decisions

affecting their careers and ultimately provide strength and hope of development of diverse and inclusive leadership practices for the future.

1.5   Research Questions

The purpose of this qualitative research was to address one central research question: *What social intelligence capabilities promote leadership career advancement of executive women in a Healthcare context?*

The associated two sub-questions cover key areas of the research informed by social intelligence theory (Goleman 2006a).

Sub-question 1:

In what ways do the participants believe that *social awareness* capacities support the careers of executive women in the health care sector?

Sub-question 2:

In what ways do the participants believe that *social facility* capacities support the careers of executive women in the health care sector?

1.6   Background of the Researcher

The researcher is an employee of Queensland Health in a leadership capacity. The researcher has a special interest and lived experiences on the topic of this research, having observed and personally encountered some of the struggles experienced by women, specifically executive women in the Healthcare sector. This research is important to ensure that the correlation and significance of social intelligence in women's leadership can be incorporated into such areas as policy making, training and development and provide women hope for their future career aspirations.

1.7   Overview of the Research Method and Design

The research method adopted was qualitative in design, as it enabled the gathering of information and data via in-depth interviews. According to Flick, Von Kardorff and Steinke (2004), qualitative methods focus on the exploration of human behaviour and the associated social structures within which the behaviours occur. Consequently, relating to the Healthcare sector, the social intelligence capabilities for leadership career advancement of executive women can be examined. Furthermore, a semi-structured interview method enabled the provision of structure, whilst also ensuring that the exchange between researcher and participant remained sufficiently open to allow free narrative (Patton 1990). The data collected from each participant was separated by theme and compared to literature relating to the topic. Data analyses and discussions are presented based on the data and results with the contributions of research and practical implications.

1.8   Scope and Limitations

Executive women leaders are the participants of this study. Participants were recruited to the research via snowball sampling method. Interviews were scheduled for 60 minutes in length and were at a time and location convenient to the participant, however the interviews were between 45 to 60 minutes in duration.

There are numerous limitations that require highlighting. Given that the research is limited to Queensland and is limited to the Healthcare sector it is uncertain as to whether the research findings will apply to other Australian State and Territory Health Departments, International Health Departments or if they apply to other organisations more broadly.

A decision was made to focus on women as there is an existing gap in the literature relating to women, leadership and social intelligence in a Healthcare context. It is also noted that there are differences between the career trajectories of women and men. Women have different responsibilities; they typically experience an interconnected dynamic between private life and career; they have different pressures in the workplace; and usually experience the greater burden of household labour (O'Neil, Hopkins & Bilimoria 2008). Furthermore, the researcher has a special interest in this study, having observed some of the struggles experienced by women, specifically executive women, in Healthcare.

This research is gender-specific to women, hence the role of social intelligence in the leadership career advancement of men is not captured in this research. Therefore, gender-specific considerations are evident and this may bias some of the positions and arguments, which is a noted limitation of this research.

1.9   Delimitations

The delimitations associated with this research were as follows:

1. The research was restricted to executive women who hold executive level positions in Queensland Health. The Inclusion criterion was women who occupy roles such as, but not limited to Executive Director (ED), Chief Operating Officer (COO) and Chief Executive Officer (CEO).

2. A much larger sample size was not necessitated noting that saturation was achieved at twelve participants.

3. All participants were executive women, as the results are solely related to women executives in Healthcare only, with limited scope of considering all executives in the leadership roles, regardless of gender or industry sector.

1.10 Operational Definitions

In order to provide a framework in which this research is being described, the following definitions are provided:

Career – the progress and actions made by a person related to a job or a series of jobs during an individual's working life, which includes jobs held, titles earned and achievements over a period of time (Business Dictionary 2020).

Career advancement – refers to the upward progression of an individual's career (Business Dictionary 2020).

Executive – term used to describe a long standing and senior member of an organization who occupies an upper echelon position and, for the purposes of this research, commences at standard pay point Health Executive Service (HES) L2.1 and above. They are usually a well-respected member of the leadership team, who has engaged in further business education or has progressed through the ranks to gain an extensive amount of experience (Business Dictionary 2020).

Leadership – 'the ability of an individual to influence, motivate and enable others to contribute towards the effectiveness and success of the organisations, of which they are members' (House et al. 2004, p. 56).

Leadership career – a period of time in an individual's working life where they have held position/s responsible for leading, influencing, motivating and enabling others to achieve objectives.

Leadership labyrinth – metaphor used to describe women who navigate around barriers, towards a goal (Eagly & Carli 2007).

Social awareness – 'is when a person can sense or empathise with another person's feelings and goes beyond identifying the feelings of others alone, it relates to how these feelings translate into the context of the situation at hand' (Goleman 2006, p. 84).

Social facility – 'is one's capacity to be able to guide social interactions in such a way that minimises risk of interpersonal confrontation' (Goleman 2006, p. 84).

Social intelligence – 'ability to understand the feelings, thoughts, and behaviours of persons, including oneself, in interpersonal situations and to act appropriately upon that understanding' (Marlowe 1986, p. 52).

1.11 Summary

There is an under-representation of executive level women in Healthcare, despite their dominant representation in the workforce. If there are to be further gains made in achieving parity in the workforce, then understanding social intelligence capabilities for leadership career advancement of executive women is necessary. This research will make a number of important contributions to the literature including deepening social intelligence knowledge as it relates to women's leadership and present insights into the role of social intelligence and the career advancement of women in an open Healthcare system. In addition, this research will seek to fill the existing gap in the literature and will likely result in a significant contribution to women's leadership, open systems and social intelligence theory.

Chapter Two follows with a review of the literature pertaining to women, leadership and social intelligence, specifically regarding executive women in the Healthcare industry. A discussion then ensues relating to the theoretical framework, significance of the research and the research question.

CHAPTER 2: LITERATURE REVIEW

2.1   Introduction

The objective of this chapter is to particularise the literature as it relates to women, leadership and social intelligence, specifically with regard to executive women in the Healthcare industry. When turning to the existing body of literature, there is no shortage of research exploring gender and leadership (Bierema 2003, 2016; Brescoll 2016; Cheung & Halpern 2010; Eagly 2007; Eagly & Carli 2017). Yet, there is very little research exploring women in leadership roles within a health care context with even less research undertaken incorporating social intelligence concepts, with no such research to the researcher's knowledge previously having been conducted. Since the existing body of research has already established many of the ways in which women approach their leadership role, it is important that new research builds on this existing platform in order to determine the role that social intelligence has on the leadership labyrinth of executive women. Historically, studies on women and leadership have been conducted in a Western context, typically focussing on the comparison of female and male traits grounded in gender-based analysis in an attempt to establish what characteristics produce good leadership (Davis & Maldonado 2015).

The keywords used to examine the research question and the associated constructs thoroughly in the literature are: leadership; women leaders; women in leadership; executive women; social intelligence and women; social intelligence and leadership; social intelligence, leadership and women; social intelligence, leadership, women and Healthcare; open systems and leadership; and open systems and women. In an endeavour to acquire a comprehensive understanding of the problem and importance of this research, the

history of women's journey in the workforce will be discussed initially. Next, the overview of some of the barriers that women encounter will be presented. Then, the literature review as it relates to social intelligence and leadership, social intelligence and women, social intelligence and its significance to women and leadership will be reviewed. Following this is a discussion of the theoretical framework, significance of the research and, finally, the development of the research question.

2.2   Women in the Workforce

Throughout history, women have progressed from the roles of mother and caregiver and have converged on the workforce (Eagly & Carli 2007; Eyring & Stead 1998; McDonagh et al. 2014). What has been well recognised in the literature is that, throughout this transition, women have confronted many challenges and obstacles which have been based on male-dominated, masculine, societal norms, with these ideologies continuing to play a role (Eagly & Carli 2007; Lantz 2008). Meyerson & Kolb (2000, p. 554) in their earlier work stated: 'Gender inequities in organisations are rooted in taken-for-granted assumptions, values and practices that systematically accord power and privilege to certain groups of men at the expense of women and other men'. Critical feminist perspectives sought to interrogate this ideology and the subsequent construction of the ideal worker (Kanter 1977b; Williams 2000), who is presumed to be a full-time male employee, unimpeded by family or home obligations and around whom organisations create and construct work practices and expectations, for example, employee work hours. However, Charlesworth and Baird (2007) reported that many men are themselves resentful of organisational beliefs and practices which suggest that in order to be effective, an employee needs to work long hours and overtime.

Charlesworth and Baird (2007) proposed a dual agenda model which fuses paid work with ideal masculinity on one hand and family and home obligations with femininity on the other. This results in a work/life discourse as opposed to a gendered discourse and in Charlesworth and Baird's (2007) research was more widely accepted as it did not pit women against men. Charlesworth and Baird (2007, p. 392) note that 'work practices are constrained by gendered images of competence and organised around ideal work, which may undermine an organisations ability to meet its business goals'. Furthermore, Bailyn and Fletcher (2003, p. 2) stated that 'it is possible to challenge conventional wisdom about ideal workers (equity) and ideal work (effectiveness) and make changes that can benefit both'. Such perspectives are important in order to conceptualise the dynamics that exist in organisations holistically, so that further investigation can occur in relation social intelligence capabilities and how they can be utilised in the leadership career advancement of executive women in a Healthcare context, noting that such concepts and interactions do not exist in a vacuum.

Recent statistics from *Pyramid: Women in S&P 500 Companies* (Catalyst 2020) reflected that 44.7% of total employees are women, 36.9% of the women held management roles and 26.5% of the women held executive/senior officer roles, with only 5.8% of women occupying the role of CEO. In an Australian context, the WGEA (2019) pointed out that the representation of women across all management roles has grown steadily since 2013-2014 (Cassells & Duncan 2019). In 2016, women made up 43% of senior manager roles in private organisations, which was an increase from 35% in 2006; however, women were still under-represented in the higher paid executive positions in private organisations, with women holding 13.7% of chair positions,

24.9% of directorships, as well as 16% of women in the role of CEO (ABS 2018). The WGEA 2020-2021 data snapshot revealed that women across Australia represent 41% of all managers, though only 1 in 5 are CEOs or board chairs and only 1 in 3 are board members (WGEA 2022).

Women represent over two-thirds of the public service in Queensland (Queensland Government 2021). Statistics from the ABS (2018) reflected that in June 2015, 64.8% of executive positions and above were occupied by men, and in 2018 men still made up 63.2% of those positions. More recently however, there has been progress towards greater equity in this regard. According to the Queensland Public Service Commission (2021), 50.60% of women occupied Senior Officer, Senior Executive and CEO classified positions in the public service. In Queensland Health however, women made up 74.88% of the workforce but occupied only 37.12% of executive leadership positions at standard pay point Health Executive Service (HES) L2.1 and above (Queensland Health Business Intelligence 2020, pers. comm., 24 January). Davidson and Burke (2004) stated that comparative figures also evident in other western countries are concerning, as they signify that women are obtaining management roles and possess a leadership style associated with effective leadership, yet do not advance into senior leadership roles at the same pace as their male counterparts, despite being recruited in similar numbers.

Whilst progress has been made with women obtaining executive leadership positions in private and public sector organisations, there is more work to be done. What is clear is that social intelligence is a contributing factor to an individual's success in the performance of their duties (Goleman 2006b) but the connection to women, specifically executive women in Healthcare is unclear. If

there are to be further gains made in achieving parity in the workforce, then an understanding of social intelligence and its relevance to women is necessary, albeit a challenge in itself, given the limited research on the topic.

2.3   Barriers for Women in the Workforce

2.3.1 The Glass Ceiling

The glass ceiling is a term that has been used widely in women and leadership literature to describe an invisible barrier that holds women and minorities back from advancing into senior executive roles (Carnes & Radojevich-Kelley 2011; Eyring & Maldonado 2015; Levine & D'Agostino 2018; Wirth 2001). Much of the research that considered the impact of the glass ceiling found that the organisations which appear to uphold glass ceilings generally underutilise skilled women in their organisations, consequently continuing the promotion of men, as opposed to equal promotion across genders. Furthermore, women's interest in leadership positions both in the public and private sector is not reflected in the data, with the connection between gender disparity and national competitiveness dependent on how female talent is supported and utilised (Australian Human Rights Commission 2010).

Some of the criticism of previous studies concerns the meaning of the glass ceiling, specifically that it implies that the glass ceiling is a fixed barrier which is impenetrable for women (Zanville 2001). Numerous women who occupy highly regarded roles such as judges, politicians and medical specialists have defied the glass ceiling ideology, therefore making the argument of a glass ceiling problematic (Eagly & Carli 2007). It is through this shift that Eagly and Carli (2007) proposed a metaphor referred to as the labyrinth, which acknowledged that challenges do exist for women wanting to

advance their careers and it is about understanding the barriers and knowing how to work around them that matters. In addition, it assumes that both women and men have the same opportunities for advancement into leadership positions up and until the top echelons of an organisation (Eagly & Carli 2007). The literature acknowledges that throughout history, women have not progressed into higher level positions at an equivalent rate to men, but whether this is due to being assessed as a woman not having the same skills when compared to a male counterpart or that it is due to explicit attempts to discriminate against women is unclear. Nonetheless, the recent Australian WGEA data drew attention to some slight progress made towards lessening the impact of the glass ceiling, with societal norms and workplace attitudes slowly shifting (Glass & Cook 2016; WGEA 2020-2021).

2.3.2 Gender Bias and Stereotypes

Gender bias and stereotypes continue to exist in society and in organisations (Roberts & Brown 2019). The literature reflected four main gender stereotypes, namely occupation, domestic behaviours, personality and physical appearance (Hoobler, Lemmon & Wayne 2011). Hoobler, Lemmon and Wayne (2011) advised that gender stereotyping exists everywhere, with truck drivers, labouring and military roles generally associated with men. In contrast, beauticians, nurses, florists and child care workers are occupational roles generally associated with women. One possible reason for this is that women are generally considered petite and soft, whereas men are considered strong and capable (Hoobler, Lemmon & Wayne 2011). Likewise, women are generally associated with being the primary homemaker whereas men are associated with outside yard tasks and repairs. Similarly, women are generally described as being sensitive, passive, shy and not backing themselves like their male counterparts, who are usually

described as being assertive and confident. Due to these negative connotations filtering into organisational recruitment processes, all of these factors can operate in isolation or combine to have a marked impact on women's attempts to achieve higher paid senior executive roles. The literature reflected that an incongruence exists between what is required of individuals who hold senior executive roles and what men and women are both able to offer. This disparity exists in the face of both women and men having traits associated with great leaders namely: commitment, passion, tenaciousness, political astuteness and strength (Plietz 2012).

Research such as that by Ayman and Korabik (2010) and Eagly and Carli (2007) assert that the characteristics which have been associated with women are not considered favourable for senior executive leadership roles. However, one of the major criticisms of this argument is that recent statistics reflect that this ideology appears to be slowly shifting, as reflected by the numbers of women occupying senior executive roles beginning to rise and, though not at the same level for men, trending nevertheless in an upwards direction.

2.3.3 Networking and Mentoring

It is often noted in leadership literature that women who have access to informal/formal mentors and social networks have greater opportunities for career progression across industries including Healthcare (Bhattacharya, Bhattacharya & Mohapatra 2018; Cohen-Jarvie 2019; Gaetke-Udager et al. 2018; O'Neil, Hopkins & Bilimoria 2015; Saad 2018). According to Elacqua et al. (2009), one of the fundamental barriers that has impacted on the career advancement of women is the lack of access to influential contacts who provide support, guidance, advocacy and sharing of opportunities as they became available, whereas for men,

mentoring is generally seen as a common workplace practice. Elacqua et al. (2009) were not alone in seeing the significance of mentoring and coaching. O'Neil, Hopkins and Bilimoria (2015) draw attention to coaching as being a helpful relationship which can assist women in navigating work/life balance, increasing self-confidence, providing emotional support and speeding up progression towards promotion. In their study on executive coaching and the implementation of a framework of women's leadership development, O'Neil, Hopkins and Bilimoria (2015) showed that there are benefits to women establishing such networking and mentoring relationships, especially as they help women realise their leadership potential.

2.4   Social Intelligence and Leadership

Mintzberg (1973) in his early work on managerial skills stated that there are specific skills that are necessary for leaders to manage effectively, namely: ability to maintain social networks; ability to manage others; and ability to empathise with others. Identification of such skills has more recently been called emotional intelligence, with these skills considered to be the 'social elements of emotional intelligence', as they are primarily concerned with how emotions are exchanged with others (Goleman 2006a, p. 171). Goleman described emotional intelligence as the sister of social intelligence, as he believed that 'without being aware of and being able to manage one's emotions, one cannot act in a socially intelligent way' (2006a, p. 330). Review of the literature about emotional intelligence and its significance to leadership reveals that there is no shortage of research supporting the need for leaders to have a comprehensive emotional intelligence tool kit (Goleman 1995, 1998; Rubin, Munz & Bommer 2005; Salleh, Morat & Baharuddin 2021; Shabani et al 2021). Likewise, there is a plethora of literature reflecting the necessity for leaders to have social

intelligence competence, with Zaccaro (2002, p. 29) believing that leadership is in itself a 'social phenomena'.

Thorndike (1920, p. 228) was the first to distinguish social intelligence from other forms of intelligence and described social intelligence as 'the ability to understand men and women, boys and girls – to act wisely in human relations'. Other early authors such as Vernon (1933) and Strang (1930) provided similar definitions. Nonetheless, Marlowe (1986, p. 52) expanded upon this definition describing social intelligence as 'ability to understand the feelings, thoughts, and behaviours of persons, including oneself, in interpersonal situations and to act appropriately upon that understanding'. More recently, Riggio and Reichard (2008, p. 171) described social intelligence as being the 'ability to act and think wisely in social interactions', thus the focus is on the accurate appraisal and perception of individuals and the broader social system.

Definitions throughout history have stressed two key leadership concepts, which are social understanding and situationally appropriate behaviour, that is social awareness and social facility (Goleman 2006a). Effective leadership necessitates the manifestation of a high level of social awareness to stimulate proficiency in primal empathy, that is, the capacity to identify with the feelings of others, attunement to others, empathetic accuracy in understanding another person's thoughts and feelings, as well as social cognition and understanding of how the social environment works (Goleman 2006a). Following this, a leader needs to know how to facilitate smooth, effective interactions at a non-verbal level which is what Goleman (2006a) referred to as social facility and includes the synchrony in which the interactions take place, effective self-presentation, influence and concern about others.

These two concepts have been similarly described by others in the leadership literature, including by Zaccaro et al. (1991) who refer to social perceptiveness, which includes social awareness and perceptiveness and then behavioural flexibility which incorporates response selection and response enactment. This is where a leader first needs to be able to identify the social indicators and cues that are applicable to system level problem-solving and then needs to be willing and able to respond flexibly. Zaccaro (2002) explained that in order to be socially intelligent, a leader needs to be able to engage across all four cognitive and behaviour processes – social awareness, social acumen, response selection and response enactment. Zaccaro et al. (1991) stated that any subsequent behaviour cannot be considered socially intelligent if the initial cue is not recognised. That is, a leader needs to be able to comprehend the environment in which decisions are being made and then know what to do with that awareness.

Much of the research reviewing the links between effective leadership and the importance of social capacities has shown that many highly intellectual individuals have failed as leaders due to an inability to demonstrate proficiency in social interactions and engagement (Boyatzis 1982; Dilenschneider 1997; Moss 1931; Ozdemir 2020; Sanwal & Sareen 2022; Zenger, Folkman & Edinger 2011). This highlights the significance of social intelligence to effective leadership outcomes. Albrecht (2006) refers to leaders with low social intelligence as 'toxic' people because they have the potential to impact others negatively and make them feel inadequate, frustrated and devalued. This can fuel conflict and animosity in the workplace (Wawra 2009). Research by Claudio Fernández-Aráoz (2001) on social intelligence and its role in leadership, found that executives who had been hired for their self-discipline and intellect were often later dismissed due to their

inadequate basic social skills. This statement clearly supports the view that there is significant value in identifying how social intelligence is utilised by organisational leaders and how it can be leveraged in order to drive career progression, so as to avoid negative career outcomes.

In addition, an effective leader operating in a socially intelligent manner is required to have insight regarding organisational constituencies, and also be able to demonstrate awareness capacities by being flexible, innovative, persuasive and adaptive to an environment, especially in the face of uncertainty, whilst drawing on and demonstrating personal leadership qualities (Beheshtifar & Roasaei 2012; Goleman 2006a; Zaccaro et al. 1991). That is, an executive leader needs to be engaging in a continual process of scanning, acquiring and interpreting information, encoding understanding of any dynamics that may affect the implementation of solutions and seeking information regarding avenues for growth and incorporation into strategic planning (Zaccaro et al. 1991).

In examining the two concepts of social awareness and social facility further, what is evident is that both are key characteristics and skills for the socially intelligent leader (Goleman 2006a). A study conducted by Gilbert and Zaccaro (1995) examining the knowledge structures and career progression of army officers, found that systems perception and behavioural flexibility skill scores were greater for officers in higher ranks but lower for officers in lower ranks. It was also found that higher scores, predicted future careers promotion and success. This suggests that there is a correlation between social intelligence and leadership and that hard work alone cannot guarantee career success. Notably, the requirement for leaders to exhibit socially intelligent

capacities becomes even more critical as leaders progress up the organisational hierarchy, due to the increased presence of social complexity and the interactional and relational components of the role (McDonagh et al. 2014).

Zaccaro et al. (1991) add that it is not only the ability of executive leaders to adapt to the environment and manage the varying complexity, but executive leaders must also work to change the social dynamics within organisations at a much greater intensity than at lowers levels of an organisation where social demands are not as prominent. This is especially true for executive leaders in Healthcare, where the system is complex and challenged by unprecedented conflicting system challenges (Kannampallil et al. 2011). This brings a spotlight to the significance of social intelligence in leadership and the fact that as leaders progress into higher order roles, a more complex form of this social intelligence is expected. Specifically, the degree to which an organisational leader demonstrates social intelligence will have an impact on the overall progress and functioning of an organisation. However, the degree to which social intelligence assists a leader to progress into higher order positions in the first instance requires further exploration.

The consistent features of social intelligence among most researchers is that leaders need to understand social situations, interpret social situations accurately and have the skills to behave appropriately in social situations.

2.5   Social Intelligence and Women

There is evidence of previous research relating to social intelligence and women in the existing body of literature. Research by Juchniewicz (2010) on social intelligence and the music teaching of

women, showed that all teachers who demonstrated effective social skills were perceived as effective. There has also been research into social intelligence and women conducted across non-work-related environments such sexual relations (Ardolino 2013) and domestic violence (Khaleghkh et al., 2015). Existing research has explored social intelligence and women's wellbeing (Khan & Bhat 2017; Rani & Vijaya 2021), which showed that social intelligence does have a role in determining the wellbeing of women. Furthermore, Fellmann and Widmann (2017) in their research asserted that women are dominant in social intelligence when compared to men. Similarly, in the research of 55,000 professionals across 90 countries and all levels of management conducted by the organisational advisory firm Korn Ferry (2016), the findings revealed that women more effectively applied emotional and social intelligence capacities affiliated with effective leadership then men. Upon review of this data in 2016, Daniel Goleman (cited in Korn Ferry 2016) emphasised the need for women to take on leadership roles in organisations. Additionally, some of the early research completed by Hunt (1928) which has been cited hundreds of time in the literature show that there was no correlation with social intelligence and age but there were gender differences, with women demonstrating higher levels of social intelligence than men.

There is some research which contradicts Hunt's view such as that of Suresh (2009) who claimed that there were no differences relating to the level of social intelligence for teachers across genders. Dixit and Kaur (2015) found similarly that there was no significant difference on the basis of gender. There are also a number of other sources of literature only referencing social intelligence and women in the context of Thorndike's (1920) definition of social intelligence. Some of the most cited literature

relating to social intelligence and women however is research by Hopkins and Bilimoria (2008), who found that despite male and female leaders rating as generally equal on social and emotional competence, the relationship between exhibiting these competencies and success was moderated by gender. The study by Hopkins and Bilimoria (2008) found that women and men were more similar than dissimilar in their competency demonstration, yet males were assessed as being more successful than women. Successful leaders are described in a different way than effective leaders, with effective leaders being seen as those who are productive, while successful leaders are those who are promoted quickly (McDonagh et al. 2014). Success was typified by observable measurable achievements, in this case upward promotion and salary level. Consequently, even when female leaders exhibit similar levels of social competency, their success in terms of promotion is below that of men.

2.6   Social Intelligence and its Significance to Women and Leadership

Much of the research about women and leadership has cited a range of reasons women do not progress into leadership roles at the same rates as their male counterparts: gender stereotypes (Catalyst 2007; WGEA 2019); gender differences and prejudice (Verick & Greer 2012); implicit bias (Bierema 2016); societal norms and personal reasons (McDonagh et al. 2014). There is very little research exploring women in leadership roles within a health care context and even less research undertaken incorporating social intelligence concepts.

Ragins, Townsend and Mattis (1998) found that women generally focus on two distinctive strategies, firstly exhibiting a persistently high level of performance and secondly, implementing a style of

interaction perceived to be similar to that of men. Despite women's attempts to simulate men's approach to secure promotion, when it comes to performance, women are regularly underscored, often resulting in promotional opportunities being offered to men over women (Hopkins & Bilimoria 2008). Levinson (2014) attributed some of this inconsistency to workplace culture and asserts that women need to have confidence to navigate through workplaces which are largely made up of men. Levinson (2014) made a clear delineation that whilst we all tend to associate with people who are similar to us, we talk and socialise with people with whom we have most in common. Given that existing workplace hierarchies are predominately made up of men, the cycle of power from men to men is difficult to break. Lavinson (2014) argued that it is imperative that women have high levels of social intelligence in order to be successful organisational leaders – that is, women need to be observant, perceptive and intentional in how they traverse the workplace culture.

Goleman and Boyatzis (2008) went one step further and stated that not only is it important to have credentials to fulfil a position and to excel at it, but it is also necessary to understand the personalities and behaviour of people in order to guide behaviour and promote good outcomes. A key component of an executive's day-to-day role is to deliver strategic outcomes. In order to do this, one not only has to have a sense of the organisational process, but also understand who the people are who are going to help deliver it. An executive in their capacity as an organisational leader has subordinates approaching them for answers. A socially intelligent leader has to be able to listen, read body language of staff, think, influence, inspire and also navigate a highly complex social network which requires skilled interactions on the part of the leader (Goleman 2008). This is why it is imperative not only to

understand the attributes, drivers and constraints that women in executive roles exhibit, but also their emphasis on and use of social intelligence. It is through this exploration that we can gain insight into the ways in which executive women have been able to draw upon their social intelligence skills and knowledge in order to generate opportunities for themselves and advance their leadership careers. The review of the literature reflects a gap in the existing body of research specifically identifying what role social intelligence has on the leadership labyrinth for executive women within a Healthcare context.

2.7   Theoretical Background

This research unpacks new insights and discoveries included in the theory and research on:

1) *the intersection of women and leadership* – in order to provide a foundation for the proposed research in the area of women and leadership;

2) *open systems theory of organisational leadership* – as this theory considers the way in which leaders interact and respond in their environment, with the success of the leader and the organisation largely dependent on the effectiveness of this interaction. It also acknowledges that a leader does not exist in a vacuum or in isolation, which is an important consideration given the complexity of the Healthcare system; and

3) *Goleman's social intelligence theory* – in order to determine the role that social intelligence has on the leadership labyrinth of women (Goleman 2006a). These three areas are discussed next in more detail.

2.7.1 Women and Leadership

Leadership as a term has existed since the inception of groups (Humphreys 2001). Leadership is one of the most researched and

highly scrutinised fields, as there is much debate about what leadership actually is, thus attempts to locate one guiding definition remain challenging (Malik 2012; Porterfield & Kleiner 2005). Traditionally, leadership has been viewed as a masculine concept; however, the concept is viewed today in a much broader integrated manner, to ensure a more equitable definition incorporating both masculine and feminine concepts (Davis & Maldonado 2015; Northouse 2013). House et al. (2004, p. 56) defined leadership as 'the ability of an individual to influence, motivate and enable others to contribute towards the effectiveness and success of the organisations, of which they are members'. Thus, it is a succession of interactional activities generated by the leader that create meanings of the future state (Parry & Bryman 2006).

Examination of the paradigm of gendered leadership within the context of this research is necessary, as it provides a platform to begin to understand how some women have been able to navigate through the leadership labyrinth successfully. Historically, women have not been seen as capable leaders, despite there being women who have left important and long-lasting impacts on organisations and on society (Davis & Maldonado 2015). Hopkins and Bilimoria (2008) believe that there is an entrenched ideology that endures in society grounded on the idea of 'think manager, think male', with both men and women describing leaders as having masculine characteristics, usually attributed to transactional and laissez-faire leadership approaches. Personal leadership characteristics which have been generally linked with women are such things as: engaging in collaborative decision-making; understanding and managing emotions; and attending to conflict resolution (Place & Vardeman-Winter 2018). These characteristics have been associated with contemporary transformational leadership theory

and have played a role in elevating the profile of women in leadership (Davis & Maldonado 2015).

In the last decade, there has been substantial change in the Healthcare workforce, with women entering the Healthcare industry in greater numbers (Hopkins, O'Neil & Bilimoria 2006). Research conducted by Powell and Graves (2003, p. 153) concluded that women were 'better suited than men to serve as leaders in the ways required in the global economy', yet the rates of women occupying executive positions is comparatively low (American College of Healthcare Executives 2012). Contributing factors are assumptions that women and men have the same leadership qualities, the belief that women must emulate male leadership behaviour to be successful and strong male-dominated norms inherent in traditional Australian constructs dating back to our earliest ancestors (Vanderbroeck 2010). These assumptions have continued to play a role in modern workplace culture and the way in which women as leaders are conceptualised (McDonagh & Paris 2013). Earlier research reflected that as a result of these assumptions, executive women felt that they needed to exceed organisational expectations and performance consistently in order to advance their careers (Ragins, Townsend & Mattis 1998; Sturges 1999), with the notion that a person worthy of promotion was someone who is aggressive, competitive and confident – not characteristics usually attributed to women (Holmes 2017; Hopkins, O'Neil & Bilimoria 2006). Women are generally perceived to possess personality traits such as altruism, warmth and compassion which historically, have been professed not to complement effective leadership (De Jonge 2015).

In a study facilitated by Ragins (1998) it was found that women who had advanced their careers had made deliberate decisions to

excel in their performance, develop a style and approach suited to men, pursue high visibility assignments actively and engage mentors. Sandberg (2013) claimed that when achievement of excellence goes unrecognised or unrewarded, women feel forced to take charge of their own destiny and either leave challenging positions or not apply at all. As a result, Hewlett and Luce (2005) caution that as the collective pool of aptitude within an organisation tightens, there may be critical organisational consequences with deficiencies in the natural ways that women lead.

Indeed, it is possible that there are expectations that women demonstrate explicit social and emotional intelligence skills – reading emotions and social cues – as these are traditionally associated with more feminine characteristics. Despite this, there is a need for skills, such as command and control behaviours, traditionally associated as being masculine traits (Hopkins & Bilimoria 2008). Hopkins, O'Neil and Bilimoria (2006, p. 267) in their study on the career advancement of women in Healthcare organisations found that effective leadership as described by women was 'primarily self-focussed and almost certainly stereotypically masculine'. The conceptualisation of male leaders being worthier or suited to leadership roles based on gender is argued by Eagly and Johnson (1990) to be less prominent once leadership roles are obtained, with socialisation and skill likely to be more significant factors for leadership success. It is necessary not only to consider how women have adapted their leadership style, but it is also necessary to consider how they interact with and engage in and with the broader organisation.

2.7.2 Open Systems Theory of Organisational Leadership

Organisations manage and respond to complex demands which cannot be navigated by individual responses (Plsek & Wilson, 2001). It is the amalgamation of individual responses which affords organisations the opportunity to respond successfully to environmental demands (Zaccaro et al. 1991). It is through the interaction with the environment that the concept of an open system was defined by researchers as a way to characterise the processes and structures of organisations and interconnectedness to the external environment, with the aim of system renewal and growth (Zaccaro et al. 1991). An open system is guided by an exchange process often within complex and ambiguous environments, whereby the input and output of resources and energy transform through the organisational system, often subjecting the organisation to external forces which challenge the organisation and its leaders. Open systems theory of organisational leadership asserts then, that the onus is on organisational leaders to solve problems and be willing to adapt to expedite the achievement of organisational objectives (Zaccaro et al. 1991).

Open systems theory has been used as a guiding framework in various context such as education and learning (Jaaron & Backhouse 2017), job satisfaction (Muterera et al. 2018), nursing leadership (Wagner 2018) and resilience in organisations (Khan, Farooq & Rasheed 2019); however, its relationship to social intelligence capacities and women and leadership is largely unexplored. It is asserted that leaders need to be aware and responsive to needs that exist at an individual and open system level and then know what to do with that awareness; that is, they need to be socially aware and demonstrate social facility (Goleman 2006a). A study completed by Zaccaro, Foti and Kenny (1991) involved participants responding to different scenarios and

revealed that the same participants arose as leaders and were able to respond reliably despite the situational context changing. This suggests that social capacities are determinants of leader emergence and leader effectiveness in organisations. It is therefore asserted that these capacities contribute to leadership effectiveness grounded in the open system and social constructs of organisations and categorised as social intelligence. Given that leadership is inherently a social construct, leaders operate within a social context interface, with the broader open system and the individuals operating within it (Karp 2013).

As a result, it is necessary not only to consider the leadership labyrinth of women and the context in which executive women work and manage this interplay, it is also necessary to consider the role of social intelligence in advancing their leadership careers.

2.7.3 Goleman's Social Intelligence Theory

According to Goleman (2006a), Social Intelligence theory is described by two key concepts – social awareness and social facility. Social awareness is 'when a person can sense or empathise with another person's feelings and goes beyond identifying the feelings of others alone, it relates to how these feelings translate into the context of the situation at hand' (Goleman 2006a, p. 84). The second is social facility. This describes 'one's capacity to be able to guide social interactions in such a way that minimises risk of interpersonal confrontation' (Goleman 2006a, p. 84). These two concepts are basic tenets of social intelligence and incorporate what Goleman (2006a) described as low road – operating beneath awareness and an automatic response – and more complex high road – methodical step by step thinking – with each concept containing specific capacities. This differentiation between capacities is a primary reason Goleman's (2006a) theory was

chosen over Zaccaro's (2002) model as it is a unique construct and will assist in identifying the alignment of capacities that the executive women in this study self-report they possess. It will also assist in delineation to enable a more targeted analysis which aligns with the aims and objectives of the research. This research will assert that if women are able to demonstrate social intelligence foresight, that is understand and conceptualise the environment (and what is needed in the future) and their followers, understand organisational and subordinate factors, and determine the response required, women may give themselves the best opportunity to capitalise career advancement opportunities (Hopkins & Bilimoria 2008).

2.8   Significance of the Research

This qualitative research will provide an opportunity for women seeking executive level positions to have a rich sense of the lived journey and experiences of women who have navigated their leadership labyrinth to attain executive roles. Given that these are personal reflections, it is anticipated that participants' voices will give other women guidance about how to approach their career, promote leadership behaviours and provide internal strength and optimism about the future. From an organisational perspective, the research will provide valuable insight into the lived experiences of these women and, potentially, shed light on some of the organisational factors which have restricted or supported women's rise to the top. This can be used to guide future policies, practices, training and career progression initiatives and provide valuable insight into organisational culture. Madsen (2011, p. 132) referred to a quote from the president of the American Association of University of Women (AAUW), who had embarked on a personal reflection of Harvard's first women president thus: 'In the new, competitive, fast-moving, global economy, institutions must be

innovative, entrepreneurial, nimble and flexible'. These characteristics depend on the 'collaborative and consultative leadership qualities that women bring to the table' (Madsen 2011, p.132).

Whilst research has shown that social intelligence makes a significant impact on leadership, the social intelligence capabilities that promote leadership career advancement of executive women in a Healthcare context is unclear. This gap in the literature led to informing and developing the research question.

2.9   Research Question

This research explored the self-reported capacities executive women in Healthcare possess, how executive women use these capacities to engage and interact with individuals and the broader open Healthcare system, how these interactions have impacted their leadership careers and why executive women believe that these capacities may have a role to play in advancing the leadership careers of women. The purpose of this qualitative research was to address one central research question:

> *What social intelligence capabilities promote leadership career advancement of executive women in a Healthcare context?*

The research question was addressed through two sub-questions. Sub-question 1:

> In what ways do the participants believe that *social awareness* capacities support the careers of executive women in the health care sector?

Sub-question 2:

> In what ways do the participants believe that *social facility* capacities support the careers of executive women in the health care sector?

2.10 Summary

In an endeavour to acquire a comprehensive understanding of the problem and importance of this research, the history of women's journey in the workforce was discussed. An overview of the barriers that women encounter was provided. Then, the literature relating to social intelligence and leadership, social intelligence and women, social intelligence and its significance to women and leadership was reviewed followed by discussion of the theoretical framework, significance of the research and research question. This review verified the necessity to expand the scholarly discourse relating to this context and thus provide insight for women looking to progress into leadership positions, more specifically women looking to propel themselves into executive level positions.

Chapter Three follows with a review of the research methods adopted in this research.

CHAPTER 3: RESEARCH METHODOLOGY

3.1   Introduction

The objective of this chapter is to explain the methodology adopted in the research. In any research, it is imperative that the researcher consider the methods as they relate to the research questions and potential results. Qualitative inquiry enables an interplay between the researcher and rich interpretative data which may result in the discovery of new phenomena (Richards & Morse 2013). Qualitative approaches encourage the researcher and the participant to engage in a journey of discovery to abstract meaning through interpretation. Furthermore, qualitative approaches encourage the participant to explore and examine their cognisant experiences and results freely in an understanding of a phenomenon for a specific group or individual (Cohen & Crabtree 2006). This chapter details an explanation of: a) design and rationale; b) methodology; c) data collection; d) process for analysing the data; e) matters of trustworthiness; f) anonymity of data; and g) confidentiality of the data.

3.2   Research Design and Rationale

This research focussed on the journeys and lived experiences of executive women in their leadership career in the Healthcare industry within the jurisdiction of the state of Queensland, Australia. Executive leadership roles in Healthcare continue to be occupied predominantly by men, with women still facing road blocks in their pursuit of executive leadership roles. This raises questions about what is required for a woman to be considered for an executive role and specifically identify the social intelligence capabilities that promote leadership career advancement of executive women in a Healthcare context.

In order to understand how social intelligence can influence the careers of executive women, the research method employed for this research is a qualitative design. Though there are numerous ways of conducting qualitative research, almost all forms of qualitative research utilise interviews as the primary source of data collection (Richards & Morse 2013). Twelve women were interviewed in order to examine:

> *What social intelligence capabilities promote leadership career advancement of executive women in a Healthcare context?*

3.3 Methodology

3.3.1 Qualitative Research

This research sought to understand the beliefs, experiences and perspectives of the participants. Accordingly, this research aligns to a qualitative research design (Welch 2011). Qualitative research was originally born out of the social sciences and education where the focus was on the study of human behaviour (Taylor & Bogdan 1984). Over time, qualitative research approaches have grown and cemented themselves as systematic and subjective methods to feature and explore complex experiences and provide an enhanced awareness of the world (Holloway & Wheeler 2002). According to Creswell (2007):

> Qualitative research is an inquiry process of understanding based on distinct methodological traditions on inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports details of informants, and conducts the study in a natural setting (p. 15).

According to Strauss and Corbin (1998), qualitative approaches are often used when there is limited knowledge about a particular concept and where there is a need to explore a concept in depth.

Furthermore, the typology of research questions in qualitative research facilitate the exploration and depth of response only possible in a qualitative approach. It is through the provision of 'what?' and 'how?' types of questions that rich descriptive narratives can be captured (Merriam & Tisdell 2015). Noting that this research is about the social intelligence capabilities that promote leadership career advancement of executive women in a Healthcare context, it would be difficult to operationalise quantitative research that is generally characterised by prediction and hypothesis testing. Qualitative research is more concerned with meaning and description via narrative and therefore was determined to be the most appropriate approach for this research topic (Merriam & Tisdell 2015). With any qualitative research it is also necessary to consider the paradigm which is most conducive to the research objectives. The researcher gave considerable thought to the positioning of the research against one of three paradigms: positivist, interpretivist, and critical (Denzin & Lincoln 2003). The interpretivist paradigm was deemed the most applicable, as opposed to the positivist or critical approaches, as the interpretivist approach enables rich narratives and personal stories from the participants' lens to be kept in the forefront of the study.

As an extension of the interpretivist paradigm, the researcher also considered the ontological position of the research. Relativism was considered the most appropriate ontological approach as it professes to be associated with the nature of reality and fundamentally holds that each experience of reality is subjective and grounded in perceptions of the world (Creswell 2007). The basic assumption of critical realism, however, is that reality stands alone and is separate to the human mind. To ensure that the

ontological perspective is incorporated into the research, the '*what?*' and '*how?*' questions outlined in this research are the foundation to seek answers. Supplementing the reality of the research – ontology – is the epistemology which seeks to understand the way that knowledge is acquired (Creswell 2007). There are various epistemologies relevant to research, however the choice about the most suitable depends on the nature and reality of the research (Guba & Lincoln 1994). The objectivist epistemology aligns itself to the belief that reality is what actually exists and is grounded in facts, whereas the subjectivist epistemology believes that reality is discovered (Guba & Lincoln 1994). For the purposes of this research the subjectivist epistemology was apt as the purpose of the research is to explore and subsequently discover the social intelligence capabilities for women's leadership careers in a Healthcare context.

3.3.2 Participant Selection

In order to acquire an understanding of how social intelligence influenced the careers of executive women, women who occupy top-level senior leadership roles within the public service Healthcare industry in Queensland were considered as the potential participants. Leaders at lower levels of an organisation likely have fewer social responsibilities, where the emphasis on social capital – social networks and relationships – is likely to be less (Zaccaro 2002). Therefore, inclusion criteria considered women who occupied the top-level senior leadership roles such as, but not limited to, ED, COO and CEO. The rationale for this sampling criteria is that this cohort occupy highly influential leadership roles, have responsibility for setting the strategic direction and overall effectiveness of the organisation and are required in these roles to demonstrate capacity to develop and maintain expansive social networks and social partnerships.

Potential participants were recruited via snowball sampling (Vogt 2005), as the participants have traits that are difficult to find. This sampling approach is where the researcher asks a participant to give the name of another woman who occupies a senior leadership role, who in turn provides the name of a third, and so on. The researcher had a professional connection with the first potential participant who was purposely selected based on her senior leadership role within the organisation. Sampling then stemmed from this participant, within the scope of the Queensland Healthcare sector.

3.3.3 Sampling Frame

A sample of fifteen participants was initially proposed, but the final number varied because of reaching the saturation point (Saunders et al. 2018). Guest, Bunce and Johnson (2006) proposed that saturation would likely occur with twelve participants in homogeneous groups. This is supported by Martins (2008) who conducted a qualitative study with homeless persons and their interactions with the Healthcare system and found that saturation was reached after twelve interviews.

Furthermore, Guetterman (2015) in his paper on qualitative sampling size and sampling practices within published health and education research found that qualitative Healthcare studies had a minimum sample of eight and a maximum of twenty-five. The sample of participants in this research aligns with Guetterman's (2015) findings.

3.3.4 Instrumentation

Incorporated into this research were several primary data collection instruments including note-taking, open-minded reading, reflective journalling and the use of semi-structured, open-ended

interview questions guided by an interview guide (Appendix A). Bickman and Rog (2009, p. 110) suggest that a researcher initially provides an outline of the interview guide and information sheet to a 'surrogate researcher' and seek comments about what information is important to potential participants and how this can best be articulated. This was a strategy implemented by the researcher. The researcher conducted a pilot test first, using one of the research supervisors who also fits the criteria of participant inclusion, being a senior woman leader in the Healthcare sector. Once the document had been endorsed via the pilot test, it was then made available to the participants prior to the interview.

Cohen and Crabtree (2006, p. 25) reported that 'semi-structured interviews enable the participants the freedom to express their views in their own terms'. During each interview, notes were taken of points raised (used as prompts) requiring further consideration, and after the interview, the researcher engaged in a process of reflective journalling. Reflective journalling is a strategy whereby researchers examine 'personal assumptions and goals' and clarify 'individual belief systems and subjectivities' (Ahern, cited in Russell & Kelly 2002, p. 2) and can minimise a prejudicial approach to the data collection process and subsequent analysis. NVivo software was used to assist with the classifying, sorting, coding and linking of information, as well as assisting with the examination of relationships and analysis. Zamawe (2015) stated that this software permits qualitative inquiry to go beyond coding, sorting and retrieval of data alone, which is necessary to meet the objectives of the research.

3.3.5 Interviews

Interviews are one of the oldest and most used form of data collection in qualitative research (Atkinson & Silverman 1997),

used across an array of modalities including face-to-face and phone. The data were collected via interviews to seek out information regarding social awareness and social facility which were used to guide responses to the primary research question. The sub-questions and prompting questions were used to guide the interview, but also allowed the women to provide in-depth answers without imposing undue influence.

Inclusion criteria was for women who occupy roles such as, but not limited to ED, COO and CEO. Potential interviewees who met the inclusion criteria were contacted directly by email. Research documents including an information sheet (Appendix B) and an interview guide (Appendix A) were emailed to potential participants. Four participants declined being involved in the research due to time restraints/conflicting priorities. If the potential participant agreed to participate in the research, a subsequent email enquiring about arrangements in relation to organising the one-on-one interview was sent, as well as a copy of the consent form (Appendix C). Bickman and Rog (1998) recommend that when interviewing multiple participants for research, an interview guide/information sheet is utilised to set out the purpose of the interview and identify key points of enquiry to elicit attitudes, opinions or experiences.

This research adopted a semi-structured interview method, as this approach provided some structure but also ensured that the exchange between researcher and participant remain sufficiently open to allow free narrative (Patton 1990). Each participant was asked to read and sign a consent form (Appendix C) and confidentiality statement setting out the purpose, benefits, risks and right to withdraw from the research. Van den Berg (2005) stated that one-on-one interviews are particularly effective for

understanding the thoughts, experiences and beliefs of participants, where in-depth, rich narrative can be elicited. Hammarberg, Kirkman and de Lacey (2016) support this and stated that one-on-one interviews provide an opportunity for the participant to be candid and open about their experiences and not have their personal view influenced or affected by other participants in the group, as may be the case if focus groups were used. Furthermore, it is also recognised that the participant narratives were deeply personal as they were conversations about personal career journeys and setbacks. Given the busy schedules of the executive women, there were also likely to be operational aspects of not being able to get all the participants in the one location or at the same time, which further supported one-on-one interviews being the most appropriate approach.

3.4   Data Collection

In order to respect the participants' time and schedules, interviews were scheduled for 60 minutes in length, and were at a time and location convenient to the participant, however the interviews were 45 to 60 minutes in duration. Given that this was state-wide research and included representatives from various locations across Queensland, video-conferencing and face-to-face interviews were initially considered most appropriate. At the time the research was conducted, COVID-19 restrictions were in place, therefore all interviews were conducted via Microsoft teams and took place over a four-month period. Participants had the choice of audio only or video and audio recording. All interviews were transcribed by the researcher. To ensure accuracy of the data, the participants were asked to confirm the accuracy of what has been transcribed and had the opportunity to provide feedback before it was used for the purposes of analysis. One of the limitations that the researcher experienced with the semi-structed interviews was

the balance between needing to ensure that the participant guided the interview, but also ensuring enough time to discuss key concepts.

3.5   Process for Analysing the Data

Whilst data collection may appear to be a separate process from data analysis, the two procedures are not linear and do not occur in isolation one from the other. The process of engaging in qualitative research involves induction and comparison, in the constant undertaking to identify what the data are revealing (Merriam & Tisdell 2015). The research used an interpretative approach to elicit the stories of executive women working in the Healthcare industry. The data included interview recordings, transcripts, and notes (used as prompts) taken by the interviewer during the interviews. The participants were given pseudonyms to protect their identities. Data was stored securely on a USQ-approved platform, CloudStor, and a hard drive locked in a secure cabinet, accessible only by the researcher.

The first phase of the data analysis involved transcribing the recorded qualitative interviews, with the transcribed data aligned with each audio recording. Given that the data was collected and interpreted from the researcher's theoretical lens, the transcript narrative was given to the participants, so that the narrative could be checked for reliability and ultimately enhance the rigour of the research and its contribution to the literature (Merriam & Tisdell 2015; Simmons 2011). Secondly, to ensure that the researcher was acquainted with the data, a process of open-minded reading was undertaken (Price et al. 2015). The researcher reviewed the transcripts multiple times from beginning to end, with the goal to open the researcher's mind to the transcript contents and the associated meanings to further enhance the data analysis process.

The transcripts were then uploaded to NVivo for coding. NVivo software is used to assist with the classifying, sorting, coding and linking of information, as well as assisting the with examination of relationships and analysis (Zamawe 2015).

The initial coding undertaken was *open coding*. This involved analysing each interview transcript line by line with the aim to produce provisional concepts (Strauss 1987). The outcome of this process was an inventory of **582** descriptive codes. The subsequent phase involved aligning, refining and analysing the themes and determining how the groups were related or similar to each other, which is a process described by Corbin and Strauss (1990) as *axial coding*. The descriptive codes were clustered into **twelve** sub-themes. Lastly, *selective coding* was employed to identify the **four** main emergent themes.

3.6   Research Trustworthiness

3.6.1 Credibility

Credibility is the authenticity or truth of research findings, specifically that participants perspectives have been captured accurately. The researcher integrated several strategies to support credibility of the research. Firstly, the researcher engaged in a process of 'memoing' which is where researchers make notes of key thoughts and possible areas to further explore (Glaser & Strauss 1967) and subsequently create an audit trail (Guba & Lincoln 1994). The literature does discuss some criticism of memoing relating to the decisions to explore certain areas in more detail, usually being based on intuition as opposed to rationalising on the grounds of relative fact or theory. Noting that there is no panacea when it comes to qualitative credibility (Cutcliffe & McKenna 1999), memoing was considered to be one way to support the study's credibility but was not the only method relied

upon. Bracketing was also utilised by the researcher and is a method referred to by Husserl (1964) to avoid perceptions which may affect the results, specifically pre-suppositions and pre-determined judgements. This was used by the researcher to set aside ready-made interpretations to ensure the experiences of the participants are able to come through (Hesserl 1964). Altheide and Johnson (1994) confirmed that credibility can be increased if researchers acknowledge and account for themselves and their involvement in the research.

3.6.2 Transferability

Transferability is generally synonymous with generalisability; however, it is not largely the primary objective of qualitative research. Nonetheless, there are some possible applications. Lincoln and Guba (1985, p. 316) perhaps said it best in, 'It is, in summary, not the naturalist's task to provide an index of transferability, it is his or her responsibility to provide the data base that makes transferability judgements possible on the part of potential appliers'. The use of thick description provides a mechanism whereby a reader can determine applicability to other areas of research (Lincoln & Guba 1985) and, as mentioned earlier, the sampling frame provides parameters within which future researchers could transfer the research data to different settings, for example, to other private or non-government organisations. Furthermore, there are some prevailing attributes of the qualitative method that can be channelled to enable its application or transferability of findings and amplify its use for practical implications, for example, in areas of future policy-making.

3.6.3 Dependability and Confirmability

The degree of dependability will depend on the extent to which the research results are consistent, whilst confirmability deals with the

possibility of research bias (Lincoln and Guba 1985). Audit trails are a useful way of ascertaining the degree of dependability and confirmability of a research project (Creswell 2013). As per Lincoln and Guba (1985, p. 248) a dependability audit 'delineates all methodological steps and decision points and provides access to all data in their several raw and process stages'. A confirmability audit goes beyond this and requires the researcher to substantiate that the findings are 'traced back through analysis steps to original data, and that interpretations of data clusters are reasonable and meaningful' (Lincoln & Guba 1985, p. 248). Audit records including interview transcripts and memos were produced as a result of the research. The researcher also engaged in a process of reflective journalling following each interview.

Furthermore, consideration was given to the dynamic that existed between some of the participants and the researcher. Some of the participants were known to the researcher, if not directly, via extended stakeholder relationships. The researcher's experience as a woman who holds a leadership in role in Queensland Health may have had the potential to bring about bias to the research being undertaken. For this reason, there was a risk that a conflict of interest may be perceived. The snowball sampling method was determined as appropriate to assist in reducing the likelihood of the participants being known to the researcher, and therefore reducing the potential to bring about bias. The researcher was also the sole person to collect research data, which therefore minimised the variation of perspectives and judgements. The use of semi-structed interview questions ensured equity between the participants and assisting in mitigating conflict of interest issues.

3.6.4 Ethical Considerations

Ethics are the bedrock of any valid and reliable study (Merriam 2009; Merriam & Tisdell 2015). Ethical considerations need to be front of mind at the start, duration and end of any research activity. Merriam and Tisdell (2015) discussed at length their view that, despite federal and state protocols and guiding documents, ethical conduct is ultimately the responsibility of the individual researcher as guided by the University's Ethics Committee. There are several guiding principles that are reflected in the *National Statement on Ethical Conduct in Human Research* (NHMRC, 2015), specifically, research merit and integrity, justice, beneficence and respect, which are related directly to the research and are discussed in more detail below.

Research Merit and Integrity

This principle asserts that research must be justifiable and, on the balance of risk, have greater potential for benefit than harm and be designed in such a way that respect for the participant is not threatened. The question of research merit was determined at the time of confirmation of candidature and in the lead-up to that process, a literature review had been prepared, with gaps identified in the literature. The literature review that the researcher completed reflected that gender and leadership were concepts which had been explored in great detail, however there was very little research exploring women in leadership roles within a health care context, with even less research incorporating social intelligence concepts having been undertaken. On this basis, the research was determined to have merit. In relation to integrity, honesty and transparency were crucial. This guiding ethical principle was actioned by disseminating the participant transcript to each participant to confirm accuracy before analysis.

Justice

This principle refers to the recruitment and process of research being fair, specifically in relation to the recruitment of participants. To ensure that the researcher was able to have sufficient information to draw conclusions, a sample of fifteen participants was proposed initially, but the final number varied as a result of reaching the saturation point (Saunders et al. 2018). Prior to the interviews, the participants were advised that if they did not feel comfortable, they were able to withdraw their consent and cease their involvement in the research at any time. In addition, the participants were able to determine the most appropriate time for the interview according to their schedules, to minimise the risk of burden to the participant.

Beneficence

This principle refers to the research having greater potential for benefit than harm and designed in such a way that the participants are not subject to discomfort. Considerations were given to the dynamic that exists between some of the participants and the researcher. Some of the participants were known to the researcher, if not directly, via extended stakeholder relationships. For this reason, there was a risk that a conflict of interest may be perceived. This has been acknowledged in this thesis. The researcher explained to the participants why the research was being conducted, outlined confidentiality, privacy and consent information, how the data was going to be collected and stored and how it would be analysed and presented in the research.

It was also acknowledged that given that this is qualitative research, it was important to outline the key definitions for social intelligence, social awareness and social facility to ensure that all participants had the same understanding about what these key terms meant, to assist the participant in framing their responses.

Bickman and Rog (2009, p. 110) outlined support for such a strategy and explained that that it is necessary for a researcher to first provide an outline to a 'surrogate subject' to get feedback about what information is important to potential participants and how this best be articulated. This was a strategy implemented by the researcher. The researcher conducted a pilot test first, using one of the research supervisors who also fits the criteria of participant inclusion, being a senior woman leader in the Healthcare sector. Once the document had been endorsed via the pilot test, it was then made available to the participants prior to the interview.

Another consideration was since the participants were senior executive women in Queensland Health, there was a risk that the identity of the participant may be known. In order to minimise this risk, the participants' names, specific role title and their work location were removed, and pseudonyms were allocated to protect participant identity (Bickman & Hedrick 2009; Saldana 2011).

Respect
Respect underpins all ethical considerations and is central to all research activities (NHMRC, 2015). This principle includes having due regard for the welfare, beliefs and experiences of others, respecting privacy, confidentiality and allowing individuals to determine their own lives and choices. Before any data was gathered, consultation took place to seek consent. Bickman and Hedrick (2009) explain that consent is not just in written form, it is about having a structured two-way conversation with the participant at the beginning and being prepared to answer questions along the way. The participant was asked to sign a consent form (Appendix C) to reflect that they were willing to participate in the research and that they were aware that the data

would be stored according to university data management regulations. Furthermore, another mechanism by which this principle was fulfilled was by disseminating the participant transcript to each participant to confirm correctness before analysis.

There was also an interplay of these core ethical principles throughout the process of analysis and subsequent interpretation, with particular care given to ensure a high degree of ethical standing. USQ Ethics approval identification number is H20REA164.

3.7   Anonymity of Data

According to Creswell (2007) research activities need to present minimal risk of harm to participants, which includes ensuring that the participants understand the nature and purpose of the research. To ensure the privacy and confidentiality of each of the participants, their names, specific role title and their work location (that is, Hospital and Health Service or Departmental Division) were not reflected in the results. This is particularly important considering that there may be only one or two of the specific roles in Queensland Health, therefore identifying the specific role title would potentially identify the participant.

The research information sheet (Appendix B) set out the privacy and confidentiality considerations including that the participant was not obliged to participate in the research and could withdraw consent at any time. The research participants were provided with a copy of the information sheet before the interview and reviewed and signed a consent form (Appendix C) before the interview took place. At the commencement of the interview, the researcher confirmed that the participant had reviewed the information sheet, that they understood the nature of the research and verified that

they were comfortable to proceed with the interview. The participants were given pseudonyms to protect their identities. The research process from beginning to end was undertaken in such a manner as to ensure that the participants were not subjected to harm or placed at any risk of harm because of the research.

3.8   Protection of Confidential Data

In qualitative research, maintaining the value and richness of data whilst simultaneously balancing participant confidentiality can be challenging (Saunders, Kitzinger & Kitzinger 2015). The participant consent form (Appendix C) outlined for the participant how their confidentiality would be assured via confirmation that they had understood the information document regarding the research and that they had an opportunity to ask any questions. The consent form was signed and scanned back to the researcher and securely stored. Following each interview, the participant was asked to review their transcript, and the participants were again informed how the information contained in the transcript was going to be used, including coding of the transcripts to protect the identities of the participants and the strategies for secure storage of the information.

3.9   Summary

A qualitative approach was utilised to better understand the lived experiences of executive women in Healthcare and the social intelligence capabilities for their leadership careers. Semi-structed interviews were used to obtain the research data. This chapter has provided an explanation of the design and rationale of the research as well as the associated methodology. This chapter also discussed protocols for data collection and the analysis of data, with the latter part of the chapter outlining matters of trustworthiness, anonymity and confidentiality of the data relating to the research.

Chapter Four follows with the data analysis processes in detail and the presentation of findings.

CHAPTER 4: DATA ANALYSIS AND FINDINGS

4.1 Introduction

The objective of this chapter is to present the results and data analysis as it relates to this qualitative research and to showcase the role social intelligence has and how it can be utilised in the leadership career advancement of executive women in a Healthcare context. By systematically reviewing the transcripts, the participants' responses were grouped into themes as they related to the research question. The emerging four themes are considered leadership capabilities and will be referred to as capabilities and the twelve sub-themes will be referred to as enablers, as they enable the capabilities. The findings demonstrate that social intelligence enables executive women to build and execute four key capabilities, namely: nurturing relationships; navigating complexity; enhancing reputation; and building self-trust, which subsequently enhance the leadership career advancement of executive women in an open public sector Healthcare system. This chapter is arranged in sections. First, participant particulars are provided, the presentation of the findings is then discussed, followed by a summary of the findings.

4.2 Participant Particulars

Particulars as they relate to the participants are captured below:

- Ashley - has been in her current executive role for two years.
- Amber - has been in her current executive role for three and a half years.
- Maddy - has been in her current executive role for six years.
- Vanessa - has been in her current executive role for twelve months.

- Kim - has been in her current executive role for three years.
- Kerry - has been in her current executive role for two and a half years.
- Kathleen - has been in her current executive role for one and a half years.
- Louise - has been in her current executive role for two months.
- Chloe - has been in her current executive role for thirteen years.
- Sonya - has been in her current executive role for five years.
- Peta - has been in her current executive role for four and a half years.
- Pippa - has been in her current executive role for 12 months.

All participants were given pseudonyms to protect their identity. The participants occupied their current roles for varied lengths of time, from two months to thirteen years.

4.3   Presentation of Findings

In order to obtain foundational context to inform this research, the participants were initially asked four background questions, namely:

1. What do you understand by the term 'social intelligence'?

2. What do you understand by the term 'social awareness'?

3. What do you understand by the term 'social facility'?

4. Why do you think social intelligence may be important to women's leadership in the health care sector?

The questions and responses have been collated and displayed in Table 4.1.

Where the participant perception and understanding of the terminologies varied from the standard/acceptable scope, the researcher educated the participants to bring the topic definition in line with the standard guiding definition, so that the data could be compared consistently. The researcher referred the participants to Goleman's (2006a) definition of social awareness and social facility and provided an example to aid understanding.

Table 4.1

Participant Responses to the Background Questions

	What do you understand by the term 'social intelligence'?	What do you understand by the term 'social awareness'?	What do you understand by the term 'social facility'?	Why do you think social intelligence may be important to women's leadership in the health care sector?
Ashley	*It is about being able to move between teams, interact with others, socialise concepts, socialise ideas, speak to the people that are going to get you to where you need to be and make the decisions that you need to make.*	*It is about being aware of where you are and what your surrounds are, so that you can get the 'best bang for your buck' or the best out of the interaction.* **(Social cognition)**	*I don't know too much about this one, however it may be the ability to be able to facilitate conversations making sure that things that happen are for a reason and that there is actually purpose and how you are delivering it.* **(Influence)**	*I think that it is innate, with women it is just this sixth sense.*
Amber	*It is about how the other person feels and why people do the things that they do and their perception of interactions. It is also the way that I potentially perceive how you are feeling and how we can interact based on what I am sensing.*	*It is how I understand how you are feeling and the way that things are with you, it helps in the way that I interact with you.* **(Empathic accuracy)**	*I don't know a huge amount about this. It may be the way that we have an interaction, as opposed to sensing that there is something wrong, to about how we facilitate the interaction and make things move on.* **(Influence)**	*I think that it is important to all leadership, because I don't think that you can be a leader without having the ability to be able to read people and respond to interactions without it.*
Maddy	*The innate ability to understand other people.*	*It is about how two individuals are interacting or broadly how a team and the working environment are interacting.*	*I hadn't heard the term before; however I probably always smudged the concept of*	*In health we likely work in teams more so than in other work environments. Sometimes people have different viewpoints and you need to be aware of*

		(Social cognition)	social intelligence and awareness altogether and perhaps brought in social facility without even knowing it.	what perceptions people are having, why people who are having different perspectives and determine a way forward to get a good outcome where individuals feel heard, even if don't agree.
Vanessa	It is the absolute awareness of everything that is going on in front of you.	Social awareness is picking up on subtle ques and feelings of others and your inherent ability to be able to 'see and feel something' that happens in an interaction. (Primal empathy)	It is what you physically and verbally do once observations have been made, to respond to the other person, to assist them. (Concern)	Women absolutely are in the minority still. If you have that social intelligence ability, it really puts you in a good position to be able to succeed.
Kim	Social intelligence is probably like emotional intelligence. I think it is how you read people and how you form relationships.	Awareness of your environment and the people around you and what they are doing. (Social cognition)	Unsure of what this term means.	I think that social intelligence is important for anyone. I have a big belief that if you can change a culture and have people working well together then all of your other issues follow.
Kerry	Using both your knowledge and feel for people and situations and knowing how to hold yourself to achieve a particular goal that you have or an agenda or a direction that you would like things to go.	To have a gauge about where people are and what is happening in the environment and interact in a way that is beneficial for everyone. (Social cognition)	It is how you hold yourself, how you act, what you do with the awareness. (Self-presentation)	I don't know if social intelligence is owned by any gender. I think that it is a capacity or capability that person's in senior positions need to have. I don't know that it is critical, but it is useful for women particularly when you might be in otherwise male dominated areas. Having social intelligence helps women navigate the dynamics that occur within a political, public

				administration community interfacing kind of role.
Kathleen	*I think its how you perceive other people, your interaction with other people, how you gauge situations, your awareness of what's going on in your teams, and the surrounding environment.*	*Your ability to understand others and what is occurring for them and what they need.* **(Empathic accuracy)**	*Unsure of what this term means.*	*I don't actually think that it is only important for women. Women do quite a good job in health services, probably need a few more of them. I think that it is important for all people in leadership roles. Health is a very compassionate area; it is all about helping people and problem-solving.*
Louise	*Social intelligence is one's ability to understand and operate. It is specifically about your ability to understand others and have an awareness of others.*	*It is about how you understand and perceive what's happening, your perception of the other person, or the people that you are interacting with and also your perception of the context in which you are having that interaction.* **(Empathic accuracy, social cognition)**	*It is what you do about it, how you act.* **(Synchrony)**	*It is important because in order to be a great leader, you need to work extremely well with other people. You need the ability to understand very complex (beliefs, values, approaches) situations and come to a collaborative solution.*
Chloe	*Social intelligence is being able to manoeuvre through life and understand where you sit and how you relate to people.*	*Being aware and understanding what is going on, who is playing which part in the environment.* **(Empathic accuracy, social cognition)**	*It is around the physicality of the social context and I think that different places that we play (in the office, out of the street, under the tree).*	*Social intelligence is particularly important for women because men, I believe, think that they have a social standing and don't necessarily ask permission to participate in 'socialness' whereas women likely feel that they do. Social*

				intelligence may give women confidence.
Sonya	*Social intelligence is being able to read the room or read a person or the context and having an awareness of the politic.*	*It is about how you take on information that you have gathered and heard from a social intelligence point of view and how you actively participate in those conversations or actions.* **(Attunement, Social cognition)**	*It is about you as a person.*	*I think social intelligence is important because women bring soft skills, where we can support and engage an activity through reading the room, understanding the circumstance, and then acting. This gives that authenticity and higher levels of integrity to the task at hand or the conversation at hand.*
Peta	*It is about knowing yourself - know what your strengths are, what your weakness are, how you relate to people.*	*It is about being authentic, being vulnerable, being aware of self and mindfully considering others, whilst considering their non-verbal cues.* **(Primal empathy)**	*It is about putting your awareness of others into practice, i.e.: the feelings of others and taking action to resolve or assist.* **(Concern)**	*You can sometimes be perceived in a way that may be different to how you are, social cues are very important and 'doubt kills more dreams then failure ever will' -a lot of females doubt themselves; it is about building them up and giving them confidence.*
Pippa	*It is not just about the people it's also about the environment and the other contexts that you are working in and one of the important things for these jobs is being able to anticipate the political environment*	*Social awareness is about relating to others, understanding their situation, background and environment.* **(Empathic accuracy)**	*Actually 'doing the doing' by being socially aware, and then using facilitation to actually make something happen.* **(Influence)**	*I was wondering if being a female leader means that you are more in tune with social awareness because being a female may mean that we are conscious of the way that people behave and the cues of body language and listening. I do think that it's inherent and that it's part of our genetics.*

When comparing the participant responses to Thorndike's (1920, p. 228) definition of social intelligence – an individual's capacity to 'understand and manage men and women, boys and girls – to act wisely in human relations', the participants provided responses consistent with this guiding definition.

In relation to the two overarching social intelligence concepts by Goleman (2006a) namely, social awareness and social facility, definitions were provided to the participants in the interview guide, to ensure that each participant had the same broad awareness of the concepts. It was up to the participants to determine their interpretation of the concept. Some of the participants acknowledged that they had not reviewed the guiding definition in the interview information sheet (Appendix B) before the interview. The following definitions were provided to the participants in the interview guide:

> ***Social awareness*** *is when a person can sense or empathise with another person's feelings and goes beyond identifying the feelings of others alone, it relates to how these feelings translate into the context of the situation at hand* (Goleman 2006a, p. 84).

> ***Social facility*** *is one's capacity to be able to guide social interactions in such a way that minimises risk of interpersonal confrontation* (Goleman 2006a, p. 84).

Social awareness as a concept is made up of four key capacities namely, *primal empathy, attunement, empathetic accuracy* and *social cognition* (Goleman 2006a, p. 84). The specific capacities were not provided to the participants as part of the guiding definitions. This was done to minimise the likelihood of the

participant responses being subject to bias and influence. Eight of the participants provided responses that were consistent with Goleman's (2006a) guiding definition of social awareness, demonstrating that the majority of the participants understood the concept. All of the participants reported that they had familiarity with social awareness as a concept, however the participants only made indirect reference to one or two capacities which form part of social awareness, as opposed to referencing all four. For example, **Ashley** provided a response which relates to the social cognition capacity, however did not use the term itself. Whilst all of the specific capacities were not articulated by the participants, their responses reflect that the eight participants had a general understanding of social awareness as a concept. Four of the participants were provided specific advice relating to social awareness and an example was provided to aid understanding. The following are definitions for each of the social awareness capacities:

> Primal empathy: Feeling with others; sensing non-verbal emotional signals.
>
> Attunement: Listening with full receptivity; attuning to a person.
>
> Empathic accuracy: Understanding another person's thoughts, feelings, and intentions.
>
> Social cognition: Knowing how the social world works

(Goleman 2006a, p. 84).

Social facility as a concept is made up of four key capacities namely, *synchrony, self-presentation, influence* and *concern.* The specific capacities were not provided to the participants as part of the guiding definitions. This was done to minimise the likelihood of the participant responses being subject to bias and influence. Seven of the participants provided responses that were consistent with Goleman's (2006a) guiding definition of social facility,

demonstrating that the majority of the participants understood the concept. However, the participants made indirect reference to only one or two capacities which form part of social facility as opposed to referencing all four, and three of the participants reported that they had not previously heard of the concept at all, unlike social awareness which all participants reported that they had familiarity with. Whilst the specific capacities were not articulated by all of the participants, their responses reflect that the seven participants had a general understanding of social facility as a concept. Education was provided to five of the participants relating to social facility and an example was provided where clarity was lacking in order to aid understanding and to ensure consistency. The following are definitions for each of the social facility capacities:

Synchrony: Interacting smoothly at the nonverbal level.

Self-presentation: Presenting ourselves effectively.

Influence: Shaping the outcome of social interactions.

Concern: Caring about other's needs and acting accordingly.

(Goleman 2006a, p. 84).

In relation to the question, 'Why do you think social intelligence may be important to women's leadership in the health care sector?', the participants provided a range of responses, which have been included in Table 4.1. In summary, there was strong sentiment that:

1. Social intelligence is important for all leaders; however, it is especially important for women as it gives confidence and complements women's natural leadership approach.

2. Social intelligence is important when working in health care given the complex work environment and the structure of teams which require the capacity to engage and interact with others.

3. Women who demonstrate social intelligence are more likely to succeed.

Social intelligence is not a new concept. It has existed since the 1920s when Thorndike (1920) first distinguished social intelligence from other forms of intelligence; however, the relevance of social intelligence to women in the workplace was unlikely to be significant in the pre-1990s given that women's participation rate in the workforce had only just reached 74% at that time (Yellen 2020). It is therefore likely that social intelligence is still a relatively new concept for many women in the workforce. Despite the participants providing responses which demonstrated their understanding of social intelligence and articulating why social intelligence may be important to women's leadership in the Healthcare sector, it is some of the specific capacities of social intelligence that remain unclear, as evidenced by their responses in Table 4.1.

As discussed earlier, in relation to the primary research question and the sub-questions as they related to social awareness and social facility, four distinct themes and twelve sub-themes emerged, namely:

1. Nurturing Relationships
   1.1 – Rapport with others
   1.2 – Active listening
   1.3 – Empathy
2. Navigating complexity
   2.1 – Concern
   2.2 – Influence
   2.3 – Leadership
   2.4 – Problem-solving

3. Enhancing Reputation

    3.1 – Achievement of outcomes

    3.2 – Aesthetic labour

    3.2 – Personal responsibility for career

4. Building Self-Trust

    4.1   – Loneliness

    4.2   – Intuition

Coding exercise samples that show how each emergent theme was developed are illustrated in Figure 4.1, Figure 4.2, Figure 4.3 and Figure 4.4.

Coding	Theme 1
Selective Coding (Emergent Themes)	Nurturing Relationships
Axial Coding (Sub-themes)	Rapport with others Active listening Empathy
Open Coding (Descriptive codes)	..we had built a rapport and they understood where you were trying to go and what you were trying to do… ..if I don't listen, that is, actively listen, it would be catastrophic.. ..I know that I was in his position, I would feel much the same.. ..a relationship is, if it is built early and if its built strongly, it means that people will feel comfortable.. ..listening is everything as a leader.. ..I have a role to ensure that I am connected and understand who my staff are, as people.. ..in the early stages of building a relationship, I am particularly observant and attentive..

Figure 4.1. A Coding Exercise Sample To Generate emergent theme, *Nurturing Relationships*

Coding	Theme 2			
Selective Coding (Emergent Themes)	*Navigating Complexity*			
Axial Coding (Sub-themes)	Concern	Influence	Leadership	Problem-solving
Open Coding (Descriptive codes)	..I always try to demonstrate care for people and show genuine concern..	..influence to achieve your desired outcome..	..I don't want to create dependency; I want to enable my teams to stretch and learn..	..the problems are not simple; they are often complex problems…wicked problems..
	.. take the time to do that little bit extra for others..	..I know that there are some things that I cannot control..	..leading teams is a great privilege…there is no magic bullet for leadership..	..need to be mindful of not jumping to solve problems pre-emptively..
	..showing care and concern for others..	..I probably do sometimes underestimate the influence that comes with my role..	..social intelligence is important in women's leadership, because its, to many of us, an inherent skill..	..a bit of faith in yourself to solve an issue..

Figure 4.2. A Coding Exercise Sample to Generate Emergent Theme, *Navigating Complexity*

54
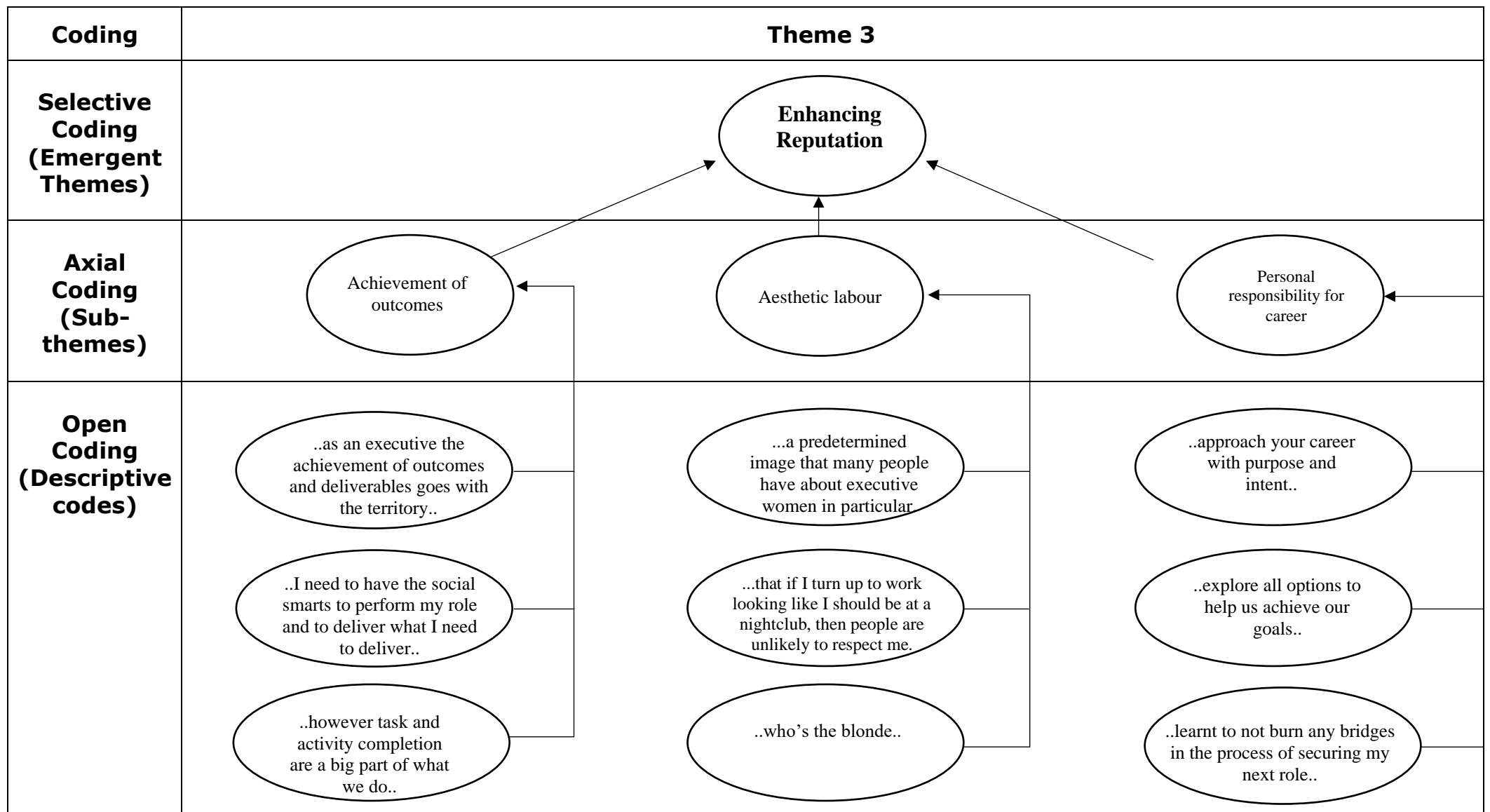
Figure 4.3. A Coding Exercise Sample to Generate Emergent Theme, *Enhancing Reputation*

Coding	Theme 4
Selective Coding (Emergent Themes)	**Building Self-Trust**
Axial Coding (Sub-themes)	Loneliness Intuition
Open Coding (Descriptive codes)	..even though I have good relationships with my other executive colleagues, I am often lonely.. ..using my inner voice and leaning into that feeling is important.. ..I am the first one to arrive at work and often the last to leave.. ..my gut instinct. It is one part of how I like to make decisions and I do my best to be aware of it.. ..much of what you do, you can't talk about and particularly in a health service.. ..I express to the team my feeling and sense about a situation, even if it contradicts the information..

Figure 4.4 A Coding Exercise Sample to Generate Emergent Theme, *Building Self-Trust*

56

Each theme will now be discussed in turn.

Theme 1: Nurturing Relationships

One common thread throughout the qualitative data analysis was the participants' expression of and united view on the importance of nurturing relationships. There was a common belief among the participants that it was necessary for executive women to be able to build and maintain nurturing relationships successfully in order to navigate their social environment and reiterated that they relied on their ability to be able to build and maintain relationships to progress, not only their day-to-day activities and tasks, but also their leadership journey. It was also evident that there were consistent perceptions associated with how relationships affect and impact upon every area of life from colleagues at work, to partners, friends and child/ren.

The importance of being able to build and maintain relationships in the Healthcare industry at an individual, team and organisational level, was commonly reported by all of the participants. The degree to which the participants were able to perform the duties of their role was also described as being dependent upon their ability to be able to build productive working relationships. One of the participants, **Chloe,** stated, 'Your ability to be able to connect with each individual is just so important in order to perform our roles. It is and will continue to be increasingly crucial'. **Kim** also agreed with this sentiment about the importance of relationships in performing the executive role and said:

> Knowing your staff, who each of them are as people, what makes them tick, what their work preferences and interests are, helps to identify when things are not going well. This is dependent on my ability as an executive leader to build relationships early, so I know when something is usually not right.

The majority of the executive women also specifically referenced how they use their social intelligence skills as a strategy to build and maintain positive working relationships with individuals. *Vanessa* stated:

> I am able to establish great professional relationships quickly. You know, I think, obviously there are some outliers; however, I have demonstrated over my professional career that there has not been a lot of individuals that through time and efforts and my demonstrated value proposition that I haven't been able to establish a good working relationship with, and I use my social awareness and social facility capacities to present myself and become part of the team.

Similarly, *Kathleen* said,

> It is about those things that we talked about, being able to read the situation, being able to modify your responses depending on the situation, but it is also really important that if you do have those skills, it really does go a long way in relationship building and has impacted my leadership journey. A lot of things about leadership are based on relationships and your ability to have those positive interactions with individual[s].

Louise also supported the view that social intelligence is critical to relationships and stated:

> Relationships to me are the core components of impactful leadership and in order to be effective as a leader, I believe that social intelligence is a non-negotiable. You cannot be an effective leader if you don't have social intelligence, as social is everything that we do in Healthcare.

Kerry also made specific reference to how she had used social intelligence to build relationships with others which has had an impact on her career, 'I believe that social intelligence has assisted me with building relationships and that ultimately this has influenced and impacted my career advancement'. Whilst not all of the participants made the direct connection between nurturing relationships, social intelligence and their career advancement, given that the participants have identified the importance of social intelligence in nurturing relationships and they are currently occupying executive level positions themselves, the participants have indeed demonstrated how they use social intelligence to establish and build nurturing relationships, which has impacted their careers.

Some of the participants also reported on some of the challenges as an executive leader, when there are individuals who 'trigger' them and discussed how their previous interactions with individuals do pose a risk to the viability of some relationships. They explained that this was something that they were consistently conscious of to ensure that interactions remained professional and productive. The participants also discussed some of the challenges in having difficult conversations with staff in a 1:1 interaction and that having a strong relationship aided their capacity to be able to support the staff member and enabled the participant to utilise their social intelligence with the individual staff member. *Kim* stated:

> Deciding to challenge or not to challenge the staff member in that moment, is dependent on what I feel, see and determine as best for all parties concerned. My ability to be able to make this assessment is based on how well I know the employee.

Chloe articulated her overarching approach to managing and responding to challenging situations which had informed how she interacts with others, builds and maintains relationships, stating, 'you catch more flies with honey, than you do with vinegar'.

In relation to relationships at a team level, all of the participants generally spoke highly of their workplace relationships and their respective line manager and immediate team. The participants acknowledged that they would not be able to do what they do every day if it wasn't for their respective line manager and immediate team. *Peta* discussed her passion and commitment to her team and stated that she aims to understand her team deeply and support them in any way that she can, saying:

> I aim to 'get' the team, to understand the team dynamics, what is going on in the team, listen and watch for cues to see how each of them getting along together. It is absolutely more than the process for me, it is about people.

Maddy also described how she seeks to understand by observing and then takes appropriate action and stated,

> I sometimes sit back in a meeting and watch my colleagues or my immediate team. I listen, watch for non-verbal cues and get a gauge for what is occurring. If something seems 'off' I am unafraid to ask the question or to call out the elephant in the room. My gut instinct is usually right, as I know who I work with so well.

With respect to relationships across the organisation, the participants described how Healthcare was extraordinarily complex and there was a general sentiment that each of the executive women were aware of their role and influence in how they treat their employees and how their employees treat each other, with

the extent of this often reflected in their workplace culture surveys. *Vanessa* recounted a story where one of her staff had experienced the loss of someone close and she wanted to make sure that the staff member was aware that her colleagues were thinking of her, so the participant arranged for a card to be sent to the employee to say, 'Thinking of you'. Despite this not being a frequent occurrence previously in the workplace, *Vanessa* was elated in confirming that such a gesture is now common practice in her workplace and that when colleagues are experiencing challenges or have experienced loss, a card relevant to the situation is provided to the employee. *Vanessa* felt that this was a strong example of how relationships in organisations build workplace culture and demonstrated how impactful positive influence can be across an organisation, as opposed to just at an individual level. *Ashley* shared a similar sentiment about how she has continued to build relationships across the organisation and stated, 'When the broader executive team and I are socially connected across the organisation and are aware, we see an increase in engagement and ultimately performance across our teams, as there is "rhythm" about the place," and added that:

> It is now commonplace for me to spend time with my teams on the frontline, being visible, giving them a face to the name, just being interested in what they are doing, and who knows I might actually need to call in a favour one day, and if I do, I'll know who to call.

Underlying all of these work-related relationships were strong narratives from the participants about the importance of having a supportive family, child/ren and friends, as these relationships had impacted positively on their leadership journey. *Peta* stated:

> My husband is the stay-at-home dad. One of the things that stops women from doing well or them even trying to get into

executive positions is the time that you are at work and if you have got family, you think that you are being a bad mum to have a job whereas that is something that has been quite important for me. My husband has been able to pick the kids up – for women, there is often this struggle between "I want to be a good mum and I want to work". I have been very lucky. When I am at work I invest my time at work, when I am at home I invest quality time at home, but I do think for women that is a really big issue.

Kathleen also described how her supportive relationships with family and friends had impacted her career positively. She remarked:

I have got some very good friends that I can debrief with and a supportive husband who is a good sounding board, so having those sorts of things and your ability to be able to moderate and sense-check with other professional colleagues, I think as well in a confidential sort of manner, has [sic] been fundamental for my career.

Although not asked in the interview, some of the women stated that their ability to be able to build and maintain relationships was key for both women and men. For example, *Ashley* stated:

I'll use my connections and relationships in a respectful way to try and solve the problem; however, I don't think that it is a necessity unique to women. I just think that women probably build genuine relationships more easily than men.

Building and maintaining productive and positive relationships was important to the women in this research, as evidenced by the participants reporting the significance of relationships for self, family and career. There are particular components of the

nurturing relationships theme which were evident from the analysis of the data. These are particularised under the sub-themes below.

Theme 1.1 Rapport with Others

Understanding the feelings or ideas of others, and being able to communicate smoothly, were raised repeatedly by the participants as being contributing factors to their success as an executive. The participants described their ability to be able to engage with others, which resulted in establishing rapport and harmonious relationships in the workplace. The participants referred to the importance of being able to build rapport with others in order to progress the achievement of organisational imperatives and objectives and spoke of the ways they had leveraged their rapport building efforts to establish solid relationships. For example, *Kim* recounted:

> So you are always trying to get the team or colleagues to do things when they are already at capacity, really, really busy and over-worked, and you are trying to get them to change a process, but despite this I could ring anybody and they would say "yes" to assisting me, because we had built a rapport and they understood where you were trying to go and what you were trying to do. The majority of people that you work with want to do the right thing for the patient and that's why they are there.

Kerry shared a similar view, explaining also how she had used her social intelligence skills to be able to build rapport with her colleagues and conveyed:

> You build rapport within in the first 5–10mins of meeting somebody, so bringing that concept – social intelligence – and social awareness, and using a social facility to embed, enact, you know, implement, whatever it is, brings through that context that you're taking people on a safe journey. And

that relationship is, if it is built early and if its built strongly, … means that people will feel comfortable with having discussion and debate about complex [matters] and issues that may have very intense impacts on communities.

A few of the participants discussed the importance of owning up to mistakes and not being afraid to say sorry. The participants remarked how being honest, vulnerable and admitting any mistakes or errors had aided their capacity to build trusting relationships and build rapport with their colleagues and teams. *Maddy* said, 'When I make a mistake, I am apologetic, I say sorry, I think my colleagues and teams respect that'. Similarly, *Peta* noted that there have been occasions when her colleagues or teams did not always agree with her decisions; however, if she believes that her decision is the right decision, she is not afraid to stand by it, stating:

> I know that as a leader, sometimes I have to make the hard calls, you know, this is what I am there to do. The staff who know me well, know that I stand by my convictions and for the staff that do not know me well, I probably come across as overly confident, however it is important that I admit my mistakes when I am wrong and stand by my decisions when I know that they are the best for the organisation.

Peta also recounted similar experiences and advised:
> My confidence in being able to have these conversations is because I know myself and I know my teams so well. I know what makes them tick, I know what interests them, I know about their families and I know their passions. This is useful intel for me when I am considering my pitch and my messaging. I have already built strong rapport, so when I

have to deliver difficult messaging, the blow is made is little

softer – at least I hope that it is.

The majority of the participants also described how they 'read' their colleagues, listen to what is being said and observe their body language, because it creates an opportunity to consider and assess the situation before speaking or intervening, so that the relationship is not at risk as a result of a pre-emptive or an ill-considered approach. For example, *Chloe* stated, 'I spend a lot of time watching [people]'. *Vanessa* also reported observing others as an important activity to establish rapport with others, she said, 'I have an ability to be able to observe, pick up on the cues and see what is going on, especially with staff who I don't know well. It aids rapport'. *Ashley* supported these comments and stated, 'I survey the room to assess who is present and determine the dynamics and understand what is going on'. *Chloe* also supported this approach and added:

In my 1:1 with my team members, in the earlier stages of building a relationship I am particularly observant and attentive, as I am seeking to get to know the staff member and understand as much as they are willing to share or identify a commonality. I am happy to share a little about myself as well, if appropriate.

The participants had a strong and consistent view that if you look at and listen carefully to what is occurring in an interaction, for example, if the staff member is excited about a certain topic or reluctant to discuss another topic and show genuine interest in their answers, rapport will be easier to establish and maintain. Goleman (2008) discusses a concept which he refers to as 'brain to brain' connection (p.101) which is the social part of the brain in action. When rapport has been or is being built, both people will be paying full attention, non-verbals look like a choreographed dance

and it feels good. The participant narratives support Goleman's concept of the social brain in action. When considering the organisational impact, Campbell, White and Johnson (1973) state that getting to know employees by building rapport is a critical part of success when motivating and retaining employees.

Theme 1.2 Active Listening

The importance of active listening is conveyed succinctly in the adage attributed to the Greek philosopher, Epictetus: 'Humans were created with two ears, but only one tongue, so that humans may listen twice as much as they speak'

Active listening is closely related to empathy. It is a vital element in creating and maintaining relationships and is a critical skill for leaders to master (Khanna 2020). It involves being observant to content, intent and feeling during the interaction (Jahromi et al. 2016). Goleman (2006a, p. 84) refers to listening as attunement which is 'listening with full receptivity and attuning to a person'. In the study, only one of the participants, as part of the background question relating to an understanding of social awareness, provided a response which resembled attunement; however, the participant narratives reflected how the executive women use active listening as part of their executive leadership role. For example, **Louise** acknowledged, 'I am very comfortable getting direct feedback and that is internal looking, but I think, that…also, part of the way that you would refine and hone your social awareness, is by hearing people tell you things, so it is not just learning by your own interactions, but actually listening to the people around you'. Jahromi et al. (2016) concur with Louise's view and suggest that receiving feedback is one of the many ways to become a successful and effective leader. Similarly, **Pippa** stated:

There is a difference between hearing and listening. If I don't listen, that is, actively listen, it would be catastrophic, it would end poorly for me, my teams and the organisation. Everything that I do, depends on my capacity to be able to listen, process information and make decisions.

Chloe also shared a similar about the criticality of active listening when leading others and stated:

Listening is everything as a leader. This is how we deliver everything that we do. I need to listen to my staff, listen to our patients, listen to the community, listen to as many people that I can. If you can't listen or are not willing to listen, I don't know that you could ever successfully lead.

It is apparent there is a connection between the participants' ability to be able to listen actively and their capacity to be able to perform the functions of their role. Their success in this regard creates an environment of safety where others feel heard and understood (Kouzes & Posner 2010) and ultimately builds their reputation as an effective healthcare leader. Despite this however, the participants did acknowledge that they do on occasion have conversations which reflect a lack of concentration and attention on their part, due to their demanding work schedules and competing priorities. **Pippa** mentioned that one of the areas that she is trying to be mindful of is 'hurrying people up when they are talking' and indicated that she always tries to set expectations about how much time she has when someone says, 'Have you got a minute?'. Yet, **Pippa** also pointed out that when she does have some unallocated time, she enjoys connecting with staff and patients, 'just listening, not necessarily solving problems but just being present, more often than not, I don't need to do something more…'

The value of active listening as part of an effective leadership toolbox has been examined in the literature (Johnson & Bechler 1998; Khanna 2020); however, the literature relating to active listening in healthcare leadership is limited (Jahromi et al. 2016). Jahromi et al. (2016) are some of the few researchers to explore this topic and found that first level to middle managers surpassed their more senior counterparts when it came to active listening, with women scoring higher than male managers. This research however, included only 4 senior managers, 94 middle managers and 34 first level managers as participants. It was a self-assessment and had 70% of the participants identify as female. Whilst such comparative research is useful in determining active listening effectiveness across different management levels, the female executives who participated in this study provided insights into how active listening, or attunement as Goleman (2006a) refers to it, can be used and built upon as part of social intelligence and women's leadership, which forms a contribution to the existing body of literature.

The analysis revealed that the participants believed that active listening is a critical part of Healthcare leadership and that this approach to interacting with others had impacted positively and had been a contributing factor to their success as an executive working in a complex environment. The leader's ability to be able to perfect the art of active listening requires the leader not only to process information, but also adapt personal behaviour (Johnson & Bechler 1998). This requires the use of empathy.

Theme 1.3 Empathy

Empathy is strongly associated with the concept of social awareness, as it is about having the ability to understand the needs of others and being aware of their feelings and thoughts.

Goleman (2006a) refers to this as empathic accuracy. This includes responding appropriately, enquiring, listening, creating safety for the other person and connecting in such a way that trust becomes the bedrock of the relationship. Five of the participants, as part of the background question relating to an understanding of social awareness, provided a response which resembled empathic accuracy. Furthermore, Goleman (2004) states that empathy is not only about considering and understanding the thoughts and feelings of others, but also about feeling with others and sensing non-verbal emotional signals. Goleman (2006a) refers to this as primal empathy. Two of the participants, as part of the background question relating to an understanding of social awareness, provided a response which resembled primal empathy. As part of the participant narratives, the participants referred to empathy; however, no participant referred specifically to either of the terms, empathic accuracy or primal empathy.

The participants described a range of examples where they have used an empathetic approach to support others and also discussed some of the challenges they had experienced as a result of COVID-19 which had created additional stress and pressure for their staff. During the last 24 months of the COVID-19 response, the participants described how they have been particularly mindful of the struggles experienced by their individual team members and teams and were acutely aware of responding to and supporting the health and wellbeing of their employees. The participants provided examples which generally demonstrated empathy. *Kerry* stated:

> I often think about how I would manage or respond to a particular situation that may currently be troubling a member of my team, what would I do, how would I respond differently, or maybe I would respond the same, it is a bit like reflection…..

Similarly, **Chloe** disclosed, 'A member of my team is currently struggling with a personal matter, they have a lot going on. I know that if I was in his position, I would feel much the same'. **Kim** raised a significant point in relation to gauging when things are not going well for team members or colleagues and how she had used an empathic approach to support her colleague, which had a positive impact on the relationship and stated:

> A colleague of mine is really under pressure at the moment, I saw the 'red flag' and I intervened. She had previously disclosed to me what had been going on, so I was mindful of this, I decided to call her and let her know that I was going to cover the 'on call' over the weekend to give her a break. She was appreciative of me reaching out.

Kim also provided an example which demonstrated the criticality of empathy in relationships, with one of her direct reports who was struggling with stress and had recently made a number of errors in judgement. **Kim** said, 'I knew that something was not right, so I suggested that she take some leave. She needed the break. It was a no brainer for me [and] whilst initially reluctant, she did agree that a break would be good'. **Peta** also shared some of her own personal struggles and how she has turned these experiences into a positive experience to assist and support others:

> I had a tough upbringing – my family did not have much money, I was the odd one out at school, I had to fend for myself. I get it…I understand how these social determinants affect your life and I am happy to share some of my personal struggles when supporting others, as I think that it helps me relate.

Furthermore, a leader's ability to be able to feel with others (Goleman 2006a) and understand the feelings and thoughts of

others, can also impact on the achievement of outcomes (Porath & Erez 2017). The participants made this connection:

> I want my team members to be the best version of themselves. I have a role to ensure that I am connected and understand who my staff are, as people. This is not only the best for them but also for the organisation and the community. **Kathleen**

> There is no requirement to necessarily solve the problem, as we often can't; however, it is enough to check in, ask questions and take cues from the employee about how much they want to share and then offer support. Sometimes all is takes is a brief catch-up and the employee is able to continue to perform their role. Other times, the employee is best to step out for a brief period, take the time that they need, and the business can continue. *Louise*

Furthermore, *Maddy's* comment, 'If you don't have social capacities, you will be seen as rude and abrupt and this will affect retention and productivity' reflects an important observation, worthy of highlighting from a gendered lens. There are gendered characteristics associated with women such as caring, concern and attentiveness which are proposed as being the opposite of rudeness and abruptness; however, masculine traits such decisiveness and abruptness, may not themselves be described by men as characteristics due to the absence of social capacities. Whilst men were not participants in this research, what *Maddy* has suggested is that it is important for executive women to have social capacities in order to avoid perceptions of rudeness or being abrupt.

Overall, there was strong evidence of nurturing relationships in the

data. The participants emphasised the importance and significance of relationships as it related to their role. The majority of the participants specifically referenced social intelligence and its role in building relationships. Whilst not all of the participants made the direct connection between nurturing relationships, social intelligence and their career advancement, given that the participants have identified the importance of social intelligence in nurturing relationships and they are currently occupying executive level positions themselves, the participants have indeed demonstrated how they use social intelligence to establish and build nurturing relationships which have impacted their careers. Furthermore, when asked questions about career advancement, the participants focussed on relationships, which demonstrates that relationships are critical to the career advancement of executive women in Healthcare. The participants do perceive a connection between social intelligence and its role in establishing and building relationships and the impact on their career.

Theme 2: Navigating Complexity

Navigating complexity was a common thread that became evident throughout the data analysis. **Maddy** explained that she understands her role in navigating complexity as, 'to translate complexity into something that my staff understand'. **Amber** supported **Maddy's** sentiment and discussed how she views her role in making sense of complexity, stating:

> I very much see my role very much about navigating out of that [complexity], making sense of it, translation of complexity into something that people can understand and act on. I think that that is one of the strengths that I think that I bring, my ability to understand a system.

The participants also discussed the art of being able to navigate such a complex system. This is what Goleman (2006a) describes as social cognition – knowing how the social world works and knowing what to do, as opposed to only knowing about. Seven of the participants, as part of the background question relating to their understanding of social awareness, provided a response which resembled social cognition; however, as part of the participant narratives, none of the participants referred to social cognition specifically, rather, they generally referenced complexity. Moreover, whilst the participants did not reference social cognition directly, the collective narratives did indicate that the participants possess and utilise their social cognition capacities, that is, that they know how the social world works (Goleman 2006a), to perform the functions of their executive roles. The ability of the participants to be able to interact and respond was the product of many interdependent elements working synchronically with each other. The participants described how this required a high degree of interpersonal skills, leadership, co-ordination and influence upwards, downwards and across.

Nearly all of the participants stated that Healthcare was complex and that the manner in which they are able to navigate such complexity was by leveraging relationships, trust and establishing a shared sense of purpose within their respective teams. ***Sonya*** explained:

> I can't do all of this on my own. I am constantly managing
> competing priorities and therefore need to rely heavily on
> others to deliver our broader agenda. I need to pivot from
> speaking with a politician to then speaking with a member of
> my team, to then a patient and it requires a strong
> understanding of the organisation, how it works, who is in

the organisation and what all the other factors are that are also in play.

Pippa also explained:

> For me, as an executive, I need to constantly respond to the changing landscape and the changing needs of the population. A one-size-fits-all approach often does not work, rather I look to learn from others and collaborate to ensure patient-centred care and keep this at the centre of everything that we do.

The majority of the participants also outlined that their capacity to know what is required in a social situation was also a key factor in their success. For example, **Chloe** stated:

> I am at times with my team pretty informal, I ask about their kids, their partner, about how the house move is progressing: however, I wouldn't dream of asking this of the politician in the room, as I don't have that relationship with them.

Similarly, **Kerry** stated, 'As an executive, I need to complete the job objectively, which at times is challenging, given that the task is not necessarily always consistent with my own opinion'. **Sonya** supported **Kerry's** approach to being impartial and completing the task at hand despite personal perspectives. **Sonya** explained, 'It is about knowing the politics of the organisation, gathering the information and thinking through solutions that are appropriate and relevant to the government of the day'. Another one of the participants, **Pippa,** elaborated on **Sonya's** point and stated, 'You never want to put yourself in a situation where you commit career suicide'.

A couple of the participants also discussed their frustration about the perceived lack of control when working in complex systems.

For example, **Kathleen** stated, 'There is no one source of truth and an ever-changing reprioritisation of problems'. Similarly, **Pippa** said:

> Sometimes the best-made plans just don't go to plan, as the system requires a different response, or something urgent comes in that I need to attend to. It is a moving feast of priorities, which does make it frustrating at times'.

Despite such dynamics, the participants were still able to lead through smooth interactions. Goleman (2006a) describes this as synchrony – whereby interactions occur at a non-verbal level without conflict. One of the participants as part of the background question relating to their understanding of social facility, provided a response which resembled synchrony, however, as part of the participant narratives, none of the participants referred to synchrony specifically, rather, they referred to the way in which they interact and engage in and with complexity. Moreover, whilst the participants did not reference synchrony directly, the collective narratives do indicate that the participants engage in a manner consistent with synchrony, that is, that they engage smoothly 'without having to think about it' (Goleman 2006a, p. 91), to perform the functions of their executive roles. There is a high degree of awareness about what the participants do or do not do, in social interactions, with the political landscape also being a contributing factor to the complexity of the Healthcare organisation. Goleman (2006a) adds that this art of interpersonal knowledge has for an extended period being recognised as the heart of social intelligence.

The requirement for leaders to exhibit social intelligence capacities becomes even more critical as leaders progress up the organisational hierarchy, due to the increased presence of social

complexity and the interactional and relational components of the role (McDonagh et al. 2014). It is therefore not surprising that the frequency and strength of the participant narratives as they relate to navigating complexity in the Healthcare environment are so evident. There are particular components of the *Navigating Complexity* theme which were evident from the analysis of the data and these are particularised under the sub-themes below.

Theme 2.1 Concern

Concern is a social facility capacity that the participants referred to directly in their narratives and was raised repeatedly by the participants as being a contributing factor to their success as an executive. Two of the participants, as part of the background question relating to their understanding of social facility, provided a response which resembled concern. As part of the participant narratives, four of the participants directly identified concern; however, all of the participants referenced concern in some form of iteration. The participants described how the concern that they had for others and demonstrated was a contributing factor in cultivating relationships, trust and a positive work environment. This had a meaningful impact on the ease in which the participants were able to navigate through complexity and achieve organisational objectives. Goleman (2006a) states that this is consistent with the helping professions, as concern for others is the motivational bedrock. ***Vanessa*** explains how she uses concern as part of her leadership role: 'I always try to demonstrate care for people and show genuine concern. It helps others to see that I am human and, in this complex business, the business of helping people, that is important'. Similarly, **Peta** advised:

> Do what is not in your job description. Take the time to do that little bit extra for others….it role models proactive, positive interactions for others, so that when they are

concerned, they will also help others and ultimately positively impacts on our workplace.

Sonya added that concern in Healthcare is especially important, stating:

> Being kind and having a positive demeanour towards others, not passing on all of your woes, but being there when people need you, showing care and concern for others and keeping focussed on the primary reason we are here: this is especially important in Healthcare where we sometimes see so much distress, heartache and tragedy.

Kerry explained a situation where she had demonstrated concern, with one of her staff:

> I guess I wasn't pushing her, I was strongly advising that, if I was in your shoes this is what I think that I would do. So, I guess depending on what is happening, it is showing that concern for others and being interested in their wellbeing.

Peta explained the criticality of concern, as it enables the establishment of trust, relationships and the shared purpose to achieve organisational objectives. **Peta** stated:

> I have no doubt that when my teams treat each other well and show care and concern for each other, that they are more engaged, as they can focus on what they are there to do, as opposed to "office politics" or "petty he said, she said' stuff.

In relation to concern and productivity, it is important to point out that there is a balance between concern for task and concern for others. Sendjaya and Pekerti (2010) point out that a leader who is concerned about task would ordinarily be focussed on planning and defining work, assignment of tasks, setting expectations and

pushing for performance, whereas a leader who is concerned about people would focus on engaging with warmth, establishing rapport, listening to and acknowledging the feelings of others and showing trust. Whilst this balance was not explicitly mentioned by the participants, the participants did demonstrate concern for others at the same time simultaneously trying to keep the workforce engaged and motivated in achieving organisational objectives. *Vanessa* explained, 'I knew that he needed help, so I just did it, I was there for him, despite all my other conflicting priorities'. Similarly, *Chloe* added:

> I was worried…the situation was troubling me. My team and I had never encountered a pandemic before, yet here I am now involved in the response. How was this going to impact my staff, their families? It was a scary time. I knew that there was so much media attention about the pandemic and there was so much uncertainty, so I was just honest with my team. I acknowledged that I knew the situation was causing them distress and that I was concerned yet tried to provide assurance and comfort that we were in this situation together. This moment that I had with my team was great. Despite all the pressures exerted upon me at that time, I took the brunt of that, to try to protect my staff and settle them for what was the long road ahead.

The analysis revealed that the participants were of the view that concern in all of its iterations is entrenched in Healthcare and that this approach to interacting with others had impacted positively and had been a contributing factor to their success as an executive working in a complex environment. The executives not only show concern for others, but they also set out to influence others.

Theme 2.2 Influence

Leaders are agents of influence (Hogg 2010). Influence is 'the manner in which social interactions are shaped' (Goleman 2006a, p. 95) and is a key leadership capacity which influences behaviours of others and in turn influences organisational outcomes. Influence is a social facility capacity that the participants directly referred to in their narratives and was raised by the participants as being a contributing factor to their success as an executive. Three of the participants, as part of the background question relating to their understanding of social facility, provided a response which resembled influence. As part of the participant narratives, the participants identified using influence as a strategy to produce desired results. The participants described how influence was a contributing factor in cultivating relationships and trust which had a meaningful impact on the ease in which the participants were able to navigate through complexity and achieve organisational objectives.

Vanessa articulated how she uses social intelligence to influence: 'When you have a really good understanding of social intelligence, you're able to really connect with others that you are working with and influence to achieve your desired outcome'. *Kathleen* was not as explicit as *Vanessa* in relation to how she uses social intelligence to influence but *Kathleen* is aware of the extent of her ability to influence and stated:

> I am aware of my sphere of influence. I know that there are some things that I cannot control, and I don't tend to get too caught up in those things, but I do believe that at the very least, I still have a role in influencing an outcome. My teams know that I will advocate for them'.

Ashley reinforced *Kathleen's* comments that having the capacity to be able to influence in complex environments was key, however

also added gender: 'Influence is fundamental in my role as an executive woman, as there is so much complexity and I need to understand when to push hard or pull back and influence from the sideline'.

The participant narratives display evidence of the dual nature of influence, one part grounded in command and control and the other grounded in relationships and trust, with there being a time and place for command and control; however, this was not their default way to influence. *Maddy* explained:

> During the COVID-19 pandemic, I found that I was much more aligned with command and control, as the circumstances demanded a quick, assertive and directive approach; however, as the pandemic has unfolded overtime, I have found that I have defaulted back to a more collaborative, consultative approach.

Peta also explained her approach to influencing others, which echoed *Maddy's* comments. *Peta* asserted:

> The essence of leadership is influence, not authority. I think that it's really important. You can easily influence people, but you don't have to be bossy, you don't have to be perceived as a bitch to get what you want. In fact, 'Lau Tzu' says that "water is soft yet it penetrates mountains" meaning softness over hardness and that's me.

The participants also explained how they had been able to influence specifically in complex systems to achieve outcomes. *Kim* stated, 'I always ask myself, how am I actually going to influence to get a better outcome, given the multiple players and the complexities?'.

Kerry had a similar perspective to *Kim's*, which supported the view that influence in Healthcare was fundamental given the

complexity of the system, however **Kerry** was also mindful of not always deploying her influence to the fullest extent. She stated:

> The health system is a big system; it's complex and multifaceted. Sometimes it can be quite overwhelming, when you feel like a little fish in a big pond and I probably do sometimes underestimate the influence that comes with my role. I am probably just subtler about how I go about influencing others.

Kouzes and Posner (1995) propose that through influence, leaders can develop a reputation and credibility for being problem-solvers and solution providers. This is observed not only by subordinates but also the executives' own line managers. The participants described how their use of influence had opened up opportunities for higher duties and leadership career advancement. **Amber** stated:

> I am strongly committed to the human and social capital of our organisation. I have had numerous conversations with my own line manager about how we can continue to invest in our staff. The commitment to personal and professional development that I seek for my staff is also something that I want for myself. It has provided me with an opportunity for me to speak with my line manager about succession planning. I have had, I guess you could call it, a persuasive discussion about setting up pipelines that will secure us for the future. The relationship and trust that I have with my own line manager has been observed and I have a high degree of motivation to perform, which has opened up opportunities for me to backfill in higher duties.

In addition, **Pippa** explained how she had used influence to enhance career opportunities and prospects:

Never in my wildest dreams did I think that I would be doing this job! I am blessed to have had a supportive boss who listened to me, believed in me and provided me with a secondment opportunity which positioned me well for this role. Whilst it didn't take much to convince him, it was a risk for him, as it meant that we were a bit short on the ground at the time. I needed to ensure that we had a plan in place to ensure that the functions associated with my role could continue seamlessly in my absence. I am grateful for that secondment opportunity, as it changed the trajectory of my career.

The participant responses indicate that influence is a critical social facility capacity for executive women to master. It has enabled the participants to cultivate relationships and trust which has had a meaningful impact on the ease in which the participants were able to navigate through complexity and achieve organisational objectives. The participants' use of influence has also had a direct impact on their own personal and professional development as it opened up opportunities for higher duties and leadership career advancement.

Theme 2.3 Leadership

There is a direct link between social intelligence and effective leadership (Goleman & Boyatzis 2008). This was evident from the data analysis. Leadership skills and the capacity to lead had a strong presence in the participants' narratives and was raised repeatedly by the participants as being a contributing factor to their success as an executive. All of the participants identified leadership directly in their narratives. The participants discussed what they believe makes their leadership approach effective and described and reflected upon their leadership style. The

participants' responses demonstrate the unique leadership offerings of women and how they use their unique leadership approach to engage with others and navigate complexity. For example,

> As a woman, I have a tender, softer side and communicate with passion and purpose, however, I also have confidence in my ability and know that I can use my interpersonal skills and engage positively with others to achieve our goals. ***Vanessa***

> I was a bit worried about my leadership style which is very much "peace, love and mung beans", and that it might be perceived as unprofessional; however, what I have realised is that my style makes people feel at ease. ***Pippa***

> To me, good leadership is such an honour to receive and provide. I have a position of responsibility and having the opportunity to lead from the front is something that is really important. I really enjoy having the opportunity to steer the future directions and do so in a way that is flexible and consultative. I am mindful of the staff who deliver the services. They really are the heroes. ***Louise***

In relation to how the participants lead their teams in complex environments, the participants discussed needing to pivot and adjust their leadership approach. ***Pippa*** said:

> Sometimes my teams look straight to me to find a resolution to their issue. Whilst that may be the easy solution – to be told what needs to be done – it does not encourage critical thinking and confidence in my teams. Whilst I am the leader and will always be available when they need me, I don't want

to create dependency, I want to enable my teams to stretch and learn.

Further to this, **Kerry** explained:

Leading teams is a great privilege, however there is no magic bullet for leadership in complex settings. It requires constant awareness of the situation, knowledge of the individual personalities and an assessment of appropriate response.

The majority of the participants also outlined in detail why social intelligence is particularly important for women's leadership: however, there were many general references to social intelligence and its importance to women's leadership in the narratives. As **Vanessa** explained:

Social intelligence is important in women's leadership, because it's, to many of us, an inherent skill, that takes us, and affords us so much insight and capacity. And as I said before, it is a blind spot, it is a blind spot in many people, but it is so important in women's leadership, particularly in Qld Health, again, because executive women are under-represented. I think that if you have that social intelligence ability, it really puts you in a good position to be able to, you know, it is one thing to have the knowledge, and skills and the experience, but if you fail to have that social connection and intelligence, then, you are going to miss out on so much.

Related to this, **Chloe** reflected:

It is particularly hard for women in leadership positions, particularly I think for women, to get that balance – too harsh because they are trying to hold everyone to account or they are being too soft and wanting to be polite and nice to

everyone and not get the job done. In general, I think, there
is a higher level of social intelligence in female leaders. I
know that that's a terrible thing to say. I don't know whether
it's because they are a figure of "more caring", and the
society influence….and those sorts of things.

Sonya's statements also supported **Vanessa** and **Chloe's**
perspective that social intelligence is critical to women's leadership
as it provides an opportunity to connect socially, gain insight and
demonstrate a social ability. **Sonya** also added commentary in
relation to navigating complexity. **Sonya** explains,

I believe that women have more insight into themselves and
others. I use my social intelligence to interact and connect
with my colleagues. I have the ability to socially "make
sense' of situations". I believe that women are still under-
represented in executive roles in Health, however I have
used my social skills as a strength, and these have helped
me be an effective female leader. These social skills have
also put me in good stead to be able to traverse through
organisational complexities and still deliver.

The participants strongly emphasised the importance of social
intelligence to leadership, particularly from their perspective as
women leaders. The participants demonstrated how their
leadership style, their capacity to lead and their use of social
intelligence were contributing factors to their effectiveness and
success as executive women.

Theme 2.4 Problem-solving
'In changing and complex times, we need to rethink how we do
business and how decisions are made' (Pattillo & Nesus 2008, p.
4). The participants referred directly to problem-solving in their

narratives and raised this repeatedly as being a contributing factor to their success as an executive. The participants described how their ability to problem-solve, had a meaningful impact on the ease with which the participants were able to navigate through complexity and achieve organisational objectives. Many of the participants recognised that what had worked in straightforward situations previously was unlikely to prove fruitful when navigating complexity. *Kathleen* asserted, 'We cannot navigate complexity as usual, as the situations we face are often not usual,' and added, 'The problems are not simple, they are often complex problems that exist in a complex system. Some of my colleagues even refer to these as wicked problems'. A different approach to problem-solving requires leaders to bring others into the process and engage in a collaborative and facilitative way where diverse views and experience can be applied to resolving complex problems (Pattillo & Nesus 2008).

Louise articulated how she demonstrated such an approach to problem-solving:

> I first want to know what the actual problem is, like what is the actual cause of the problem. I listen, collaborate and share the why and then engage on the how, as I don't have all of the answers.

Louise then went on to say:

> As leaders we always need to be mindful of not jumping to solve problems pre-emptively, as it is often the case that you think you solve the problem, only to find out that you haven't solved the problem at all, rather that you have created yet another problem'.

Pattillo and Nesus (2008) support *Louise's* narrative that leaders need to engage in open dialogue with others and take time to consider options instead of rushing to solutions.

Chloe discussed how important confidence is when problem-solving, declaring, 'If there is one thing to say to an aspiring leader, it is to back yourself, have a bit of faith in yourself to solve an issue or achieve a result. None of us are perfect'. ***Peta*** also discussed how she felt she carried a huge amount of personal and professional burden to solve all of the problems when she first became an executive and detailed how this affected her self-confidence:

> During the early stages of my tenure as an executive, I felt a huge amount of pressure to solve all of the problems, I guess, maybe because I also wanted to prove myself. But I was stuck in a state of analysis paralysis. I didn't want to make the wrong decision, and this affected my self-confidence. What I have learnt is that yes, the buck stops with me, but sharing responsibility and being vulnerable in saying that I don't have all the answers, is completely okay. In fact, I think people respect that more, as they have an opportunity to contribute and buy into the solution.

Overall there was strong evidence of navigating complexity in the data. This was the only theme that had four sub-themes, which reflects the presence and significance of this theme. The results demonstrate that it is critical for an executive to be able to navigate successfully and effectively through complexity. It was also apparent that the participants felt that their leadership style and social facility capacities relating to this theme of concern and influence were contributing factors to their success as executive women, with some of the participants reporting a direct correlation to their career advancement.

Theme 3: Enhancing Reputation

Another common thread throughout the qualitative data analysis was the participants' expression of and united view on the importance of enhancing reputation. Personal reputation is the positive persona a person develops and is constructed based on how competently others perceive a person performing a role, and that individual being helpful in the workplace (Zinko et al. 2012). There was a common belief among the participants that it was a necessity for executive women to build a reputation and to be known as someone who is credible, professional and recognised for the achievement of outcomes, not only due to the impact on their day-to-day activities and tasks but also the impact on their leadership journey.

Before building and maintaining a reputation however, the participants noted the requirement to value reputation, because if it is not valued then one is unlikely to be mindful of its importance and impact. **Chloe** stated that you first need to acknowledge and understand whether or not reputation is of value to you and suggested, 'First acknowledge what you want your reputation as an executive to be and then you need to build that reputation before you can use or leverage it'. **Louise** did make it clear that 'your reputation starts from day one, be mindful of what you do, what you say, who you associate with as this all contributes to the building of your reputation as an executive woman'. **Louise** has also learnt that as part of preserving her reputation she 'continues to be mindful of these things' and remarked, 'I don't let my guard down'. In somewhat of a contrast to **Louise's** view, **Ashley** suggested a bolder approach: 'Be courageous – put your big girl undies on and get on with it. Be a trailblazer'.

Pippa spoke about what can happen when reputation has a negative impact on future career prospects and provided an example where she has seen very capable, promising future leaders let down by their reputation: 'If you behave poorly, lie, manipulate and treat others without regard, your executive reputation will spread like wildfire. Especially in Health, where relationships are so ingrained, your reputation will follow you'.

Vanessa described how an achievement orientation was important and she explained how she used social intelligence to build her reputation and position herself for promotions and opportunities:

> If you don't have a good reputation as a leader, you don't get the promotion. You do need to demonstrate you can achieve things and you do need to demonstrate that you can socially engage in the system and not annoy or get others offside. Reputation is extremely important so that you are able to work with and across agencies and the community. Reputation is critically important to my career progression.

Concurrently, **Kim** reported a similar view about the importance of social intelligence, building her reputation and career opportunities and specifically referenced Healthcare,

> It's about being memorable, being credible, being professional or being in the right place at the right time. You become known, people know what you do, how you treat them, how you use your social intelligence to engage your colleagues and teams. You have a reputation in Health for specific things and people call about you when they need things done. Do it well and career opportunities can be afforded down the track.

Building and maintaining a reputation which is characterised as credible, professional and achievement-orientated is a precursor to success as an executive woman, according to the participants in

this research. In addition, the participants explained how they used social intelligence as a way to build their reputation and subsequently advance their careers. There are particular components of the enhancing reputation theme which were evident from the analysis of the data and these are particularised under the sub-themes below.

Theme 3.1 Achievement of Outcomes

The participants referred to achievement of outcomes directly in their narratives and raised this repeatedly as being a factor contributing to their success and reputation as executive women. This is critical because reputation creates opportunities and may therefore have an impact on the career advancement of women (Clark 2018). **Kim** stated, 'As an executive, the achievement of outcomes and deliverables goes with the territory,' and added, 'There is an expectation that we deliver as close to budget and on time. There is significant reputational damage that can occur if I was to fail in this regard. Luckily, I have done okay so far'. Further to this, **Chloe** stated:

> My success as a leader is more than simply the achievement of tasks, however task and activity completion are a big part of what we do in order to move forward the health agenda and to continue to serve the public. The way in which I deliver the tasks and activities is what is important, as I need my people on board to help achieve our goals. This ultimately informs and influences my reputation, as it is how I go about our business…maybe a women's touch helps…after all we are in the business of people.

Vanessa articulated the role of social intelligence and its relationship to the achievement of outcomes and her leadership reputation:

Social intelligence is critical for executive women because so much happens and happens quickly….the pace of our roles, the pace of the activity at this facility is extraordinary and I think, you can get left behind and not actually pick up what is going on with your people and the organisation, if you don't have social intelligence. I need to have the social smarts to perform my role and to deliver what I need to deliver. I know that I am a doer and as a doer I get things done. This often means that I get more to do. I see this as my duty as an executive team member.

Notwithstanding acknowledgement that the achievement of outcomes was a contributing factor to the participants' success and reputation as executive women, the participants did not make a direct connection between achievement of outcomes and individual career advancement. This may be due to the participants' view of their reputation and the achievement of outcomes as a current state impacting personal and organisational success, as opposed to impacting future career advancement. Not only is it important for women to be able to achieve outcomes to build and maintain their reputation, but the participants also described how they were conscious of how they turned up each day to perform the functions of their role. The participants discussed how aesthetic labour had played a role in their leadership journeys. Attention is given to exploring the sub-theme of aesthetic labour in the following section.

Theme 3.2 Aesthetic Labour

Warhurst et al. (2000, p. 1) defines the phrase, aesthetic labour, as being a worker's 'embodied capacities and attributes', which include but are not limited to 'deportment, style, accent, voice, and attractiveness' (Williams & Connell 2010, p. 350). Only one of the

participants, **Kerry**, as part of the background question relating to an understanding of social facility, provided a response which resembled presenting ourselves effectively, that is self-presentation. 'It is how you hold yourself, how you act, what you do with the awareness', she said. **Peta** however, explained as part of her narrative how she presents self in order to influence how others perceive her, 'I love to embrace my feminine side,' and went on to say:

> I love wearing dresses to work, it shows my softer side. I think that there is a predetermined image that many people have about executive women in particular, but I try and find the middle ground with it and dress professionally and act professionally, then back it up with how I perform my role.

Similarly, **Chloe** stated as she laughed, 'We can always throw a bit of red lippy on to get a little more power or we can put some stilettos on if we need to command the room'. **Kim** also explained how she has felt that it was important to dress a certain way at work given her position in the organisation, but stated that she understood that there were some social norms about what is appropriate and what is not, and added that there can also be the extreme at both ends:

> I always aim to dress professionally, and take pride in my personal grooming, however in Healthcare, I think that it is slightly different to a traditional corporate environment, as you still need to be approachable with patients and staff. You don't want to come across as stiff or unrelatable, so there is a balance.

Whilst there is no information from the participant narrative to suggest that appearance impacts on their ability to perform their

roles, the participants do believe that it still matters. *Kerry* explains:

> The majority of our assessment of other people is based on appearance – how they speak and their mannerisms – so as an executive woman, I am aware that if I turn up to work looking like I should be at a nightclub, then people are unlikely to respect me, and this will have an impact on my reputation.

Although many of the participant narratives captured are outward-facing considerations of aesthetic labour, there was one participant who stated that it also made her feel good about herself. *Louise* said:

> As an executive woman, I want to make sure that when I am in a room full of men in suits, that I don't look out of place, but I also make the effort with my appearance and my overall conduct, as it makes me feel good about myself and I know that first impressions count.

Louise goes on to say:

> I actually like wearing nice clothes, having my hair done nicely. It gives me confidence, and so long as I don't look out of place, there is no harm done. This is not to say that when I was a clinician that I didn't like wearing scrubs, but I am proud of my role and it is about the whole package – attitude, attire and being able to perform the role.

The participants also reported some of the judgement that they had experienced as executive women – a result of their age and appearance. Firstly, *Vanessa* explained:

> When I first stated in the role, I was so excited. I looked the goods, I knew the goods and I was ready to go; however, my line manager at the time took me to a ward to meet some of

the staff and there was an individual towards the back who I heard say, "Who's the blonde?". This really hurt. I thought to myself, "Stuff you, buddy!". I don't let anyone's judgement bother me these days. So long as I am comfortable and confident, and I know that I have the majority of my staff on board, I'm not fussed about the rest.

Similarly, *Kim* stated:

I have always been a fairly determined person, and up until my recent appointment, my age had never been mentioned by anyone, however I had a staff member enquire about my age during my first week in the role, as they thought that I was not old enough to be in this role.

Kim went on to say, 'If only they knew how hard I had worked to get to where I am'. By no means, do the participant narratives suggest that there is a cultural practice of discrimination in Healthcare, rather the participant narratives suggest that there are at least some staff in the workplace who have inherent expectations about what a normal executive looks like and what is socially acceptable behaviour.

There was one participant who referred to the social element of aesthetic labour, with *Chloe* commenting:

I am quite tall. Those are social things that you need to be aware of when you go into situations, as it will determine how empowered you feel in that moment, and whether I feel empowered because I am at eye level with most of the men or whether I am more conscious of having to look down at women or shorter men and then how I change my approach accordingly.

Whilst *Chloe* was the only participant who specifically referenced the social element of aesthetic labour, the majority of the

participant narratives do reflect the social dynamics that exist when they are considering and making decisions about their presentation, dress and mannerisms. As an extension of this, it is important to outline the results relating to the participants' view on the impact aesthetic labour has on career advancement. **Peta** explained:

> As a female executive, you always think about how you present, what you look like. We power dress for a reason, we dress nicely for a reason. You know, absolutely, the way that you present is really important and not everybody likes the way that we present, but you have to.

Peta's narrative reflects that as an executive woman she interacts readily with other people and whilst she is unable to control others, she does think about how others might see her and makes decisions about what she wants to convey, noting her view that 'it does help with your career'.

The concept of aesthetic labour is relevant to reputation and women's leadership. Building and maintaining reputation through appearance of capability and attributes necessitates a range of behaviours including aesthetic labour. In the next section, discussion ensues about how the participants manage and take responsibility for the trajectory of their career, through reputation.

Theme 3.3 Personal Responsibility for Career

The data analysis made evident the importance of executives not only having leadership skills and social intelligence but also taking personal responsibility for their career direction and overall career advancement. This was raised repeatedly by the participants as being a contributing factor to securing executive roles and maintaining them. There was a strong sentiment in the narratives that the leadership labyrinth for women can be challenging, given a

number of reasons already outlined such as bias and gendered norms; however, what was evident is that women need to be active and deliberate in how they progress their careers, whilst establishing and maintaining a positive reputation along the way. **Chloe** stated:

> What other people think about you and how they speak of you matters to your career. Your reputation will always precede you, therefore when you are contemplating becoming an executive or if you are already one, then approach your career with purpose and intent, plan it', and she added, 'It is really about the process and not thinking that you have made it to the top and that's it.

Ashley also contributed a striking analogy relating to reputation and potential impact on her career, stating, 'If you are not at the table, you are likely on the menu', referring to the need to be present at the executive table, demonstrating that **Ashley** is deliberate and intentional in showing up and being visible, so as to minimise any risk to her role and or her functions.

Ashley also shared further about how she considers all options in taking personal responsibility for her career in order to give herself the best chance for future opportunities, asserting:

> Whilst we have a choice about how far we wish to progress our careers, I think that women do have a more challenging time progressing their careers than men. Once we have made our mind up, we need to explore all options to help us achieve our goals.

In addition, **Kim** reported how she had 'learnt to not burn any bridges in the process of securing my next role'. The participant responses signify that reputation does have the potential to lock or unlock opportunities and is therefore an important element of

leadership for women to consider when acting to advance one's career.

There was a strong belief from the participant narratives that a woman who wants to be an executive is responsible for getting herself there and keeping herself there, should this be her goal. The participants discussed a number of practical activities which they propose may enhance social intelligence and could assist aspiring executives in advancing their careers including the importance of mentoring, self-reflection and opportunities to stretch. These practical activities are discussed next.

Mentoring

Mentors are described as individuals who assist mentees to gain access to social connections and networks, provide guidance, encouragement and support career advancement (Olian et al. 1988). All twelve of the participants identified mentoring as a practical activity to enhance social intelligence. Some of the participants who are engaged currently as mentors shared the following:

> For those individuals who aspire to be an executive, mentoring and having access to others to learn, to debrief and to grow may help enhance your social intelligence and help you get there.
> ***Ashley***

> If you seek to improve your social intelligence, look for people who inspire you. Ask them to share their real-life practical experience. This will help you on your career journey.
> ***Pippa***

In a mentoring relationship, I encourage and enable people to talk about their areas of growth so that they can learn along the way. This not only increases social intelligence but also emotional responses to situation as well, which is important in challenging work environments such as health. *Maddy*

You are never going to change someone's personality, however, as a mentor, you can guide them towards improvements that can be made to help with social engagement and, ultimately, patient care. *Louise*

The participant narratives reflect that mentoring could further support the career advancement of aspiring Healthcare executives. None of the participants described being in a mentoring relationship as a mentee, however this does not preclude this element of a mentoring relationship. Rather, it may be that the interview dialogue did not elicit that data.

Self-Reflection

Self-reflection can be defined as a learning strategy and involves a solitary experience where a person examines oneself (Cheng et al. 2020). The participants discussed self-reflection as a practical activity to enhance social intelligence and suggest that it could further support the career advancement of aspiring executives. *Chloe* suggested the following:

Assess yourself, know your strengths and weaknesses. This will help you better understand areas of improvement that may help you engage with others more effectively. If you don't understand yourself, then you are unlikely to be able to

understand others. If you don't understand others, then you are unlikely to be able to lead effectively.

Chloe advised further, 'Don't be self-critical. There is a difference between self-reflection and self-criticism'. She also stated that she thinks 'Women are particularly self-critical about themselves and their worthiness for executive roles, whereas I have not experienced many men engaging in such self-criticism, well at least not sharing it'.

Vanessa added to *Chloe's* sentiments and identified: 'It is not enough to simply reflect, there needs to be a purposeful act of thinking about yourself,' and explained:

> If necessary, you should circle back to the person/s in the interaction and discuss, debrief, check in to test your understanding. This increases trust and lets people know that you have been thinking about them and the interaction. It is building your reputation of being honest, open and attentive which are all important attributes of leaders.

Kim concurred with *Vanessa's* view and demonstrated the criticality of self-reflection as it not only creates opportunities to impact others positively, but also self:

> I strongly encourage all staff to engage in self-reflection. However, I think that it is particularly important for leaders, as you have a responsibility to positively role-model and understand how you could have responded better or done things differently. This lets staff know that you are not perfect and don't always get things right.

Not only did the participants discuss how self-reflection could be helpful for an aspiring executive, but they also articulated how they themselves have used and continue to use self-reflection as a key activity to better understand interactions and assess what went

well and not so well. **_Kim_** explained how she uses self-reflection following most of her interactions, 'After almost all of my interactions, I have a conversation with myself…more of this, less of that'. **_Maddy_** added:

> Sometimes issues are not obvious, so I like to take the opportunity to visualise stepping out and look into my interactions and see what happened when I said certain things, how did the person respond and what I could have done differently.

None of the participants identified using self-refection in the midst of their interactions. Noting that social intelligence is about how individuals engage and interact with the social world (Goleman 2006b), there is an important connection to how self-reflection can be used to inform and guide interactions (Braunstein-Bercovitz 2014) and therefore impact relationships and potentially career advancement.

Opportunities to stretch

The participants discussed being open to opportunities to stretch as a practical activity to enhance social intelligence, and propose that it could further support the career advancement of aspiring executives. **_Maddy_** explained:

> I like to provide opportunities to see how staff manage and respond to stretch opportunities. Some people flourish interacting with different people and being in different environments, and others don't as they may not be ready. It is relatively low risk and can give staff leadership opportunities to extend themselves.

Vanessa provided some encouraging words to aspiring executives: 'Seize opportunities even if you don't always succeed'. **_Amber_** discussed the importance of stretch opportunities at all levels and stated that organisations should 'create a pipeline of leadership

development opportunities for people as they work through the system from early career to executive levels. **Kathleen** explained how she seeks to promote socially and emotionally challenging opportunities:

> I enjoy challenging my team, giving them difficult assignments as you get to really see how committed someone is, how they manage under pressure and in different environments. It is one thing to manage your own team to then move into a task that requires you to have regular engagement say with the Chief Executive Officer. It is interesting, and I learn a lot from seeing that change and how people manage socially and emotionally. It is one of the best teachings for up-and-coming executives.

Pippa also supported **Kathleen's** view and explains how the provision of stretch opportunities is an important component and responsibility of an individual as part of their executive career development:

> Staff really get to know about a lot themselves with stretch opportunities, not only is it challenging for the individual, but other executives or colleagues are able to observe how one responds. This is so important as an executive, where you need to pivot socially, emotionally and physically with ease. The experience allows staff to work out what they actually want out of a potential new career.

The participants then went on to discuss what happens after you have secured an executive role. In essence, the participants believe that personal responsibility for one's career does not end – unless through retirement or other means – as 'it is an ongoing venture which should constantly evolve overtime, over the course

of your career', said **Maddy**. Of particular importance, according to **Vanessa's** advice is to:

> Keep high levels of interest, engagement and energy as part of your work and forward looking with your career, given the temporary nature of an executive's contract of appointment: meaning that pressure and performance are always front of mind, because at any time you could have your contract of employment ended.

Sonya added:

> The things that you do to secure an executive role need to continue ongoing as part of one's leadership journey, seeking to continuously improve and deliver more for self and the organisation, therefore reinforcing personal reputation and…longevity in the organisation.

It is clear from the participant narratives that personal responsibility for one's career is an ongoing journey, and whilst there are a number of practical activities which the participants propose may increase social intelligence and could assist aspiring executives in advancing their careers, if one wishes to continue to progress a leadership career, then commitment to continuous self-improvement, personal growth and development are fundamental throughout one's career whether it is a new or a long-term established career.

Theme 4: Building Self-Trust

Building self-trust was a common thread that became evident throughout the data analysis. According to Nyhan and Marlowe (1997, p. 615) 'trust is the level of confidence that one individual has in another to act in a fair, ethical, and predictable manner'. **Maddy** articulated the significance of trust as an executive leader, 'Trust is really everything as a leader, without trust, I am not able

to build productive relationships and I certainly am not able to affect change'. **Kerry** supported **Maddy's** assertion and discussed how trust is especially important for senior leaders in organisations because it has an impact on productivity, relationships and reputation, stating, 'The staff need to know that as a senior leader they can depend on me, that they will be supported through challenges, that they will have the resources that they need and that we remain focussed on serving the public,' and added, 'Without this, my job would be near impossible. Everything that I do is judged and assessed by others, so it is important that I constantly engage in trust-building activities'

The participants also discussed how trust is a two-way construct and that in order for trust to be received, it needs to be given. **Louise** explains, 'Me trusting others is not enough. I need others to trust me as well. It takes a lot of time to build trust via relationship building efforts and role modelling'. **Louise** did however make it clear that 'Once trust is secured, we then need to turn our attention to keeping the trust and vice versa for my staff'. **Louise** has also learned of herself, 'My own awareness of self helps me keep trust in check, because not only do I need to trust others, and they trust me, I also need to trust myself'. **Vanessa** also agreed with **Louise**'s view and articulated some of the ways that she builds trust, stating: 'I do my part, then I enable personal responsibility, remove organisational roadblocks or constraints as needed and then get out of the way', adding:

> I know that my staff will perform the functions of their role and if they have any issues they will let me know. I have demonstrated this level of confidence through my verbal discussions, but also by standing back if needed. Sometimes it is hard, but this is how we learn. We learn through experience and it is not for me to jump in and save everyone

all the time. My team know that I trust them and I think that they trust me….as this really is a large component of my executive leadership style.

Ashley explained how she makes every effort to ensure her communication with her teams is regular and 'open to the fullest extent possible'. She updates and shares the information that she can and when she is not able to share, she explains this to her teams accordingly. *Ashley* added that this is critical as a leader, because 'when staff are not informed, there is a risk that they may make up their own versions of events or scenarios, which is when rumour-milling starts, and trust is threatened'. The participants also discussed a direct connection between trust, social intelligence and career advancement. *Vanessa* stated:

> You have to have the ability to be a genuine leader of people if you want to advance yourself. I think with that comes the requirement that you've got to be able to able to trust that you have the right internal instincts to be able to action what you sense and feel and hear, 'cause so much of it gets missed in translation and we talk so much about staff wellbeing and the wellbeing of our people – well, a lot of that relies on social intelligence.

Peta explained further and provided an example of how social intelligence is shown:

> To go into a meeting and use your social awareness skills, to be able to not create barriers, and not upset people, but also read the cues around their level of distrust or their level of anxiety around a possible significant change to work practices. So I think how it has helped me – well, when you are not the clinical expert, you need other things, you need professionalism and leadership and relationship building. If

you can do those things and do them pretty quickly and smoothly and nobody even knows that that's what you are even using, you know, it really helps to build trust, credibility and ultimately your career.

Building and maintaining trust is a precursor to success as an executive leader, according to the participants in this research. The participants explained the connection between trust, social intelligence and career advancement; however, there was no data in relation to the extent that the participants' employees trust them, other than their own self-reports. There are particular components of the Trust theme which were evident from the analysis of the data and these are particularised under the sub-themes below.

Theme 4.1 Loneliness

'Loneliness can be conceived as a social deficiency. Loneliness exists to the extent that a person's network of social relationships is smaller or less satisfying than the person desires' (Peplau & Perlman 1979, p. 101). The participants referred to loneliness directly and raised this as a challenge that comes with an executive role. The participants described how they had endured feelings of loneliness as an executive however they also acknowledged the co-existence of loneliness and leadership and articulated the ways that they had navigated such experiences to ensure both personal and organisational success. **Kathleen** described how she had endured feelings of loneliness as an executive, and commented, 'Even though I have good relationships with my other executive colleagues, I am often lonely'. **Vanessa** recounted similar feelings and revealed that 'it can be rather lonely'. **Ashley** also disclosed that 'it can be lonely and at times; it feels like there is no one to

turn to'. The participants also acknowledged the co-existence of loneliness and leadership, as **Kathleen** explained:

> It is being able to, I guess, depend on yourself and the higher up you go in these executive roles, you need to be confident, use your social intelligence and believe in yourself, make decisions and to deal with pressure as you don't have lots of people around you most of the time.

Likewise, **Maddy** admitted that 'the mere nature of my role means that at times, loneliness can be a common feeling, especially when I am the first one to arrive at work and often the last to leave'.

The participants also articulated the ways that they had navigated such experiences to ensure both personal and organisational success. **Kathleen** described how critical it is to have an awareness of loneliness and the ways to minimise its impact:

> It is really important to be able to identify people that you are able to connect with, and that you have those good relationships with as you can't achieve much alone, so having that ability, I guess, [to] empathise with people…Particularly at this level, we all go through similar sorts of issues at different times, being able to be that shoulder to cry on, or that person who you can bounce ideas off and know that you will do the same thing, so that you reciprocate. Having that ability I think is really important in an executive role 'cause there are – so much of what you do, you can't talk about – and particularly in a health service, I can talk to my executive colleagues about certain things and that's great, but we are all very busy people and we might only see each other once a week when we get to the exec. meeting. Between times, I need to be able to manage my own isolation and be active in reducing its frequency.

Relating to this, **_Kerry_** stated:

> Interaction and connection to community and the patients is really important to me and its significant for my role. It provides me with a great opportunity to remain connected and to understand the issues on the frontline, which you don't often get when you are an executive sitting in back-to-back meetings for most of the day'.

It is important for an executive leader, especially executive women, to have awareness of and insight into the prevalence and impact of loneliness, and trust their decision-making and judgements, draw upon their social intelligence and be an active participant in minimising the impact of loneliness both personally and professionally.

Theme 4.2 Intuition

Intuition was a common thread that became evident throughout the data analysis. Volz and Cramon (2006) describe intuition as the aptitude in knowing something instantaneously without conscious effort. The participants discussed intuition, specifically using their gut instinct, to lead. **_Louise_** explained how she experiences intuition 'I usually have a feeling about what is the right action to take; it is a feeling that I get in my gut'. **_Amber_** also shared **_Louise's_** experience and discussed how she approaches decision-making, stating:

> With time, I have developed a strong sense of what is right and wrong, what is acceptable and what is not. I have a lot of trained and highly experienced professionals around me. Ultimately however, most of the decisions are with me, therefore using my inner voice and leaning into that feeling is important.

Louise added, 'I guess it is probably my social intelligence, sensing that something is not right or is off and then taking action to address'.

Kathleen explained occasions where she had not trusted her gut instinct and stated:

> I have learnt to not solely rely on my gut instinct; however, it does have value and we should trust it. It's just a sense that I get when I am reading, reviewing, observing and often it triggers me to have confidence with the situation or it triggers me to explore something further. It is one part of how I like to make decisions and I do my best to be aware of it.

In addition, *Kim* articulated a strong reliance on her gut instinct as part of the narrative, explaining however that there was an occasion where she did not listen to her gut instinct:

> I went exclusively with the information in front of me. I sensed pressure from other members of the team, so I just went with the consensus. However, nowadays I am not so shy. I express to the team my feeling and sense about a situation, even if it contradicts the information.

The participant narratives did not reference intuition and women explicitly; however, noting that the participants were discussing intuition from their own personal perspective, the lens through which they were viewing it was that of intuition from executive women's experiences and observations. The participant narratives do reflect that it is important for leaders to have both awareness of and self-trust in their intuition, however not relying on it or dismissing it exclusively, but rather seeing it is one piece of intel that can be used to inform executive decision-making.

4.4 Summary of Findings

This chapter discussed the findings from the analysis of qualitative data collected from twelve executive women, with the aim of answering the research question. The primary purpose of this qualitative research was to identify the social intelligence capabilities that promote leadership career advancement of executive women in a Healthcare context. The first theme, nurturing relationships, highlighted the importance and significance of relationships as it related to the participants' role. The participants do perceive a connection between social intelligence, its role in establishing and building relationships and the subsequent impact on their careers. Regarding the sub-theme, rapport with others, the participants referred to the importance of being able to build rapport with others in order to progress the achievement of organisational imperatives and objectives and spoke of the ways they had leveraged their rapport-building efforts to establish solid relationships. In relation to the sub-theme, active listening, the participant narratives reflected how the executive women use active listening as part of their executive leadership role and there was a connection between the participants' ability to be able to listen actively and their capacity to be able to perform the functions of their role. Lastly, the sub-theme, empathy, highlighted the criticality of empathy in maintaining and building relationships.

The second theme, navigating complexity, highlighted the complexity of Healthcare and revealed that it is critical for an executive to be able navigate through complexity successfully and effectively. The participants do perceive a connection between social intelligence, its role in helping to navigate complexity and the connection to career advancement. In relation to the sub-theme, concern, the participants described how the concern that

they had and demonstrated for others was a contributing factor in cultivating relationships, trust and a positive work environment, which had a meaningful impact on the ease in which the participants were able to navigate through complexity and achieve organisational objectives. This approach to interacting with others had impacted positively and had been a contributing factor to their success as an executive working in a complex environment. Regarding the sub-theme, influence, the participant responses indicate that influence is a critical social facility capacity for executive women to master. The participants drew upon social intelligence using both social awareness and social facility, specifically social cognition and influence capacities to perform the functions of their roles. The participants' use of influence has also had a direct impact on their own personal and professional development as it opened up opportunities for higher duties and leadership career advancement.

Concerning the sub-theme, leadership, the participants identified leadership directly in their narratives and demonstrated how their leadership style, their capacity to lead and their use of social intelligence were factors contributing to their effectiveness and success as executive women. The majority of the participants also outlined in detail why social intelligence is particularly important for women's leadership. The participants felt that their leadership style and social facility capacities – concern and influence – relating to the navigating complexity theme were factors contributing to their success as executive women, with some of the participants reporting a direct correlation to their career advancement. Lastly, the sub-theme, problem-solving, highlighted how the participants' ability to problem-solve had a meaningful impact on the ease with which they were able to navigate through complexity and achieve organisational objectives.

The third theme, enhancing reputation, highlighted the necessity for executive women to build and maintain a reputation and to be known as someone who is credible, professional and recognised for the achievement of outcomes, not only due to the impact on their day-to-day activities and tasks but also the impact on their leadership journey. The participants explained how they used social intelligence as a way to build their reputation and subsequently advance their careers. Regarding the sub-theme, achievement of outcomes, the participants referred to the achievement of outcomes directly in their narratives and raised this as being a contributing factor to their success and reputation as executive women.

In relation to the sub-theme, aesthetic labour, there was no information from the participant narrative to suggest that appearance impacts on executive women's ability to perform their roles: however, the participants do believe that aesthetic labour is an important concept for executive women to be aware of. The participants reported some of the judgement that they had experienced as executive women to be a result of their age and appearance. Whilst there was limited reference to the social element of aesthetic labour, the majority of the participant narratives do reflect the social dynamics that exist when they are considering and making decisions about their presentation, dress and mannerisms. There is a relationship that exists in how executive women embody aesthetic labour, the manner in which they socially negotiate their interactions with others, and ultimately, the perceptions informing and influencing their reputation.

Concerning the third sub-theme, personal responsibility for career, the participants raised this as being a factor contributing to securing executive roles and maintaining them. There was a strong sentiment in the narratives that the leadership labyrinth for women can be challenging; however, what was evident is that women need to be active and deliberate in how they progress their careers, whilst establishing and maintaining a positive reputation along the way. The participant responses signify that reputation does have the potential to lock or unlock opportunities and is therefore an important element of leadership for women to consider when acting to advance one's career. The participants discussed a number of practical activities which they posit may enhance social intelligence and could assist aspiring executives in advancing their careers including the importance of mentoring, self-reflection and opportunities to stretch.

The final theme, building self-trust, revealed how important trust is for senior leaders in organisations because it has an impact on productivity, relationships and reputation. The participants articulated how in order for trust to be received, it needs to be given and that their ability to be able to build and maintain trust was a significant predictor of organisational effectiveness and impacted on their ability to be able to build relationships and perform the functions of their role. The participants discussed a connection between trust and social intelligence. Building and maintaining trust is a precursor to success as an executive leader, according to the participants in this research. The participant narratives also referenced trust, social intelligence and career advancement directly. Regarding the sub-theme, loneliness, some of the participants referred directly to loneliness and raised this as a challenge that comes with an executive role. The participants described how they had endured feelings of loneliness as an

executive; however, also acknowledged the co-existence of loneliness and leadership and articulated the ways that they had navigated such experiences to ensure both personal and organisational success. The participants also articulated the ways that they had navigated such experiences to ensure both personal and organisational success and managed their own isolation. The final sub-theme was intuition, where the participants discussed the use of their gut instinct to lead – self-trust. The participants emphasised that intuition should not be relied upon or dismissed exclusively, rather, to regard it is one piece of information that can inform executive decision-making.

Chapter Five follows with a discussion of the findings and presentation of leadership capabilities as a key response to the research question.

CHAPTER 5: DISCUSSION

5.1   Introduction

The primary purpose of this qualitative research was to identify the social intelligence capabilities that promote leadership career advancement of executive women in a Healthcare context. A qualitative theme-based approach was used to enable deep exploration of understanding, experiences, perceptions and reflections of twelve women who hold executive level positions in Queensland Health. In order to gather the data needed for the analysis, one main research question and two sub-questions as they relate to social awareness and social facility were used to guide the research.

Chapter Four reviewed the findings related to this research. It presented four themes and twelve sub-themes which emerged from the executive women's narratives. This chapter will provide a summary of the findings and introduce a theoretical framework for executive women in a public sector Healthcare organisation and social intelligence capabilities required for their career advancement. The discussion of the findings, broken down by theme in the context of the literature presented in Chapter Two ensues. For the purpose of the discussion, the four themes are considered leadership capabilities and will be referred to as capabilities and the twelve sub-themes will be referred to as enablers, as they enable the capabilities.

5.2   Discussion of Social Intelligence Capabilities

The results of this research answer one central research question,

> *What social intelligence capabilities promote leadership career advancement of executive women in a Healthcare context?*

Essentially, the data from the research participants reflects that social intelligence enables executive women to build and execute four key capabilities which subsequently enhance the leadership career advancement of executive women in an open public sector Healthcare system. The four capabilities are: a) nurturing relationships; b) navigating complexity; c) enhancing reputation; and d) building self-trust. There are also twelve enablers of the capabilities: for nurturing relationship, they are: rapport with others, active listening and empathy; for navigating complexity, they are concern, influence, leadership and problem-solving; for enhancing reputation, they are achievement of outcomes, aesthetic labour and personal responsibility for career; and finally, for building self-trust, they are loneliness and intuition.

The analysis led to the development of a new theoretical framework that conceptualises social intelligence capabilities for women leadership, as illustrated in Figure 5.1.
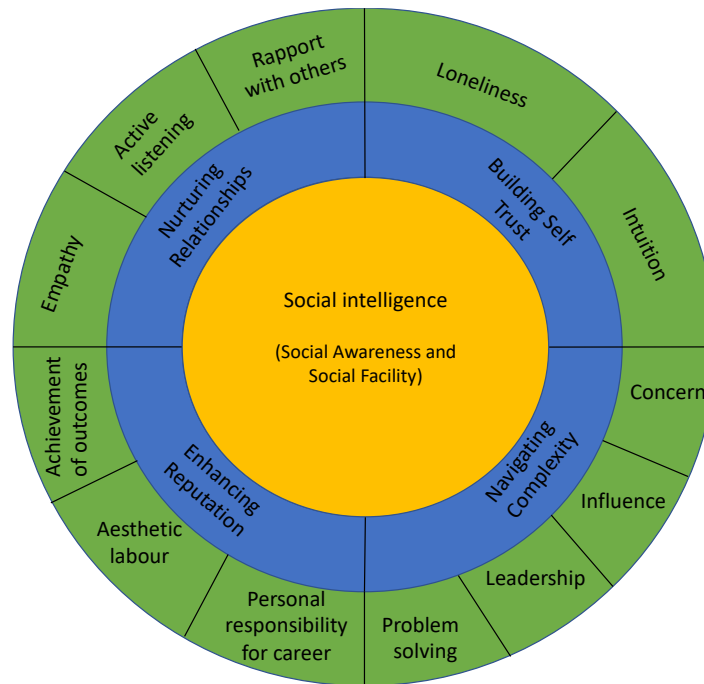
Figure 5.1 Theoretical Framework for Executive Women in a Public Sector Healthcare Organisation and the Capabilities of Social Intelligence in Their Career Advancement.

The theoretical framework demonstrates that there are four key capabilities and twelve enablers which the executive women believe are a result of social intelligence that can promote leadership careers for women. Each are discussed in detail next.

5.2.1 Nurturing Relationships and Social Intelligence

Nurturing relationships proved to be a significant capability as all the participants described their ability to be able to build and maintain positive working relationships which had a positive impact on their careers. The degree to which the participants were able to perform the duties associated with their role was also described as being dependent upon their ability to be able to build productive working relationships. The importance of being able to build and maintain relationships in the Healthcare industry at an individual, team and organisational level was also reported by the

participants. Expanding on the general notion of relationships, some of the participants explained how they had built and maintained positive working relationships with individuals by using their social intelligence skills. For example, **_Louise_** in her interview discussed how relationships are a core component of impactful leadership and that social intelligence is a contributing factor to effective leadership.

There is limited research specifically on the importance of relationships and social intelligence, despite the fact that social intelligence is an overarching construct to assist an understanding of how effectively individuals navigate social relationships (Friborg, et al. 2005). Research by Beheshtifar and Norozy (2013) and Stichler (2007) reflect that relationships are important components of social intelligence and that higher levels of social skills and social intelligence improve relationships with others. Goleman (2006a) suggested that social intelligence in itself is the ability to build relationships and navigate social environments successfully; however, not all participants in this study made the explicit association between building nurturing relationships and social intelligence. Notwithstanding, the interconnectedness between relationships and social intelligence was evident in the participant narratives and supports the findings of the few written works in the existing literature (Beheshtifar & Norozy 2013; Riggio & Reichard 2008).

The participants also reflected upon interactions which had challenged them and discussed how these interactions pose a risk to the viability of some relationships, explaining that they were consistently aware of ensuring that interactions remained professional and productive. A few of the participants discussed some of the challenges in having difficult conversations with staff in

a 1:1 interaction and that having a strong relationship aided their capacity to be able to support the staff member and enabled the participant to utilise their social intelligence to support the individual staff member. Though literature on conflict and emotional and social intelligence exists (Gerardi 2015; Gunkel, Schlaegel & Taras 2016; Moeller & Kwantes 2015; Siahaan 2018; Zhang, Chen & Sun 2015), the extent that this literature discusses and explores social intelligence particularly is limited. Social intelligence in these studies is not duly recognised and there is scant literature referring to social intelligence and how to manage and respond to challenging interactions. Given the role that social intelligence has in facilitating smooth interactions (Goleman 2006a), this scarcity is remarkable. Albrecht (2006) is one of the few researchers who asserts that social intelligence provides a platform to avoid misunderstandings and he encourages the preservation of relationships by acting to address and respond to challenging conversations and interactions as early and often as possible in order to avoid conflict. The practice of using social intelligence as a way to build relationships and facilitate difficult conversations was demonstrated by the participants in this research.

Some of the executive women stated that their ability to be able to build and maintain relationships was key for both women and men. Post (2015) studied the application of gender with members of 82 teams in 29 organisations in order to learn how the gender of leaders related to team cohesion, learning and participative communication. The study revealed that there is evidence that women pay more attention to the quality of relationships when compared to men's approach, specifically that 'women leaders bring to the team exercise relational leadership practices, stimulating high-quality relationships, bonding, and connectivity

among members' (Post 2015, p. 1169). Whilst women may pay more attention to the quality of relationships, it is the perception of the women who participated in this research that having the ability to be able to build and maintain relationships is important for both men and women. The importance of professional relationships in the workplace across both genders is relatively silent in the literature. Most of the existing body of literature explores personal relationships in the workplace and the research is mostly from outside Australia. The executive women in a Queensland Healthcare setting believe that both building and maintaining relationships are fundamental across genders and is not exclusive to women.

Underlying these work-related relationships were strong narratives from the participants about the importance of having a supportive family, child/ren and friends, as these relationships had impacted positively on their leadership journey. This view is supported by the existing literature as it relates to executive women's career advancement and accessing support networks. Ezzedeen and Ritchey (2009), in their research exploring the support strategies implemented by executive women, found that executive women access professional supports – managers, peers and mentors; personal support – friends, family, role models; and spousal support, and that such support networks play a significant role in assisting women advance their careers. Similarly, another study also discovered social support as important and has a moderating effect concerning women's career advancement (Broughton & Miller 2009).

The participants described their ability to be able to build and maintain positive working relationships which they felt had impacted their careers positively. Some of the participants

described building nurturing relationships specifically through the use of social intelligence to perform the functions of their role and how they had used social intelligence to build relationships with others which had an impact on their career. Whilst the role that social intelligence played in building relationships and the subsequent impact on career was not overwhelmingly reported across the participant narratives, the importance of relationships and their potential impact on women's career advancement is consistent with some of the current, albeit limited number of written works exploring this dynamic. According to Rhodes and Beneicke (2002) there is little disagreement about the importance of relationships in building and advancing women's careers. They believe that relationships not only enhance confidence and self-esteem but also offer individuals personal and professional support, with the capacity to 'address concerns about self, career, and family by providing opportunities to gain knowledge, skills, and competence, and to address personal and professional dilemmas to support career development' (Kram 1988, p. 1).

The participants, as part of the background questions in Table 4.1, expressed strong sentiment that women who demonstrate social intelligence are more likely to succeed, and in the narratives, some of the participants articulated that they built and maintained positive working relationships with individuals through their use of social intelligence skills, yet the connection to the use of social intelligence to build relationships which impacted the participants' careers was not universally articulated. It is possible that the participants are not aware that they are using social intelligence. It is also possible that the participants are not conscious of the impact that social intelligence has had on their careers, with research by Krieshok (1998) finding that career decision-making is largely an intuitive but unconscious process. As a result, there may

be opportunity for women to engage in self-reflection and to become more conscious of the impact on their careers.

Enabler 1: Rapport with Others

There are three key enablers relating to nurturing relationships, the first enabler being rapport with others. Rapport – understanding the feelings or ideas of others and being able to communicate smoothly – was raised repeatedly by the participants as being a factor contributing to their success as an executive. The participants described their ability to engage with others which resulted in the establishment of rapport and harmonious relationships in the workplace. The participants referred to the importance of being able to build rapport with others in order to progress the achievement of organisational imperatives and objectives and spoke of the ways they had leveraged their rapport-building efforts to establish solid relationships. The participants demonstrated their understanding of rapport, with the majority of the participants describing how they 'read' their colleagues, listen to what is being said and observe their body language, as they believe that it creates an opportunity to consider and assess the situation before speaking or intervening, so that the relationship is not at risk as a result of a pre-emptive or an ill-considered approach. The participants had a strong and consistent view that if you look and listen carefully to what is occurring in an interaction and show genuine interest in the response, rapport will be easier to establish and maintain.

Goleman (2006a) shared a similar sentiment with the participants in relation to rapport, declaring that the essential ingredient of a magical relationship is rapport. Goleman (2006a) also shared a story of an experiment where a manager provided staff with negative feedback, but did so whilst being warm and receptive. It

was found that the individuals receiving the feedback still felt positive about the interaction, despite the negative feedback. Such a finding demonstrates the importance of rapport in relationships. Notwithstanding Goleman's work, when turning to the current body of literature in relation to rapport and relationships, there is a dominant focus on rapport in practice (Anderson & Anderson 1962; Sheehan 1980), sales (Brooks 1989; Dell 1991; LaBahn 1996) and service contexts (Berry 1995; Ketrow 1991), however the literature relating to rapport, relationships and women's leadership is evidently silent.

When considering the organisational impact, Goleman (2004) stated that socially skilled individuals have a unique skill for building rapport, as they operate primarily on the premise that they are not able to achieve organisational objectives alone, in a vacuum. These skilled individuals create themselves a network of people who they call upon when action is required (Goleman 2004). Furthermore, Campbell, White and Johnson (1973) stated that getting to know employees by building rapport is a critical part of success when motivating and retaining employees. The participants in this research did not comment on rapport across the organisation; however, it is acknowledged that rapport does exist across all levels namely, individuals, teams and the organisations, upwards, across and in lower ranks (Fleming & Lafferty 2000).

Whilst the role that social intelligence played in building rapport was not evident across all of the participant narratives, the importance of social intelligence and its role in developing rapport is consistent with some of the very limited number of items in the literature exploring this dynamic. Goleman (2006b) in his special topic paper on the socially intelligent, stated that when leaders take time to build a connection with others through positive

interactions, they become more effective leaders. Goleman (2008), in his discussion relating to the application of social intelligence and rapport, explained that when rapport is/has been built, both people give each other their undivided attention and it feels satisfying. The participant narratives support Goleman's view. Being aware of social intelligence and its role in establishing and maintaining rapport is important for executive women, as the more senior a leader becomes in an organisation; the requirement to be able to build relationships and rapport is critical (Thomas, Paul & Cadle 2012). Therefore, there is an opportunity that exists for executive women to harness their social intelligence, build rapport and establish strong productive relationships, noting that an executive cannot perform the functions of their role if they are not able to communicate, build rapport and relationships with their colleagues, manager or Board (Thomas, Paul & Cadle 2012).

Only some of the participants discussed the importance of owning up to mistakes and not being afraid to say sorry. **_Maddy_**, for example, said in her interview, 'When I make a mistake, I am apologetic. I say sorry. I think my colleagues and teams respect that'. The impact that an admission of a mistake can have on rapport is found frequently in the literature; however, it relates primarily to medical errors and the impact that it can have on the therapeutic relationship. Nonetheless, there is some relevance, given the Healthcare context. Smith and Forster (2000) state that when known mistakes are denied and discounted by a professional, the other person's ability to trust and build rapport is impaired. Fein et al. (2005) found in their research on medical errors that damage to a therapeutic relationship was minimised if the practitioner admitted to the mistake early and took relevant responsibility as opposed to blaming others. This is an important consideration for leaders to be aware of, especially in Healthcare

where patient rapport and trust is influenced by the care that they receive and the interactions that they have. It is imperative that leaders role model the admission of mistakes and take relevant responsibility, as it sets the tone for the organisation and, ultimately, will impact the culture in Healthcare organisations (Sattar, Johnson & Lawton 2020).

Enabler 2: Active Listening

The second enabler is active listening. Active listening is closely related to empathy and is a vital element to creating and maintaining relationships. It is a critical skill for leaders to master (Khanna 2020). Effective leaders understand that listening and leading are conjoined (Steil & Bommelje 2004) and that it is reflective of a leader's ability to be able to lead, build trust, perform in a team and problem-solve whilst minimising animosity and conflict. Khanna (2020, p. 50) stated that 'to climb the ladder of success in a workplace, active listening plays a vital role because it reflects the leader's ability to build trust, establish a rapport and demonstrates concern about team members.' He added that 'mindful listening indicates your professionalism, transparency and emotional intelligence to deal with diverse views and constructive criticism' (p. 50). Goleman (2006a, p. 84) referred to this as attunement which is 'listening with full receptivity and attuning to a person'.

Only one of the participants, as part of the background question relating to an understanding of social awareness, provided a response which resembled attunement; however, the majority of the participant narratives did demonstrate how the executive women use active listening as part of their executive leadership role. Despite the strong presence in the participant narratives, Lloyd et al. (2015) contend that there is a scarcity of empirically

based literature about how leaders implement active listening as part of their leadership role across different managerial contexts. The previous research items regarding leaders' active listening and relationships are predominately quantitative studies exploring the effect of leader active listening and subordinates' well-being and mental health at work. Notwithstanding this, research conducted by Weger et al. (2014) found that individuals who experienced active listening reported feeling more understood compared to individuals who received advice. Research conducted by Bodie et al. (2012), however, found that there were preferences for giving advice as opposed to verbal paraphrasing when the participants were asked to classify preferred listening behaviours. It is therefore important to be clear about the desired outcome of the interaction and what the individual needs (Bodie et al. 2008).

Despite the dichotomy, previous findings generally demonstrate positive attitudes about active listening as an important management and leadership tool to build rapport and strong relationships (Jonsdottir & Fridriksdottir 2020). This is consistent with what *Chloe* reported during her interview: 'Listening is everything as a leader. If you can't listen or are not willing to listen, I don't know that you could ever successfully lead'. In relation to the role that gender plays, according to Johnston et al. (2000), there is little to no evidence suggesting that members of one gender are better listeners than those in the other. Several studies do however, support the view that individuals who demonstrate active listening skills acquire and hold senior organisational roles and are promoted more readily (Johnson & Bechler 1998). Whilst there is limited information evident in the participant narrative to suggest that their active listening skills have impacted their careers, it is recognised that they hold senior roles within the organisation and that they appreciate the

significant role that active listening plays as part of their executive leadership role. Previous research relating to active listening, relationships and women is not evident in the current literature and therefore the findings of this research do provide some new insights in this regard.

Enabler 3: Empathy

The final enabler for nurturing relationship is empathy. Empathy is a key capacity of social awareness and is described by Goleman (2006a) as occurring in two forms: empathic accuracy – understanding another person's thoughts, feelings and interactions; and primal empathy – feeling with others, sensing non-verbal emotional signals. References to both of these capacities in the literature are almost exclusive to Goleman as the author. Goleman (2004, p. 17) insists that there are three reasons empathy is so important: the intensification of teams, which he refers to as '*cauldrons of bubbling emotions*'; the quick pace of globalisation, with cross-cultural communication '*leading to misunderstandings*'; and staff retention. Goleman (2004, p. 17) stated that leaders with empathy 'do more than sympathize with people around them: they use their knowledge to improve their companies in subtle, but important ways'. This doesn't mean that they attempt to please everybody, rather, they 'thoughtfully consider employees' feelings – along with other factors – in the process of making intelligent decisions' (Goleman 2004, p.17).

The participants discussed the criticality of empathy in relationships; however, they did not mention empathic accuracy or primal empathy specifically. This may be due to the specific capacities not being well-known by the participants, despite the participants providing a plethora of examples which resembled the use of both empathic accuracy and/or primal empathy to support

others. It was remarkable that not all of the participants articulated the importance of empathy in building and maintaining nurturing relationships, given that there is no shortage of literature reflecting this interplay (Aditya & Hause 2001; Ciulla 2010; Goleman 2006a; Mostovicz, Kakabadse & Kakabadse 2009; Schaap & Dippenaar 2017; Stein et al. 2009). It was anticipated that the extent of this enabler in the participant narratives would have had a more explicit, stronger presence. It is recognised, however, that for the most part, the tone of the participant narratives did feature an empathetic approach, which is why empathy was considered a key enabler. Mostovicz, Kakabadse and Kakabadse (2009) in their research highlighted that it is critical for leaders to give substantial and ongoing attention to the use of empathy in the workplace. Ciulla (2010) agreed that leaders must practise empathy; however, they highlighted that sensitivity, physical presence, commitment, and concern are also important in order to build and preserve relationships, especially during periods of upheaval. Similarly, McDonald (2008) outlined how vitally important it is for leaders to build relationships and develop their teams through empathy, attunement and influence and to have interest in the development of others. A report sponsored by the Ontario Ministry of Education established that school principals who were assessed as being in the top 20% of leaders by their subordinates and superiors, shared similar personal aptitudes collectively (Stone, Parker & Wood 2005). The principals were found to be empathetic, flexible, considerate and able to understand the feelings of other people and solve problems effectually.

In contrast, when staff experience a lack of empathy or rudeness at work, their performance suffers and they are less likely to help others (Porath & Erez 2017). This suggests that treating colleagues and team members with empathy correlates strongly with

relationships and the achievement of outcomes. This is particularly significant when working in complex environments where change involves many stakeholders, each having their own view and wanting to feel heard and understood. The finding of this research supports the existing body of literature regarding the importance of empathy and its role in nurturing relationships.

In summary, when considering the current literature, the insights gained demonstrate the importance of emphasising the interrelationship that exists between social intelligence and its role in building, nurturing and maintaining relationships. Furthermore, its role in supporting the leadership career advancement of executive women in a Healthcare context has been articulated. Rhodes and Beneicke (2002) suggest that relationships do correlate to advancing women's careers, therefore suggesting a positive correlation between social intelligence and the participants' career advancement, noting that building and maintaining relationships is one outcome of the effective use of social intelligence. Previously, the connection to women, specifically executive women in Healthcare, was unclear in the literature, and this is one of the contributions of this research by providing empirical evidence to support this position.

5.2.2 Navigating Complexity and Social Intelligence
The majority of the participants described how it was critical for an executive to be able to navigate complex systems. Leaders are faced with rapidly increasing levels of complexity, which is challenging because of unpredictability, uncertainty and swift change (Baard, Rench & Kozlowski 2014; Uhl-Bien & Arena 2017). Burnes (2005) stated that complexity is the new reality of organisations. Employees depend on their leaders for direction in demanding environments; however, leaders are also required to

drive success in this environment that is variable and demanding (Intezari & Pauleen 2014). The participants described social intelligence as a capacity which had impacted positively on their ability to respond to and manage challenging circumstances and achieve organisational imperatives. A large majority of the participants also described the health context as particularly complex and that the manner in which they are able to navigate such complexity was by leveraging relationships, trust and establishing a shared sense of purpose within their respective teams.

Sonya, during her interview, explained the importance of effective social interactions: 'I can't do all of this on my own. I am constantly managing competing priorities and therefore need to rely heavily on others to deliver our broader agenda'. *Sonya* demonstrated that leadership is inherently a social construct, where leaders operate within a social context interface, with the broader open system and the individuals operating within (Karp 2013). Unexpectedly, much of the current literature relating to navigating complexity and social intelligence is centred on the complexity of the animal kingdom and the investigation into their levels of cognitive, emotional and social intelligence. Though this is important, the existing body of literature, with the exception of some such as Karp (2013), Goleman (2006a) and Zaccaro et al. (1991), is relatively silent regarding navigating complexity and social interactions in organisations.

The majority of the participants also outlined their capacity to know what is required in a social situation, which was also a key factor in their success. This is what Goleman (2006a) described as social cognition – a key component of his social intelligence research. It is knowing how the social world works and knowing what to do, as

opposed to only knowing about (Goleman 2006a). For example, *Chloe* described in her interview how at times she was informal with her team but indicated that she would not engage in this manner with a politician, as she is aware of the need to keep these interactions more formal. The majority of the participants, as part of the background question relating to their understanding of social awareness, provided a response which resembled social cognition; however, as part of the participant narratives, none of the participants referred to social cognition specifically, rather generally referencing complexity. Moreover, whilst the participants did not reference social cognition directly, the collective narratives did indicate that the participants possess and utilise their social cognition capacities, that is, that they know how the social world works (Goleman 2006a), to perform the functions of their executive roles.

Some of the participants also discussed their frustration about the perceived lack of control when working in complex systems. Most previous research suggests that these leader experiences are common in contemporary work environments which have been characterised by technological advances, waning resources and growing costs (Jaffe 1995; Murphy, 2002). Furthermore, Lovelace, Manz and Alves (2007) in their research found that organisational leaders are often asked to spearhead changes which can have an emotional and cognitive toll [frustration] on leaders due to the demands and lack of control they hold when expected to implement certain government and organisational priorities and policies such as redundancies or holds on recruitment activities.

Despite executive leaders being in command of critical resources and decision-making authority (McMullen & Adobor 2011), feelings of a lack of control were experienced by the participants in this

research. There is an evident tension that exists when trying to manage the organisational demands of an open system, while also attending to the day-to-day priorities which require a level of agility and flexibility. Despite the findings being consistent with the existing literature, it was curious that only a limited number of the participants discussed their frustration about the perceived lack of control when working in complex systems, given the strength of this dynamic in the existing literature. It was also noteworthy that the use of social intelligence was not identified specifically as a way to manage such feelings and interactions. However, the participants did demonstrate their capacity to be able to interact smoothly, that is, the social facility capacity synchrony. Regardless, the requirement for leaders to exhibit social intelligence becomes even more critical as leaders progress up the organisational hierarchy, due to the increased presence of social complexity and the interactional and relational components of the role (McDonagh et al. 2014).

Enabler 4: Concern

There are four key enablers relating to navigating complexity which the executive women believe contribute to social intelligence. The first enabler is concern. Concern is a social facility capacity that the participants referred to directly in their narratives and was raised repeatedly by the participants as being a factor contributing to their success as an executive. According to Yukl (2006), concern refers to the balance between self-interest and the interests of others, with Goleman (2006a) adding that it is about caring for others' needs and acting accordingly. Goleman (2006a, p. 96) also made the connection to empathy, stating that 'the more that we empathise with someone in need and feel concern, the greater will be our urge to help them' and adds, 'feeling concern for others does not always suffice, we also need to act effectively' (Goleman

2006a, p. 97). Two of the participants, as part of the background question relating to their understanding of social facility, provided a response which resembled concern. Furthermore, as part of the participant narratives, the participants referenced concern in some form of iteration. Goleman (2006a) stated that concern is foundational in the helping professions, such as Healthcare, and involves caring for the needs of others and acting accordingly. Goleman (2006a, p. 96) also made the connection to empathy, stating that 'the more that we empathise with someone in need and feel concern, the greater will be our urge to help them' and adds, 'feeling concern for others does not always suffice, we also need to act effectively' (Goleman 2006a, p. 97).

The participants described how they had demonstrated concern for others as part of their executive role. For example, **_Peta_** described in her interview how she always tries 'to do what is not in her job description, as she believes that this role models proactive, positive interactions, that positively impact the workplace'. Yukl (2006) discussed how such concern for others as opposed to self-interest, can motivate subordinates to have higher trust in their leader, with research by Sendjaya and Pekerti (2010) also showing that individuals who perceive others caring about them are increasingly likely to establish trust, creating an environment of co-operation and productivity. This is especially important in Healthcare, as the environment is complex.

Unexpectedly, despite concern being deeply rooted in Healthcare (Goleman 2006a), there is very little existing research exploring this relationship and its impact on Healthcare leadership. Concern was not evident in the research project literature review other than references made by Goleman (2006a) as part of his social intelligence literature. The emergence of this enabler is significant

as it provides evidence that concern can be used by executive women to cultivate relationships, build trust and a positive work environment, which can meaningfully impact on the ease in navigating complexity.

Enabler 5: Influence

The second enabler relating to navigating complexity is influence. Influence is 'the manner in which social interactions are shaped' (Goleman 2006a, p. 95) and is a social facility capacity that the participants referred to directly in their narratives. Three of the participants, as part of the background question relating to their understanding of social facility, provided a response which resembled influence. It was interesting that the majority of the participants did not articulate influence as being a component of social facility; however, they did, as part of their narratives, discuss influence as a contributing factor to their success as an executive. This suggests that the participants are using elements of social facility as part of their roles, but perhaps are not consciously aware of it. According to Franken, Plimmer and Malinen (2020), influence is key to effective leadership as it determines and guides behaviours of others and in turn impacts organisational outcomes. The use of influence in complex organisations such as health is particularly important as there are large numbers of multiple and varied types of stakeholders who need to work collectively (Belrhiti, Nebot Giralt & Marchal 2018; Hartley & Benington 2010). Furthermore, Sobratee and Bodhanya (2018) found as part of their research that influence in complex organisations is a critical leadership capacity as it enables the emergence of follow behaviour and leader performance. Plowman et al. (2007), added that leaders can, at best, influence outcomes, as opposed to controlling them. This is important and suggests that there is an opportunity to seek to enhance knowledge in relation to influence as a key component

of social facility and assist executive women to be more deliberate in its application.

In relation to how women can use influence in complex environments, participant **Ashley** made some interesting comments about how having the capacity to be able to influence was key as an executive woman in a complex environment. She stated during her interview that 'influence is fundamental in my role as an executive woman, as there is so much complexity and I need to understand when to push hard or pull back and influence from the sideline'. Castro, Perinan and Bueno's (2008) research supports **Ashely's** view and contends that the way in which women influence is critically important due to stereotypes and expectations, whereas it is less crucial for males who may ordinarily be expected to be assertive and more direct in the workplace.

As part of the participant narratives, the participants drew upon elements of social intelligence using both social awareness and social facility – specifically social cognition and influence capacities – as a strategy to produce desired results. **Vanessa** articulated in her interview how she used social intelligence to influence and said that, 'when you have a really good understanding of social intelligence, you're able to really connect with others that you are working with and influence to achieve your desired outcome'. Despite influence being referred to in much of the social intelligence literature by Goleman (2006a), there is scant social intelligence literature outside of this. Emmerling and Boyatzis (2012) are two of the few who have considered social intelligence and influence and assert that if you are socially intelligent, you are able to make assessments and judgements about the stakeholders in your organisation and subsequently determine how to influence

them. Much of the existing literature focusses on influence in the context of leadership theories such as distributed leadership and transformational leadership (Harris 2008; Harris & Spillane 2008; Williams & Alshahrani 2017). Other literature explores influential leadership as a singular concept in the context of organisations (Hazy & Silberstang 2009; Tourish 2014; Zulch 2014), and, though important, discounts the other factors such as relationships and empathy which impact upon a leader's capacity to be able to influence and lead effectively in complex organisations (Emmerling & Boyatzis 2012; Goleman 2006a). The participants provided insights into the other factors that impact a leader's capacity to influence and lead and described how this enabler – influence – helped them cultivate relationships and trust which had a meaningful impact on the ease with which the participants were able to navigate through complexity and achieve organisational objectives.

The participants also described how their use of influence had opened up opportunities for higher duties and leadership career advancement. Whilst not all of the participants referred to influence and leadership career advancement, it is consistent with the scant existing literature relating to these two concepts. It is important that aspiring and current executives are aware of the role that influence has on their own personal and professional development, in opening up opportunities for higher duties and leadership career advancement.

Enabler 6: Leadership
The third enabler relating to navigating complexity is leadership and it does have some crossover with the previous enabler, influence. Leadership can be described as a social influence practice of inspiring and emboldening others to act in a way to

reach collective goals and shared aspirations (Kotter 1996; Kouzes & Posner, 1995; Nanjundeswaraswamy & Swamy 2014). Researchers recognise the criticality for competent leaders and the risks and threats associated with incompetent leaders, with it now being accepted that this is one of the main explanations for why some countries have endured challenges well and others have had limited success (Kashen, Glynn & Novello 2020; Walker 2020). Leadership had a strong presence in the participant narratives and was raised repeatedly as being a factor contributing to their success as executives. It was expected as a result of the literature review that the narratives would feature this enabler strongly. The breadth and depth of the narratives were varied and not linear; however, the participants were clear about what makes their leadership approach effective and discussed the importance of communication, interpersonal skills, problem-solving and engaging with others, as well as being able to delegate, remain committed and confident in their approach. There is voluminous literature on the concept of effective leadership and its criticality in organisations (Bass 1985; Boddy 2021; Burke & Day 1986; Clark, Clark & Campbell 1992; Evans & Maley 2021; Haque, Fernando & Caputi 2021; Lohmann 1992; Germano 2010), and the findings of this research are consistent with this literature.

There is a range of approaches to leadership contingent on the circumstances, and every leader has their own style. Descriptions of the participants' leadership style gained during their interviews included **Pippa's**, which stated, 'I was a bit worried about my leadership style which is very much "peace, love and mung beans", and that it might be perceived as unprofessional; however, what I have realised is that my style makes people feel at ease'. Similarly, **Vanessa** commented, 'As a woman, I have a tender, softer side and communicate with passion and purpose; however, I also have

confidence in my ability and know that I can use my interpersonal skills and engage positively with others to achieve our goals'. Research conducted by Oladipo et al. (2013) found that the success or failure of organisations can be attributed mostly to an organisational leader's leadership style. Similarly, Fu-Jin, Shieh and Tang (2011) suggested that when executives take advantage of their leadership style and demonstrate concern, care and respect for their employees, as has been demonstrated by the participant narratives, employee job satisfaction increases and thus has a positive impact on organisational goals and objectives.

Furthermore, the participants also described throughout their interviews the application of their leadership style and how they led their teams in complex environments. Some of the participants exhibited an awareness of needing to pivot and adjust their leadership approach depending on the situation. **Kerry,** for example, explained some of the challenges when leading teams in complex environments and remarked that she was aware of needing to be agile and flexible. Bass (1985) asserted that effective leaders interact with subordinates in a way that demonstrates empathy and by understanding individuals' needs, adjusting and assessing the team's thoughts, perceptions and motivations. Likewise, Goleman and Boyatiz (2008) stated that leadership is about having a genuine interest in others and developing the capacity to nurture positive feelings such as cooperation and support, in order to lead teams effectively.

The majority of the participants outlined why they believe that social intelligence is particularly important for women's leadership. It is noted however, that there were many general references to social intelligence and its importance to women's leadership in the narratives. This is an important finding because it replicates the

findings of previous studies which established that there is a relationship between social intelligence and women leadership (Eagly & Carli 2007; Levinson 2014). Furthermore, the findings confirm early research completed by Hunt (1928) which showed that there were gender differences with women demonstrating higher levels of social intelligence than men and Eagly and Carli's (2007) view that women lead in a way that is more democratic and collaborative than men. Whilst participant sentiment relating to social intelligence and women's leadership is supported by the existing body of literature, not all of the participant insights evidenced the importance of social intelligence, women's leadership and navigating complexity. This was unexpected. Given the significant role that social intelligence has in helping leaders navigate complexity (Beheshtifar & Roasaei 2012; Seal, Boyatzis & Bailey 2006), it was anticipated that the participants' perceptions of women leaders in complex environments would have been commonplace.

Enabler 7: Problem-solving

The final enabler for navigating complexity is problem-solving. The COVID-19 pandemic has highlighted the criticality of being able to problem-solve, with the participants facing complexity and change on a daily, if not on an hourly, basis. The majority of the participants referred to problem-solving directly in their narratives and raised this repeatedly as being a factor contributing to their success as an executive. This is consistent with the presence of problem-solving in the literature review. Leadership represents a complex form of social problem-solving (Mumford & Peterson 1999). Leadership problems are more complex than routine problems due to the complexity and change often characterised in organisations, presenting executives with problems that are ill-defined (Funke 2001, 2010; Mumford & Connelly 1991). These

problems are not linear nor do they have a pathway to a single solution, which means that the problems in organisations can often be constructed in various ways (Runco 1994). As a result, leaders must identify what the actual problem is, and, specifically, its causation; however, this is not always obvious (Amabile 1997). Leaders are required to develop and direct responses to new or changing situations which necessitates a comprehensive understanding of the open system and all the opportunities and potential pitfalls that exist within (Mumford & Connelly 1991).

Open systems theory of organisational leadership asserts that the onus is on organisational leaders to solve problems and be willing to adapt to expedite the achievement of organisational objectives (Zaccaro et al. 1991). *Louise* articulated this dynamic and described how she approaches problem-solving: 'I first want to know what the actual problem is, like what is the actual cause of the problem. I listen, collaborate and share the why and then engage on the how, as I don't have all of the answers'. *Louise* then went on to say, 'As leaders, we always need to be mindful of not jumping to solve problems pre-emptively, as it is often the case that you think you solve the problem, only to find out that you haven't solved the problem at all, rather that you have created yet another problem'. Such an approach is parallel to the research conducted by Pattillo and Nesus (2008) which showed that leaders need to engage in open dialogue with others and take time to consider options instead of rushing to solutions.

Whilst the participants described how their ability to problem-solve had a meaningful impact on the ease with which they were able to navigate through complexity and achieve organisational objectives, there was limited specific reference made about problem-solving in the context of social intelligence. Yet despite this, the participants

recognised that problem-solving approaches that had worked in straightforward situations previously were unlikely to prove fruitful when navigating complexity, therefore demonstrating their use of social intelligence. The participants' focus was on design-thinking and consideration of the entire open system to acknowledge the influence that each component of the system has on the other (Buchanan 1992). This is especially important in complex and fiscally restrained environments, such as health. These findings are consistent with the existing literature, such as Ebrahimpoor, Zahed and Elyasi (2013) and Rahim, Civelek and Liang (2018) who, as a result of their research, demonstrated a positive correlation between social intelligence and problem-solving in complex environments. It is asserted that the participants are using their social intelligence to problem-solve in complex environments; they may just not aware that they are using it in this manner.

In summary, it is critical for an executive to be able to navigate complex systems successfully. These findings contribute to the literature, as the existing body of literature, with the exception of some researchers, has been relatively silent regarding navigating complexity and social interactions in organisations. The participants described navigating complexity as a capability which had impacted positively on their ability to respond to and manage challenging circumstances and achieve organisational imperatives, with some of the participants also reporting its impact on career advancement.

5.2.3 Enhancing Reputation and Social Intelligence

Personal reputation is the positive persona a person develops and is constructed based on how competently others perceive a person performing a role, and that individual being helpful in the workplace (Zinko et al. 2012). It is expressed as a 'complex combination of salient characteristics and accomplishments,

demonstrated behaviour, and intended images presented over some period of time' (Ferris et al. 2003, p. 213). Enhancing reputation was referenced by the participants of this study in relation to how others perceive them as women and as executives. There was a common belief among the participants that it was necessary for executive women to build a reputation and to be known as someone who is credible, professional and recognised for the achievement of outcomes, due not only to the impact on their day-to-day activities and tasks but also the impact on their leadership journey. This belief is supported by Zinko et al. (2012) who states, 'Because personal reputation reduces uncertainty, and is used in place of complete information about an individual, it is logical to assume that many human resources decisions (e.g., hiring and promotion) are affected by personal reputation' (Zinko et al. 2012, p. 158). Therefore, it is asserted that career success is an outcome of personal reputation (Ferris et al. 2003). Furthermore, according to Anderson et al. (2015) there is little dispute about the importance of an employee's reputation in an organisation. Because of women's minority status in senior leadership positions, they are often seen as women first and leaders second, resulting in reputational issues as leaders (Glass & Cook, 2016; Kanter, 1977a). Accordingly, as research shows that one of the main reasons women do not secure leadership roles is due to the 'perception that they are incapable' (Anderson et al. 2015, p. 44), it is necessary for women to influence and establish their professional reputation.

The importance of influence and women's leadership has already been outlined as part of this research; however, for an executive to have influence, they must also have a strong reputation (Llopis 2014). Organisational reputation theories are helpful here, noting the scarcity of individual reputation theories (Leadbetter 2020).

Leadbetter (2020) suggested that the work of corporate organisational theorists such as Fombrun and van Riel (2003) can be applied to individuals. Fombrun and van Riel (2003), when referring to corporate organisational reputation, state that reputation matters because it is appealing to others: 'A good reputation is an excellent calling card as it opens doors, attracts followers, brings in customers and investors – it commands our respect' (Fombrun & van Riel 2003, p. 4). When relating this theory to an individual's reputation, it can be deduced that a good reputation will entice additional support and provisions from others, therefore enabling one's journey into senior leadership roles (Leadbetter 2020). A reputation for proficiency drives the participants to set greater standards of achievement for themselves and their subordinates.

The participants in this study also discussed how they operationalised their reputation. Some of the participants articulated specifically how they relied on social intelligence as a way to build their reputation and subsequently advance their careers. **Vanessa** described some of the challenges towards promotion if one's reputation is tarnished and stated that she was mindful of maintaining her reputation. **Vanessa's** sentiment is shared in the existing literature. Emmerling and Boyatzis (2012) state that people who are socially intelligent consider the impression that they leave in the minds of others. Additionally, Emmerling and Boyatzis (2012) assert that maintaining reputation requires one's attention to ensuring a considered and mindful balance which is creating a meaningful and helpful impression whilst still being authentic. Concurrently, participant **Kim** reported a similar view about the importance of social intelligence, building her reputation and career opportunities and referenced Healthcare specifically – a contribution to the existing body of literature.

It's about being memorable, being credible, being professional or being in the right place at the right time. You become known, people know what you do, how you treat them, how you use your social intelligence to engage your colleagues and teams. You have a reputation in Health for specific things and people call about you when they need things done. Do it well and career opportunities can be afforded down the track.

Pippa also spoke about what can happen when reputation has a negative impact on future career prospects and provided an example where she has seen very capable, promising future leaders let down by their reputation. For this reason, managing one's reputation is considered one of the most intricate features of social intelligence (Emmerling & Boyatzis 2012).

This research revealed that there is evidence that building and maintaining a reputation which is characterised as credible, professional and achievement-orientated is a precursor to success as an executive woman. This is supported by the current body of literature. Furthermore, the significance of social intelligence, building reputation and impact on career is evident in the existing body of literature; however, there is no evidence of previous research observing the findings as they relate to the importance of reputation in Healthcare, despite the fact that Healthcare is Australia's biggest employer (Australian Government, Department of Jobs and Small Business 2018). This is a new contribution to the existing body of literature.

Enabler 8: Achievement of Outcomes
There are three key enablers relating to enhancing reputation, the first enabler being achievement of outcomes. An executive's ability and skill or lack thereof, to achieve organisational outcomes, builds

the perception that others have of an executive, resulting in either a positive or negative foundational reputation (Leadbetter 2020). Some of the participants referred to achievement of outcomes directly in their narratives and raised this repeatedly as being a factor contributing to their success and reputation as executive women. This is critical because reputation creates opportunities and may therefore have an impact on the career advancement of women (Clark 2018). Concurrently, reputation creates expectations of the achievement of outcomes (Leadbetter 2020), so both reputation and the achievement of outcomes are interrelated. Whilst many of the aspects of reputation are the same for men and women, Morrissey (cited in Langham 2018, p. 99) explains that there are some differences, relating primarily to the presence of ongoing societal ambivalence concerning 'successful' women who can impact on women's ability to establish positive reputations. Whilst the participants did not raise any comparisons between reputations for men and women, Morrissey's point is an important consideration given the context of this current research.

Whilst there is some existing literature relating to achievement of outcomes and reputation, the literature is relatively silent as it relates to social intelligence and its relationship to the achievement of outcomes and leadership reputation. This reflects the findings of this research, as the connection was limited. Furthermore, notwithstanding acknowledgement that the achievement of outcomes is a contributing factor to the participants' success and reputation as executive women, the participants made the connection to individual career advancement. This may be due to the participants viewing their reputation and the achievement of outcomes as a current state impacting personal and organisational success, as opposed to impacting future career advancement. In addition, despite describing how the executives were able to

achieve outcomes and build their personal reputation, the participants did not raise or discuss any component of organisational reputation, even though some authors argue that an individual's reputation is attributed partly to the reputation of the organisation (Staw & Epstein 2000). Noting that continued high performance is a precursor of organisational reputation, this may have a high correlation to executive reputation and would be important for women to consider as part of their leadership journey (Finkelstein, Hambrick, & Cannella 2009).

Enabler 9: Aesthetic Labour

The second enabler is aesthetic labour. Hochschild's (1983) classic study of emotional labour showed that, in addition to workers' feelings, workers' appearance and bodies may also be considered commodities in the workplace. The concept of aesthetic labour suggests that workplaces induce images based on such things as race, gender and class which influence recruitment practices and drives appearance and performance expectations in the workplace (Warhurst et al. 2000; Witz, Warhurst & Nickson 2003). Each day, in their places of work, women perform varied work activities, two of which include these concepts of emotional work and aesthetic labour. Whilst is acknowledged that emotional work does form part of the aesthetic labour narrative, it is not the primary focus of this enabler discussion. Many of the participants felt pressure to ensure that they were not only achieving organisational objectives, but also presenting themselves in a certain way such as dressing in business attire, which was observed by others, whilst other participants reported that they just had a personal ambition to succeed. This enabler did not arise specifically in the literature review; however, it was found that there are distinct challenges that face women when it comes to the perception of others. It is noted that Goleman (2006a) does refer to self-presentation as part

of his social facility literature, with the focus predominately on the ability to be able to control responses in social situations, as opposed to the physical attributes, as was described by the participants.

Killelea (2016) in her book, *The Confidence Effect: Every Woman's Guide to the Attitude That Attracts Success,* state that one of the crucial factors of executive presence is the way that women dress and adds that whilst skill, knowledge and experience are also important and relevant, women are judged on presentation. Similarly, Warhurst and Nickson (2007) in their research evaluating the employee experience of aesthetic labour in retail and hospitality discovered that 85% of employees and 93% of employers considered the image of staff who had interactions with customers to be important. Whilst Warhurst and Nickson's research was conducted in a different industry, there are similarities considering that the participant narratives suggest that Healthcare is about interactions with people. For example, ***Kim*** explained how she has felt that it was important to dress in a certain way at work given her position in the organisation; however, she stated that she understood that there were some social norms about what is appropriate and what is not and added that there can also be the extreme at both ends.

Whilst the participants report that they are aware of the importance of appearance in the workplace, Adamitis (2000, p. 1) argues that 'consideration of appearance is not justified, rational or beneficial to society' given that in most roles, 'appearance has no bearing on an individual's ability to perform'. Whilst there is no information from the participant narrative to suggest that appearance impacts on their ability to perform their roles, the participants do believe that it still matters. ***Kerry*** explained how

appearance informs the basis of our assessment of others and that she is aware of how she presents herself in the workplace. This supports the view that aesthetic labour is an important concept for executive women to be aware of.

Some of the participants also reported some of the judgement that they had experienced as executive women, a result of their age and appearance, **Kim** described how she had always been a fairly determined person, and that until her most recent appointment, her age had not been raised by anyone. Glass and Cook (2016, p. 57) in their research analysing the conditions under which women are promoted to top leadership positions, found that when 'women stand out and are highly visible as women their capabilities are viewed with greater scepticism', leading to women seeking out change and transformation projects to cultivate a reputation as an effective leader. **Kim** went on to say, 'If only they knew how hard I had worked to get to where I am'. The participant narratives do not indicate that there is a cultural practice of discrimination in Healthcare, rather the participant narratives suggest that there are at least some staff in the workplace who have inherent expectations about what a normal executive looks like and what is socially acceptable behaviour. There was only one participant who referred to the social element of aesthetic labour; however, despite this the majority of the participant narratives do reflect the social dynamics that exist when they are considering and making decisions about their presentation, dress and mannerisms. Post (2000, p. 2) claims, 'Social relationships characteristically transpire through the medium of appearances', therefore suggesting a correlation between aesthetic labour and social relationships. Supporting this view are Jackson, Goldthorpe and Mills (2005, p. 16) who in their analysis of sales and personal services job advertisements, pointed out that employers seek to have

managerial roles occupied by employees with both social skills and personal characteristics. Such analysis corroborates the notion that there is a relationship that exists between how executive women embody aesthetic labour, the manner in which they negotiate their interactions socially with others, and ultimately, the perceptions informing and influencing their reputation.

As an extension of this, it is important to outline the participants' view on the impact aesthetic labour has on career advancement. **Peta** explained that she believes that the way that female executives dress is really important. **Peta's** narrative reflects that as an executive woman, she interacts readily with other people and whilst she is unable to control others, she does think about how others might see her and makes decisions about what she wants to convey, noting her view that 'it does help with your career'. The findings of this research are parallel to the works by Killelea (2016) who posited that appearance can assist, or not, with career opportunities depending on the work environment and added that an established personal brand forms part of reputation. It is through every meeting, presentation and interaction that this personal brand is being formed, reinforced and evaluated, resulting in an executive presence. Hewlett (2014), author of *Executive Presence: The Missing Link Between Merit and Success*, suggests that while executive presence will not guarantee promotion, the perceptions of others may impact an individual's career progression. Thus, executives seek to package and sell themselves in a way that improves their career prospects (Nickson et al 2003, p. 189).

Enabler 10: Personal Responsibility for Career

The final enabler for enhancing reputation is personal responsibility for career. There was a strong belief from the participants that if

you want to be an executive, then you are responsible for getting yourself there and keeping yourself there, should this be your goal. The participant sentiment had a strong presence in the literature which is rich with contemporary career-management ideas highlighting the individual's dynamic role in influencing and affecting their career and positioning the onus primarily on the individual (Lo Presti & Pluviano 2016; Te'eni-Harari & Bareket-Bojmel 2021). Some studies suggest that there are also organisational and societal impacts on career ownership; however, ultimately, there appears to be consensus that the individual is primarily responsibility for their career choices (Holton & Dent 2016; Schulz & Enslin 2014; Te'eni-Harari & Bareket-Bojmel 2021).

The leadership labyrinth for women can be challenging given a number of reasons such as bias and gendered norms already outlined in the literature review. Notwithstanding this, the participants believe that women can be active and deliberate in how they progress their careers, whilst establishing and maintaining a positive reputation along the way. **Ashley** described that whilst women have a choice about how they wish to progress their careers, she believes that women do have a more challenging time progressing their careers than men. Similarly, **Chloe** explained that the way other people think about you and how they speak of you matters to your career and added that it is important for women to plan their careers with purpose and intent. Such career planning has been identified as one of the rules of thumb for the career advancement of women, with previous research suggesting that career planning when undertaken early in their career can assist women in counteracting career advancement hurdles (Fagenson 1990; Sabattini & Dinolfo 2010).

Career planning can increase self-awareness of potential and preferred career options and assist in identifying developmental tools and supports which align with personal and professional growth (Thurgate & Jackson 2011). Research by Elias (2018), however, suggests that whilst career planning efforts are well-meaning, they are geared towards the individual, which excludes the broader system and organisational factors that need to be included to ensure equity of leadership opportunities across genders. This is an important point, as it highlights that if there is going to be sustainable progress with women achieving attainment of senior leadership roles in Healthcare, career planning needs to consider broader considerations and impacts. Furthermore, although not every participant identified the importance of career planning, they did suggest that career advancement is powerless without action.

During their interviews, the participants also discussed a number of practical activities which they propose may enhance social intelligence and could assist aspiring executives in advancing their careers including the importance of mentoring, self-reflection and opportunities to stretch. These three activities are discussed next.

Mentoring

Mentors are described as individuals who assist mentees to gain access to social connections and networks, provide guidance, encouragement and support career advancement (Olian et al. 1988). Allen et al. (2004) examined 43 mentoring studies in their meta-analysis and concluded that individuals who had a mentor experienced superior career satisfaction, were more devoted to their career and believed they would experience career advancement as a result of being engaged in a mentoring relationship. Specifically, as it relates to women, much of the

literature asserts that women are innately good at forming and nurturing friendships which enhance social and personal development; however, many women don't develop mentoring relationships which help to promote professional development (Kalbfleisch & Cody 2012). Enslin (2007) stated that women in organisations frequently face challenges in securing a mentor relationship, particularly female mentors who may have a superior understanding of the challenges facing women in achieving advancement in organisations. Herminia (1992) and Sabattini and Crosby (2008) point out that a scarcity of access to, or engagement in mentoring, presented a barrier to advancement for women in organisations, which had an impact on the career advancement of women manifesting in the under-representation of women in executive level positions. Mavin (2006) also contended that women do not develop mentoring relationships or seek to assist other women in navigating the leadership pipeline as they do not want to lead on the 'women in management mantle' (p. 352), despite acknowledging the obstacles that women face. Mavin (2006) added that as women attain leadership positions, they do so by exhibiting masculine qualities to ensure that they assimilate and that consequently, any perceptions of solidarity due to gender evaporate.

A KPMG women's leadership study (2015) discovered that '82% of professional working women believed that access to and networking with female leaders will help them advance in their career' (KPMG 2015, p. 15) and '86% of women reporting that when they see more women in leadership, they are encouraged they can get there themselves' (KPMG 2015, p. 15). Leadbetter (2020) also suggested that for both aspiring and current executive women, being in a mentoring relationship created a leadership pipeline for future prospects and provides opportunities to refine

decision-making, critical thinking and confidence. The literature suggests that mentoring is a professional development activity that can support women's career development (Bhattacharya, Bhattacharya & Mohapatra 2018; Cohen-Jarvie 2019; Eagly, 2007; European Commission, 2010; O'Neil, Hopkins & Bilimoria 2015; Saad 2018). The participant narratives provide important insight and evidence that not only do they see the value of mentoring, but also many are currently engaged as mentors themselves, demonstrating that they are contributing actively to the breakdown of obstacles which have been outlined in the existing body of literature. This is important as it creates hope that there are women who are willing and able to provide mentoring to support the professional and career development of other women. Furthermore, all twelve of the participants identified mentoring as a practical activity to enhance social intelligence and propose that it could further support the career advancement of aspiring Healthcare executives.

Social intelligence is related to mentoring due to the mutual focus on social relationships (Walker & Foley 1973), however the research relating to social intelligence and mentoring is relatively silent. Allen and Poteet (1999), however, have acknowledged connections between social intelligence-related personal characteristics and mentoring and identify, for example, being person-orientated and having the ability to recognise and support the needs of others. Some of the participants who are currently engaged as mentors described how crucial they believe it is to engage a mentor. The participant narratives suggest that mentoring in a Healthcare setting provides opportunities for aspiring Healthcare executives to enhance social intelligence; however, it also has an important role to play in increasing awareness of growth and development, improving motivation and

exploring career opportunities, with one participant also linking it to patient care. None of the participants described being in a mentoring relationship as a mentee, but this does not preclude this element of a mentoring relationship, rather it may be that the interview dialogue did not elicit that data.

Self-Reflection

Self-reflection can be defined as a learning strategy and involves a solitary experience where a person examines oneself (Cheng et al. 2020). Most of the participants discussed self-reflection as a practical activity to enhance social intelligence and suggest that it could further support the career advancement of aspiring executives. **Chloe** did, however, emphasise the need not to be self-critical, as she thinks that there is a difference between self-reflection and self-criticism. **Chloe** also described how particularly self-critical women can be and that she had not observed men to engage in this same level of self-criticism. Braunstein-Bercovitz (2014) states that self-criticism is involved in career-making difficulties and career indecision. Whilst self-criticism does not form the basis of this research, it may be an important consideration for aspiring executive women to be aware of, in order to limit self-criticism and, instead, focus on self-reflection which may assist with personal career decision-making.

Not only did the participants discuss how self-reflection could be helpful for an aspiring executive, but they also articulated how they themselves have used and continue to use self-reflection as a key activity to better understand interactions and assess what went well and not so well. **Kim** explained how she uses self-reflection following most of her interactions: 'After almost all of my interactions, I have a conversation with myself…more of this, less of that'. Lawrence-Wilkes and Ashmore (2014) state that whilst

self-reflection after interactions is important, the ultimate goal is to learn to use self-reflection in the present as opposed to only in the past, so that better decisions can be made in real-time, therefore limiting negative interactions. None of the participants identified using self-refection in the midst of their interactions. Noting that social intelligence is about how individuals engage and interact with the social world (Goleman 2016), there is an important connection to how self-reflection can be used to inform and guide interactions (Braunstein-Bercovitz 2014) and therefore impact relationships and, potentially, career advancement.

Opportunities to Stretch

The participants discussed being open to opportunities to stretch, as a practical activity to enhance social intelligence and posit that it could further support the career advancement of aspiring executives. There are other terms for opportunities to stretch found in the literature such as work experience (McCauley & Brutus 1998; McCauley, Eastman & Ohlott 1995; Van Velsor, McCauley, & Moxley 1998) and 'job challenge' (Kotter 1982). McCauley & Brutus (1998) proposed that work experience is correlated to knowledge and performance results to the degree that it challenges the individual as it requires the individual to perform beyond their current capacities. It is asserted however that knowledge acquisition and transformation are most likely to occur when there is a disparity between an individual's current knowledge and skills and the requirements of the role (McCauley & Brutus 1998). **Maddy** explained how she likes to 'provide opportunities to see how staff manage and respond to stretch opportunities…it is relatively low risk and can give staff leadership opportunities to extend themselves'. **Amber** also discussed the importance of stretch opportunities at all levels and stated that organisations should 'create a pipeline of leadership development opportunities for

people as they work through the system from early career to executive levels'. The participants then went on to discuss what happens after you have secured an executive role, with the participants believing that personal responsibility for one's career does not end, unless through retirement or other means.

There is also empirical evidence for the link between opportunities to stretch and leadership development. McCall, Lombardo and Morrison (1988) in their study of 191 executives from Fortune 500 companies were asked to identify key growth-related opportunities over their career, with half of the opportunities described being related to stretch activities. Furthermore, Zaccaro (2001) supported stretch opportunities which improve leadership knowledge as they require the individual to adapt to the complexity of a new situation. This requires the promotion of social competencies, specifically social awareness, becoming a prerequisite to regulate behavioural social facility responses.

In summary, the gained insights demonstrate the importance of emphasising the interrelationship that exists between social intelligence and its role in enhancing reputation and in supporting the leadership career advancement of executive women in a Healthcare context. It is clear from the participant narratives that personal responsibility for one's career is an ongoing journey, and whilst there are a number of practical activities which the participants propose may increase knowledge and practice of social intelligence and could assist aspiring executives in advancing their careers, if one wishes to continue to progress a leadership career, then commitment to continuous self-improvement, personal growth and development are fundamental throughout one's career whether it is a new or a long-term, established career.

5.2.4 Building Self-trust and Social Intelligence

The fourth capability is building self-trust. Self-trust was discussed by the participants both at an individual level and an organisational level and had a strong presence in many of the participant narratives. According to Nyhan and Marlowe (1997, p. 615) 'Trust is the level of confidence that one individual has in another to act in a fair, ethical, and predictable manner'. Trust at its core provides assurance and a sense of safety in individuals, groups, and systems (Evans 2020). When trust exists, it promotes vulnerability and enables individuals to take and manage risks safely in their relationships with others (Klaussner 2012). **Maddy** articulated the significance of trust as an executive leader, 'Trust is really everything as a leader, without trust, I am not able to build productive relationships and I certainly am not able to affect change'. **Kerry** supported **Maddy's** sentiment and discussed how trust is especially important for senior leaders in organisations because it has an impact on productivity, relationships and reputation. The participants also discussed how trust is a two-way construct and that in order for trust to be received, it needs to be given. 'Trust given and received creates the climate for service at the deepest level' (Tatum, 1995, p. 312). The participant's sentiment is supported by Hambrick and Mason (1984) who suggests that the characteristics of senior leaders can predict organisational outcomes and that trust can influence the culture of an organisation.

Levin (1999) and Evans (2020) also echo the importance of a leader's role in generating a culture of trust in an organisation, in that a climate of trust occurs in organisations when leaders do what they say they are going to do and behave in a manner which is predictable. An example of this is evident in what **Ashley** described as being, 'open to the fullest extent possible'. **Ashley**

explained how she makes every effort to communicate with her teams regularly to update and share the information that she can and when she is not able to share, she explains accordingly.

Ashley believes that when staff are not informed, there is a risk of rumour-milling and trust becoming threatened. A lack of trust builds a culture and climate of suspicion where illogicality reigns, mistruths are affirmed, and misrepresentation of information is the status quo (Evans 2020). When trust is absent, relationships are compromised resulting in disarray, disorder and toxicity (Evans 2020), causing reduced efforts by employees towards the organisation (Braun 1997). Cherry (2021) stated that it is imperative that leaders communicate to build trust and the manner in which they do so will have a direct impact on the employee's trust in their leader. Bernard (1938) in his early writings argued that leaders are only able to lead when they are perceived as trustworthy by employees. This suggests that the participants' ability to be able to build and maintain trust is a significant predictor of organisational effectiveness and impacts on their ability to be able to build relationships and perform the functions of their role.

A couple of the participants discussed a direct connection between trust, social intelligence and career advancement. Yamagishi (2001) in his work on trust and social intelligence found that individuals with high levels of social intelligence, that is, those who are proficient in understanding other people's personalities – and their own – and then use that understanding in social interactions, are able to maintain a high level of trust, whereas the opposite is true for those with a low level of social intelligence. This is a significant finding as it brings to the forefront the distinct relationship between social intelligence and trust which is especially important noting that trust is a significant factor which can

determine organisational effectiveness (Joseph & Winston 2004). It is therefore imperative that organisational leaders have high degrees of social intelligence not only to gain the trust of others, but also to have self-trust in order to achieve organisational objectives (Yamagishi 2001).

Building and maintaining trust is a precursor to success as an executive leader, according to the participants of this research. The participants explained the connection between trust and social intelligence; however, there was no data in relation to the extent that the participants' employees trust them, other than their own self-reports. There was data from the participant narratives directly relating to executive women and trust and the impact that trust has on career advancement. There are two key enablers relating to building self-trust and these are discussed next.

Enabler 11: Loneliness

'Loneliness can be conceived as a social deficiency. Loneliness exists to the extent that a person's network of social relationships is smaller or less satisfying than the person desires' (Peplau & Perlman 1979, p. 101). Similarly, Tanskanen and Anttila (2016, p. 2042) defined loneliness as 'a subjective feeling of being without the type of relationships one desires'. Loneliness is not only a disposition, rather, it is an absence of relationships that a person experiences in his or her social environment (Ozcelik & Barsade, 2018). Weiss (1973) identified two kinds of loneliness: emotional and social loneliness – emotional loneliness is the absence of close or intimate relations, whilst social loneliness is a result of limited association with friends, colleagues or neighbours. Bos (2019) suggested that, at the time of appointment to a leadership position, the social network changes for that individual. Frequently, individuals work tirelessly to move into leadership positions only to

discover that the experience is not what they were expecting and are often left feeling unhappy (Rokach 2014). 'Leadership advancements lead to non-reciprocal relationships with subordinates' (Rokach 2014, p. 52), with career success correlating to executive loneliness (Bell et al. 1990). This was evident from the participant narratives.

Some of the participants referred directly to loneliness and raised this as a challenge that comes with an executive role. Zumaeta (2018) stated that loneliness occurs for many senior executives due to the demands of their role, the social distance that occurs from other members of the organisation, and the fatigue associated with the pressures of the position. Loneliness affects an individual's ability to demonstrate suitable social and communication skills, and results in irrational beliefs, self-destructive thinking and a deterioration of interpersonal skills (Cacioppo et al. 2015). Despite the strong presence of loneliness in the leadership literature, the participants did not describe such negative experiences, rather, they described how they had endured feelings of loneliness as an executive, acknowledged the co-existence of loneliness and leadership and articulated the ways that they had navigated such experiences to ensure both personal and organisational success.

The participant narratives did not reference loneliness and executive women explicitly; however, noting that the participants were discussing loneliness from their own personal perspective, the lens through which they were viewing loneliness is that of executive women's experiences and observations. Ibarra, Ely and Kolb (2013) state that as a result of women's more collaborative and transformational leadership approach and their focus on social relationships, it is likely that executive loneliness will be

experienced by women at some stage throughout their leadership career. The results of the current research support that assertion. Dunn, Gerlach and Hyle (2014) and Ibarra, Ely and Kolb (2013) also suggest that loneliness occurs at an increased rate for women, compared to male colleagues. It is therefore important for an executive leader, especially executive women, to have awareness of and insight into the prevalence and impact of loneliness and trust their own decision-making and judgements, draw upon their social intelligence, and be an active participant in minimising the impact of loneliness, both personally and professionally.

Enabler 12: Intuition

Volz and Cramon (2006) define intuition as the ability to know something immediately without conscious effort. Likewise, Nyatanga and Vocht (2008) describe intuition as an aptitude to know something in the absence of definitive evidence of how an individual arrives at knowing. According to Schulz (1998) 'intuition occurs when we directly perceive facts outside the range of the usual five senses and independently of any reasoning process and is part of a whole network, a cast of characters present in the brain and body' (p. 21). The participants discussed intuition, using their gut instinct specifically to lead. *Louise* explained how she experiences her gut instinct: 'I usually have a feeling about what is the right action to take. It is a feeling that I get in my gut'. There is a plethora of literature exploring this dynamic (Agor 1986; Nyatanga & Vocht 2008; Volz & Cramon 2006) and it gives credence to the participants' experiences, with intuition being widely recognised as beneficial for leaders in various circumstances, including responding to crises, rapid change or day-to-day routine activities.

The participant narratives did not explicitly reference intuition and women; however noting that the participants were discussing intuition from their own personal perspective, the lens from which they were describing is that of intuition from executive women's experiences and observations. Agor (1986) in his study did find that top managers differ significantly from lower level managers in their use of intuition when making decisions and he also found that women scored repeatedly higher than men in their ability to use intuition. The participant narratives did not shed any light on intuition and career advancement of executive women or intuition and social intelligence; however, nor did the existing body of literature. Despite this, the participant narratives do reflect that it is important for leaders to have both awareness of and trust in their own intuition, but not to rely on it exclusively or dismiss it. Rather, it is one piece of intel that can be used to inform executive decision-making.

Building on the existing literature, the gained insights demonstrate the importance of emphasising the interrelationship that exists between social intelligence and its role in building trust, specifically self-trust.

The next section discusses the findings relating to the research sub-questions.

5.3   Discussion of Findings Relating to the Research Sub-Questions

As a result of the key research findings being discussed in the context of the existing literature, the opportunity has now been afforded to answer and discuss the two research sub-questions and subsequently the four prompting interview questions.

5.3.1 Sub-Question 1: Social Awareness Capacities

The rationale provided by the participants of the study in response to matters of social awareness capacities raised by Sub-Question 1 is illustrated in Table 5.1.

Table 5.1

Participant Responses to the First Sub-Question Relating to Social Awareness Capacities

Interview sub-question 1: In what ways do the participants believe that social awareness capacities support the careers of executive women in the Healthcare sector?	There is strong evidence that social awareness capacities are critical to the careers of executive women in the Healthcare.
	The following is the rationale provided by the participants:
	- Executive women in Queensland Health are the minority. - Complex organisations require effective leadership. 'Understanding self, enables impact on organisational outcomes. Executive positions are lonely so knowledge of how to maintain social relations is important. - Can't lead others without social awareness. - Gives executive women credibility. - Enables confidence and self-belief.

In relation to the first sub-question, there was overwhelming consensus that social awareness capacities are critical to the careers of executive women in the Healthcare sector, with all of the participants suggesting that it is. The literature is rich with research exploring the benefit of emotional intelligence and leadership (Goleman 1995; 1998; Rubin, Munz & Bommer 2005; Shabani et al 2021) and likewise, there is an abundance of literature reflecting the necessity for leaders to have social intelligence competence; however, the literature is relatively exclusive to a few researchers when it comes to specific research on the importance of social awareness in leadership (Goleman 2006a, 2008; Zaccaro 1991, 2002). The research asserts that if a leader has social awareness capacities, they will be able to empathise with others, as well as understand the intentions of others and recognise the factors that influence and impact outcomes. There is no apparent research evident exploring women's social awareness and executive leadership in a Healthcare context. As a result, the participant narratives surrounding if and why social awareness capacities critical to the careers of executive women in the Healthcare sector are significant contributions to the literature.

The reasons outlined by the participants as to why social awareness capacities are critical to the careers of executive women in the Healthcare sector were raised repeatedly by the participants at various points throughout the interviews. This suggests the strength, and in their view the necessity, of social awareness capacities for current or aspiring executive women. Furthermore, it was apparent that the participants appeared to be more familiar with social awareness as a concept and the associated capacities – albeit they used different terms – than social facility, which was also evident by their responses as part of the background

questions, outlined in Table 5.1. The familiarity with social awareness and the associated capacities are noteworthy, given the limited specific research about social awareness and leadership in the literature.

Within this sub-question, there were four prompting interview questions. Participant responses to the first prompt question are listed in Table 5.2.

Table 5.2

Participant Responses to the First Prompt Question Relating to the Self-Reported Social Awareness Capacities the Participants Report they Possess

What self-reported social awareness capacities do the participants report they possess?	• Listening. • Reading people and their body language. • Reflection. • Physical presentation. • Intuition. • Appreciation of complexity. • Compassion. • Being prepared to acknowledge mistakes. • Ability to modify own behaviour. • Ability to 'park judgement' and seek to understand.

The participants were forthcoming with social awareness capacities that they self-reported to possess. The participants reported many of the capacities of social awareness, using different terms. For example, listening as opposed to attunement, and compassion as opposed to primal empathy (Goleman 2006a). Furthermore, the participants crossed over concepts identifying a number of the social facility capacities as social awareness capacities. For example, physical presentation was described as a social awareness capacity which is more closely aligned with self-presentation which forms part of social facility (Goleman 2006a). Whilst it could be argued that it does not necessarily matter if the capacities are not identified against each of the respective concepts, so long as they are used, it is important that there is knowledge of the capacities as they exist as part of social awareness and social facility, if current or aspiring executive

women wish to increase their knowledge and further deploy the use of these two concepts and the associated capacities as part of social intelligence. Participant responses to the second prompt question are listed in Table 5.3.

Table 5.3

Participant Responses to the Second Prompt Question Relating to How the Participants Believe that Social Awareness Capacities can be Obtained or Enhanced

How do the participants believe that social awareness capacities can be obtained or enhanced?	• Mentoring. • Self- Reflection. • Opportunities to stretch. • Feedback.

The participants described a number of ways that knowledge associated with social awareness capacities could be obtained or enhanced; these are mentoring, self-reflection, opportunities to stretch and feedback. The participants identified these strategies to assist in the acquisition of new knowledge, all of which are consistent with the existing body of literature concerning knowledge acquisition in the workplace (Edmondson 2018; Kraiger, Finkelstein & Varghese 2019; Smith 2001). What is unique about these strategies, however, is that formerly, not all of them featured in the literature as it relates to the careers of executive women in the Healthcare sector and nor is there is there any evidence of previous research which has identified all four of these specific strategies as a way to obtain or enhance social awareness. Participant responses to the third prompt question are listed in Table 5.4

Table 5.4

Participant Responses to the Third Prompt Question Relating to How the Participants Use Social Awareness Capacities to Engage and Interact with Individuals and the Broader Open Healthcare System

How do the participants use these social awareness capacities to engage and interact with individuals and the broader open Healthcare system?	**Individuals** • Empathise with others. • Empower others to make decisions. • Demonstrating their own 'value' proposition by helping others. • Read others body language, emotions and non-verbals and tailor response. **Open Healthcare system** • Build relationships with others. • Navigate through complexity. • Persuade and motivate team to achieve greater results. • Influence others to achieve outcomes.

In relation to how the participants use their social awareness capacities to engage and interact with individuals and the broader open health system, the participants provided a number of examples which were evident at various points throughout the interviews. It was no surprise that the participants were able to articulate how they apply their social awareness capacities, given their senior level roles in the organisation and these applications being at the heart of much of the leadership literature (Boddy 2021; Clark, Clark & Campbell 1992; Evans & Maley 2021; Haque, Fernando & Caputi 2021; Lohmann 1992; Germano 2010). At an

individual level, the participants discussed using an empathetic approach – a cornerstone of social awareness, empowering others to make decisions, demonstrating their own value proposition by helping others and reading the body language, emotions and non-verbals before tailoring a response, which in essence, is the demonstration of social awareness itself.

Furthermore, at the open Healthcare system level, the participants discussed how they had used social awareness capacities to build relationships, navigate complexity, persuade and motivate to achieve greater results and influence. Many of the identified examples as articulated by the participants are found in the existing literature (Ciulla 2010; Goleman 2006a; Schaap & Dippenaar 2017; Zaccaro 2002); however, there is limited existing literature concerning the application of these capacities at an open system level. Zaccaro et al. (1991) discuss using social awareness as part of their social perceptiveness concept in the context of open system leadership and state that leaders need to tackle and manage confronting issues in complex environments; however, there no further deduction of social awareness into capacities as is the case with Goleman (2006a). Credence is therefore given to this being a contribution to the existing body of literature. Goleman (2006a) proclaims that leaders need to be aware of and responsive to needs that exist at an individual and open system level, that is, they need to be socially aware and then know what to do with that awareness. Participant responses are listed in Table 5.5.

Table 5.5

Participant Responses to the Fourth Prompt Question Relating to How Social Awareness Interactions (Individual and System) Impacted the Participants' Leadership Career

How have these interactions (individual and system) impacted the participants leadership career?	Individuals • Enhanced reputation. • Afforded leadership progression opportunities. **Open Healthcare system** • Enabled resolution of complex problems that exist in the system. • Enabled positive interactions at all levels.

With regard to how these interactions – individual and open system level – have impacted the participants' leadership career, the participants described how at an individual level they felt that it had enhanced their reputation and afforded leadership progression opportunities and at an open system level enabled the resolution of complex problems and facilitated positive interactions at all levels. Through the participants' use and application of social awareness, they felt that it had an impact on their career. For example, the use of an empathetic approach resulted in relationship-building with others, subsequently affording leadership progression opportunities. The participants have articulated repeatedly throughout the interviews why social awareness capacities are critical to the careers of executive women in the Healthcare sector and they have provided insights into how using social awareness capacities both at an individual and open systems level can impact current or aspiring executive women's careers positively. There is, however, an evident scarcity of literature relating to social awareness capacities and careers of current or aspiring executives.

5.3.2 Sub-Question 2: Social Facility Capacities

The participant responses to the second sub-question are listed in Table 5.6.

Table 5.6
Participant Responses to the Second Sub-Question Relating to Social Facility Capacities

Interview sub-question 2: In what ways do the participants believe that social facility capacities support the careers of executive women in the Healthcare sector?	There is strong evidence that social facility capacities are critical to the careers of executive women in the Healthcare. The following is the rationale provided by the participants: • There are many barriers and obstacles for women in Queensland Health. • Impacts positively on relationships. • Impacts positively on reputation. • Need to know how to influence to get outcomes.

In relation to the second sub-question, there was consensus that social facility capacities are critical to the careers of executive women in the Healthcare sector. It is noted, however, that there were some participants who reported that they had not previously heard of the concept. Once an explanation and an example were provided by the researcher, these participants indicated they felt that it was critically important. It was apparent that the participants appeared to be more familiar with social awareness as a concept and the associated capacities – albeit they used different terms – than social facility, which was also evident by their responses as part of the background questions, outlined in Table

4.1. The literature is relatively scant when it comes to specific research on the importance of social facility in leadership (Denhardt & Denhardt 2006; Goleman 2006a; 2008); however, social facility has been similarly described by others in the leadership literature, including by Zaccaro et al. (1991) who used the term, behavioural flexibility, which includes response selection and response enactment and knowing how to interact with others often in complex environments. The existing research does assert, however, that in order for leaders to be truly effective, they not only need to be aware of social situations, but also to know what to do with that awareness and how to respond.

There is no apparent research evident exploring women's social facility and executive leadership in a Healthcare context. As a result, the participant narratives surrounding if and why social awareness capacities are critical to the careers of executive women in the Healthcare sector are significant contributions to the literature. As with the social awareness sub-question, the reasons outlined by the participants as to why social facility capacities are critical to the careers of executive women in the Healthcare sector were raised repeatedly by the participants at various points throughout the interviews. This suggests the strength, and in their view the necessity, of social facility capacities for current or aspiring executive women. As was the case with social awareness, the familiarity with social facility and the associated capacities are noteworthy, given the limited specific research about social facility and leadership in the literature.

Within this second sub-question, there were four prompting interview questions. Participant responses are listed in Table 5.7.

Table 5.7

Participant Responses to the First Prompt Question Relating To The Self-Reported Social Facility Capacities The Participants Report they Possess

What self-reported social facility capacities do the participants report they possess?	- Influence. - Take quick action to resolve issues. - Negotiation skills. - Care and concern for others. - Self-presentation (embrace femininity). - Ease of building relationships.

The participants were forthcoming with social facility capacities that they self-reported to possess. Some of the participants reported that they had not heard of the concept before, yet despite this, reported many of the social facility capacities such as influence and concern as they exist in Goleman's (2006a) social intelligence theory. Reflecting on this, perhaps because an explanation and example were provided to some of the participants to aid their understanding as part of the background questions, this may have influenced the participants and resulted in the participants being able to identify and relate more easily to the social facility capacities that they self-report to possess. This has been noted as a research imitation. Participant responses to the second prompt question are listed in Table 5.8.

Table 5.8

Participant Responses to the Second Prompt Question Relating to How the Participants Believe that Social Facility Capacities can be Obtained or Enhanced

How do the participants believe that social facility capacities can be obtained or enhanced?	• Mentoring. • Self-Reflection. • Feedback.

The participants described a number of ways that knowledge associated with social facility capacities could be obtained or enhanced; these are mentoring, self-reflection and feedback. Remarkably, all three of these were also identified as part of obtaining or enhancing social awareness. The participants identified these strategies to assist in the acquisition of new knowledge, all of which are consistent with the existing body of literature concerning knowledge acquisition in the workplace (Edmonson 2018; Kraiger, Finkelstein & Varghese 2019; Smith 2001). However, absent in the literature is material which identifies these specific strategies as a way to obtain or enhance social facility. Therefore, similar to social awareness, what is unique about these social facility strategies is that, formerly, not all of them featured in the literature as it relates to the careers of executive women in the Healthcare sector. Participant responses to the third prompt question are listed in Table 5.9.

Table 5.9

Participant Responses to the Third Prompt Question Relating to How the Participants Use These Social Facility Capacities to Engage and Interact with Individuals and the Broader Open Healthcare System

How do the participants use these social facility capacities to engage and interact with individuals and the broader open Healthcare system?	**Individual** • Use it to demonstrate 'value' to others. • Influence others. • Achieve outcomes. • Forge strong relationships. **Open Healthcare system** • Build relationships with others. • Persuade and motivate team to achieve greater results. • Influence others to achieve outcomes.

In relation to how the participants use their social facility capacities to engage and interact with individuals and the broader open health system, the participants provided a number of examples which were evident at various points throughout the interviews. At an individual level, the participants discussed demonstrating their value to others, influencing others, achieving outcomes and forging strong relationships. Furthermore, at the open Healthcare system level, the participants discussed how they had used social facility capacities to build relationships and to persuade and motivate to achieve greater results and influence. Zaccaro et al. (1991) discussed using response selection and response enactment as part of their behavioural flexibility concept, which is a similar term to social facility, in the context of individual and open system leadership and they assert that leaders need to be respond

appropriately to various organisational situations. However, the literature specifically concerning the use of social facility capacities to engage and interact with individuals and the broader open Healthcare system is evidently missing. The insights shared by the participants will therefore contribute to the existing body of literature. Participant responses to the fourth prompt question are listed in Table 5.10.

Table 5.10

Participant Responses to the Fourth Prompt Question Relating to How Social Facility Interactions (Individual and System) Impacted the Participants' Leadership Career

How have these interactions (individual and system) impacted the participants leadership career?	**Individuals** • Enabled team members and colleagues to establish trust. • Increased self-confidence to make decisions and back oneself. • Presented self in a certain way which is positively observed by others. • Develop reputation for achieving results. **Open Healthcare system** • Enabled resolution of complex problems that exist in the system. • Established reputation for being trustworthy across the organisation.

With regard to how these interactions – individual and open system level – have impacted the participants' leadership career, the participants described how at an individual level they felt that it had enabled the establishment of trust, increased their self-

confidence to make decisions and helped develop a reputation for achieving results and self-presentation. At an open system level, the participants stated that the interactions enabled the resolution of complex problems and establishment of reputation for being trustworthy across the organisation. The participants reported that through their use and application of social facility, there had been a subsequent impact on their career. The use of influence to achieve results and establish a reputation for being trustworthy across the organisation was acknowledged by the participants as a positive example of this.

The participants have articulated why social facility capacities are critical to the careers of executive women in the Healthcare sector at various points and they have provided insights into how using social facility capacities both at an individual and open systems level can impact current or aspiring executive women's careers positively. In contrast, there is an evident scarcity of literature relating to this.

5.4   Conclusion

This chapter highlighted the researcher's discussion by incorporating qualitative analysis results and relevant literature to answer the research question and to sub-questions. A theoretical framework was formulated as a result of the analysis which was presented in Figure 5.1. This shows how social intelligence enables executive women to build and execute four key capabilities and twelve enablers which enhance the leadership career advancement of executive women in an open public sector Healthcare system. Aspiring and current executive women need to build these four capabilities for leadership career advancement. As executive women build, maintain and nurture relationships, trust is given and reciprocated, and self-trust develops. By having strong

relationships built on trust and by trusting oneself, the executive women are able to navigate complexity more effectively, which impacts positively on their reputation and ultimately their career advancement.

An in-depth discussion of the contributions of this research, implications for theory, implications for practice, suggestions for future research directions and finally the conclusions, will be presented in Chapter 6.

CHAPTER 6: CONCLUSION

6.1   Introduction

Women are making progress in forging successful careers and undertaking academic studies to position themselves as duly qualified and suitability competitive for leadership roles within organisations (Bierema 2016). Notwithstanding the fact that women have an increasing presence in the workforce, they remain under-represented in the upper echelons of organisations. This is true also in Australia and more locally in Queensland where Healthcare is the largest employer in both country and state (DJSB 2018).

The purpose of this qualitative research was to identify the social intelligence capabilities that promote leadership career advancement of executive women in a Healthcare context. This was achieved through addressing one central research question and two sub-questions. By hearing the lived experiences and journeys of women who occupy executive positions, aspiring women can become more confident in championing their own leadership labyrinth. Lived experiences permitted the researcher to examine the personal accounts of executive women who have lived the experience and explore their beliefs, perspectives and reflections as leaders in the Healthcare sector in the geographic location of Queensland, Australia.

This final chapter outlines the contributions of this research and research implications followed by suggestions for future research directions.

6.2   Research Contributions

There are a number of contributions from this research including the quantum of evidence in this thesis that can advance theoretical insights on promoting women in leadership positions in the healthcare sector. There is no shortage of leadership studies that relate to women. Some studies focus on the glass ceiling, barriers, challenges and discrimination, whilst others focus on organisational recruitment processes and unconscious bias which restrict women from advancing their careers (Joseph et al. 2021; Kalaitzi et al. 2019). This research is unique as it examined social intelligence capabilities for leadership career advancement of executive women in a Healthcare context. This thesis is, to the researcher's knowledge, the first to propose social intelligence capabilities for leadership career advancement of executive women in Healthcare, thus extending theoretical contribution to Goleman's (2006a) social intelligence theory in the context of women and career advancement in the healthcare sector.

Positioning theoretical contribution in the context of women, the literature relating to Goleman (2006a) and women were examined. Goleman's social intelligence research has been cited significantly in the literature, including some literature which has focussed on social intelligence and women. Research by Juchniewicz (2010) on social intelligence and the music teaching of women showed that the teachers who exhibited social skills were perceived as effective. Furthermore, there has also been social intelligence and women research conducted across non-work-related environments such sexual relations (Ardolino 2013) and domestic violence (Khaleghkh, Zare, Ghamari & Valizadeh 2015). Existing research has explored social intelligence and women's wellbeing (Khan & Bhat 2017; Rani & Vijaya 2021) demonstrating that social intelligence does have a role in determining the wellbeing of women. Furthermore, Fellmann

and Widmann (2017) asserted in their research that women dominate in social intelligence capabilities compared to men.

Similarly, a research project conducted by the organisational advisory firm, Korn Ferry (2016), found from 55,000 professionals across all levels of leadership in 90 countries that women can apply emotional and social intelligence capacities more successfully towards effective leadership than men. Furthermore, some of the early research completed by Hunt (1928) showed that there was no correlation with social intelligence and age, but there were gender differences with women demonstrating higher levels of social intelligence than men. There is some research which contradicts this view such as that of Suresh (2009) who claimed no difference in gender relating to social intelligence and similarly, Dixit and Kaur (2015) who also claimed that there is no significant difference on the basis of gender. There are also a number of other sources of literature referencing only social intelligence and women in the context of Thorndike's (1920) definition of social intelligence.

Some of the most cited literature relating to social intelligence and women is a study by Hopkins and Bilimoria (2008) who found that despite male and female leaders rating as generally equal on social and emotional competence, the relationship between exhibiting these competencies and success was moderated on gender. Their research used a 360-degree instrument to measure the demonstration of emotional and social intelligence competencies by senior level executives in a financial services business. Whilst this research did not seek to compare and contrast levels of social intelligence between men and women, the participants did report that they believe that women generally have higher levels of social intelligence then men, which is consistent with the bulk of the existing literature.

Goleman's (2006a) social intelligence theory has been applied in different ways in the literature, with much of the existing literature comparing and contrasting women's social intelligence to that of men, however there is no evidence of any research being conducted which provides the insights offered by this research. This study focusses on the examination of women's use of social intelligence and subsequently advances Goleman's (2006a) social intelligence theory and women. Such research on women is important, as women are different from men with varying responsibilities and career trajectories. Women usually experience an interconnected dynamic between private life and career: they have different pressures in the workplace and usually experience the greater burden of household labour (O'Neil, Hopkins & Bilioria 2008). The impact of this may be evident in some of the statistics relating to the Queensland public health industry, where women make up almost 75% of the workforce, but occupy less than 40% of executive leadership positions (Queensland Health Business Intelligence 2020, pers. comm., 24 January). It was therefore important to consider how women can be supported to advance their careers and provided an opportunity to build their leadership capabilities.

Social intelligence is considered a necessity for effective and successful leadership, as has been demonstrated by previous research evident in the literature. However, in the literature, there are few written works focussing specifically on women and their use of social intelligence. Until now, there has been no evidence in the existing literature that offers theoretical insights linking executive women and social intelligence. This study found that social intelligence can enable executive women to build and execute four key capabilities which subsequently enhance the

leadership career advancement of executive women in an open public sector Healthcare system. In putting forward these four capabilities and 12 enablers for social intelligence, this study used accounts of personal experiences, beliefs and perspectives of executive women in Healthcare, thus contributing to the advancement of existing knowledge on social intelligence and women.

Positioning the theoretical contribution in the context of career advancement, the literature relating to Goleman (2006a) and career advancement was examined. Much of the existing literature exploring Goleman's (2006a) social intelligence theory and career advancement does not use the term, career advancement; rather, terms such as performance, successful leadership and job satisfaction are employed, which, though elements of a successful career, do not encapsulate the journey of one's career and how it progresses. Yahyazadeh-Jeloudar and Lofti-Goodarzi (2012), in their research on the relationship between social intelligence and job satisfaction among teachers, showed that there was a significant relationship between teachers' social intelligence and their job satisfaction. Similarly, Lathesh and Avadhani (2018), in their research on social intelligence and its impact on employee performance, found that employees with high levels of social intelligence can learn new skills and perform better. This study outlines and explains the enablers for social intelligence capabilities that may offer new knowledge on leadership opportunities that women can tap into so as to advance their careers.

There is also literature that explores the dual concepts of emotional and social intelligence (ESI). Seal, Boyatizis and Bailey (2006) explored ESI and its impact on performance and sustainable change in organisations, with Guillaume (2021) and Parveen and

Soomro (2014) conducting similar research examining the role of emotional and social intelligence in various work settings with the findings prompting and encouraging the use of emotional and social competencies for the benefit of employees and success of organisations. Likewise, Riggio and Reichard (2008) examined the emotional and social intelligences of effective leadership and demonstrated that emotional skills and complementary social skills are essential for effective leadership. Furthermore, an exploratory study by Dulewicz and Higgs (2000) studied the influence of ESI on the career advancement of general managers and found that general managers with higher levels of emotional competencies were more likely to have advanced their careers beyond what was predicted through cognitive and personality measures alone. Despite these findings however, when analysing the contribution of emotional and social intelligence to career advancement, it is unclear what proportion of each can be attributed to it. Could it be equal, for example, more social than emotional intelligence, or vice versa?

Other researchers go further and incorporate cognitive and cultural intelligence with ESI. Boyatzis (2008) studied competencies in the 21st century, focussing on how emotional, social and cognitive intelligence competencies predict effectiveness in professional, management and leadership roles across sectors. Elenkov and Pimentel (2015) scrutinised social, emotional and cultural intelligence integration and Njoroge and Yazdanifard (2014) investigated emotional, social, and cognitive intelligence and its impact on managerial effectiveness and career success. Their study showed how emotional, social, and cognitive intelligences have an affirmative effect on managerial effectiveness and career success. Again however, the existing literature does not examine social intelligence and career advancement specifically, rather, it provides

to some degree, partial insights into the role that social intelligence may have on career success.

In contrast, this research project has shown through the participant narratives that social intelligence does have a role in enabling the career advancement of executive women in an open public sector Healthcare system. This research contributes to the existing body of theory relating to social intelligence and career advancement in a unique way by exploring a previously unexplored topic.

Figure 6.1 is a process model for career advancement of women that contributes to the advancement of theoretical insights on how social intelligence capabilities may facilitate career advancement of women in Healthcare. The figure shows that as executive women build, maintain and nurture relationships, trust is built and reciprocated, resulting in the development of self-trust. Consequently, by having strong relationships built on trust and by trusting oneself, the executive women are able to navigate complexity more effectively. The capabilities of nurturing relationships, building self-trust and navigating complexity can impact collectively on enhancing reputation that can ultimately result in career advancement of women as successful leaders. This pathway outlines one of many approaches that aspiring women leaders can take to advance their leadership careers.
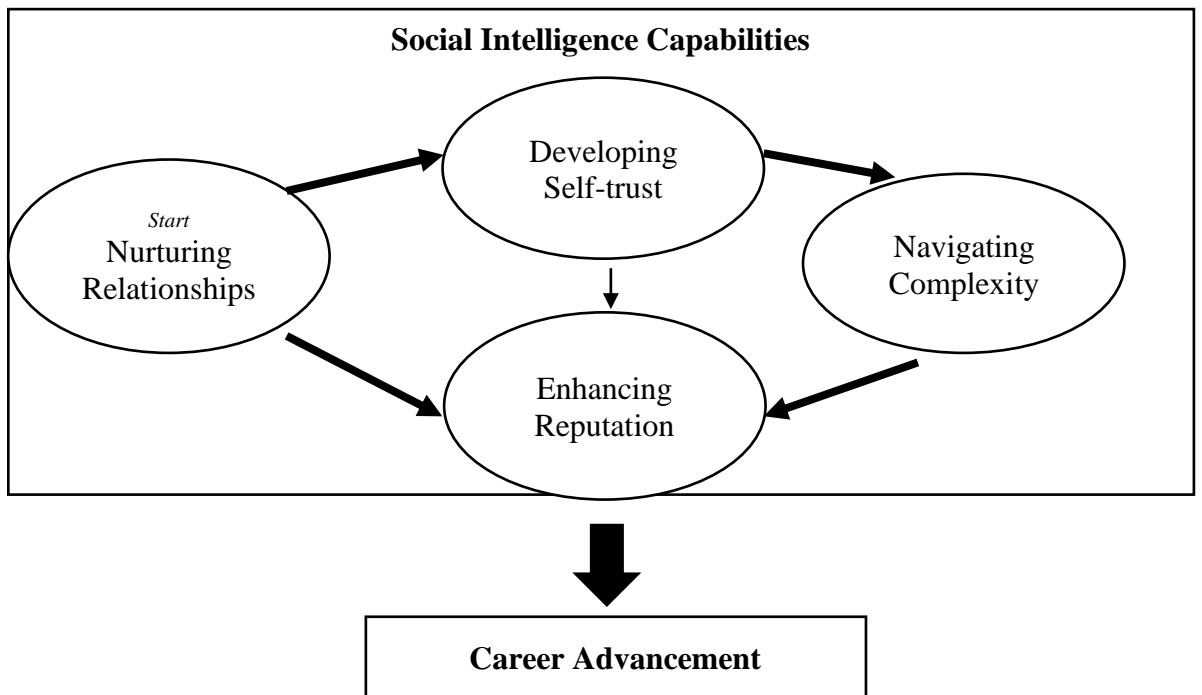
Figure 6.1 A Suggested Pathway to Use Social Intelligence Capabilities for Career Advancement of Women Leaders

There is also a significant contribution of this study to practice. Considering the leadership practices in a Healthcare context, the literature relating to Goleman (2006a) and the Healthcare industry were examined. Goleman's social intelligence research has been cited significantly in the literature and has a strong presence in the Healthcare literature; however, it is noted that there is only a small body of literature that examined social intelligence as a single construct in the research undertaken in the Healthcare sector, such as that of Ozdemir and Adiguzel (2021) who examined the relationship between social intelligence, self-esteem and resilience in Healthcare professionals and the affecting factors. Much of the literature reflects social intelligence in order to position emotional intelligence (Asimopoulos, Martinaki & Papaioannou 2020; Cherry 2021; Duygulu, Hicdurmaz & Akyar 2011; Gunderson 2007; Honkavuo 2019; Kasap & Mihiotis 2014; Sahni, Kumari & Pachaury

2021; Smith, Profetto-McGrath & Cummings 2009; Ungerleider, Ungerleider & Ungerleider 2017) to explain interpersonal dynamics (Coo & Salanova 2018; Kerr et al. 2019) and to discuss empathy and leadership (Kock et al. 2019). There is some Healthcare literature such as Oyewunmi (2018) and Jueajinda, Stiramon and Ekpanyaskul (2021) who referenced social awareness, and Sedgwick and Rougeau (2010) who discussed concern (capacity of social facility). However, none of the existing studies examine social intelligence as a single construct impacting leadership careers for women in the healthcare sector.

Noting the gap in the existing literature relating to Goleman's (2006a) social intelligence and Healthcare, this research makes a significant contribution to practice. The results of the research demonstrate that social intelligence enables executive women to build and execute four key capabilities namely; nurturing relationships, navigating complexity, enhancing reputation and building self-trust, which subsequently enhance the leadership career advancement of executive women in an open public sector Healthcare system.

Ultimately, it is hoped that women who are seeking executive roles will also be sanguine about overcoming current obstacles to career advancement, promote ways in which they can maximise social awareness and social facility capacities, and manifest internal strength and optimism about the future. It is also anticipated that the results may be relevant to other states and territories in Australia or indeed, internationally. Lastly, it is anticipated that this research will enhance understanding of aspiring women leaders by hearing the authentic stories of the lived experiences of the participants who have advanced their leadership careers successfully in the healthcare sector.

6.3   Research Implications

Apart from the significant contributions to theory and practice, there are a number of economic and social implications from this research. On the economic front, the outcomes of this research may contribute to broader economic gains if there are considerable and concerted efforts on the part of organisations to increase awareness of social intelligence in its role in enabling current and aspiring executive women, not only in Healthcare but potentially in any organisational context. In general, it is recognised that as women advance their opportunities in the labour market, there can be substantial macroeconomic benefits due to the potential for increase in productivity and growth (Loko & Diouf 2009; Noland, Moran & Kotschwar 2016). Organisations that do not continue to focus on increasing women's presence across all organisational levels, particularly at the executive table, may face aspiring women's decisions to leave that workforce and their departure would lead to the loss of knowledge, experience and skills in that workplace, as well as the subsequent direct and indirect costs that come with needing to orientate and train new staff (Kurnat-Thoma et al. 2017; Mahoney et al. 2020).

From a social perspective, the outcomes of this research uncovered how social intelligence has enabled current executive women to navigate the leadership labyrinth. This will result in a positive social effect, as aspiring women will be better informed, aware and enabled to advance their leadership career into the higher echelons of organisations. In general, it has been established that women exhibit characteristics such as openness, empathy and support, which correlate positively with improved organisational and societal outcomes (Just Actions 2020; Wagner 2018; WGEA 2019; Verick & Greer 2012). It is imperative that organisations hear and support

the voices and perspectives of women at all levels and also empower and support women in leadership roles to make decisions that not only impact the organisation itself positively, but also enable organisations to be best placed to meet the interests and needs of society as whole.

6.3.1 Specific recommendations for Queensland public Healthcare sector

The results of this research lend further credence to those people involved in policy development, specifically those responsible for diversity management development within organisations. What has been found is that social intelligence is key to women progressing, therefore organisations need to consider how they can enhance opportunities for women to draw upon and employ social intelligence. The Australian Government and WGEA initiatives which seek to monitor organisational improvements in gender equity should consider how social intelligence could be incorporated as a strategy to support gender equity at senior leadership levels in organisations. This would not only provide aspiring leaders with confidence that there are practical and achievable ways to enhance the opportunities for women at senior levels, but it may also enhance reporting practices which go beyond standardised measures such as flexible work arrangements and gender composition (WGEA 2018) with little operational impact in affecting change at the upper echelons of organisations.

Finally, the results from this research have the potential to be implemented at a practice level. Mousa et al. (2021), in their research on advancing women in Healthcare leadership, encourage a shift in thinking from focussing on organisational barriers to focussing on organisational solutions that support the career advancement of women in Healthcare. Public Health Human

Resource / people capabilities departments have the opportunity to identify and create professional development and training programs which enhance promotion opportunities for women. It is through the acquisition of knowledge and benefits of social intelligence that organisations should seek to retain their current executive women in the workforce, while helping to identify and invest in succession planning activities to nurture future aspiring leaders. It is recognised that this research has been positioned in a Healthcare context, however social intelligence professional development and training programs could be considered across all public service and private organisations.

6.4   Suggestions for Future Research Directions

This research examined the social intelligence capabilities for leadership career advancement of executive women in a Queensland Healthcare context. Whilst this research provided valuable insights into the experiences of women who had reached executive level positions in Queensland Health, it is recommended further studies be undertaken to deepen knowledge of social intelligence and its role in career advancement. These suggestions are outlined next.

Firstly, in this research, the data saturation was reached at 12 participants; however, a larger participant pool may be achieved by adopting a different methodological approach, such as using a combination of both quantitative and qualitative methods, such as survey/questionnaire and interviews. A different methodological approach may also consider capturing data at multiple collection points. Given that this research was collected at a single point in time, it did not allow for multiple personal accounts to be collected at various phases to determine if the participants' perspectives changed overtime. It would useful for future research to explore

these experiences across time and compare and contrast them to examine the extent of any variation of perspectives. This would provide additional insights into women who have navigated their leadership labyrinth into executive roles. In this light, the recommended pathway towards career advancement using social intelligence capabilities for women, illustrated in Figure 6.1, can be further tested and validated using quantitative research methods.

Secondly, the focus of this research was on executive women; however, future research could include the voices and experiences of executive men and capture how social intelligence can be utilised in their leadership career advancement, with a further opportunity to compare and contrast the experiences between aspiring and current executive men and how each use/used social intelligence to advance their careers. Furthermore, aspiring women were not included in the scope of the research; however, there is an opportunity to compare and contrast the experiences between aspiring and current executive women in Healthcare and discover how each can use or has used social intelligence to advance their careers.

Finally, the scope of this research was limited to public Healthcare in Queensland; however, there is an opportunity for future research to examine the experiences of executives across Australian states and territories or indeed a comparison between Australian and international experiences, incorporating both public and private enterprises and across different agencies such as education, police, and law and justice departments.

6.5 Conclusion

In conclusion, this research presents a convincing case to organisations to continue to support women's journeys to the

executive table, noting how critical social intelligence capabilities are to the success of an organisation. At an individual level, it provides insight for women looking to propel themselves into executive level positions through hearing the lived experiences and stories of executive women.

The results of the research demonstrate that social intelligence supports executive women to build and execute four key capabilities namely: nurturing relationships; navigating complexity; enhancing reputation; and building self-trust, which subsequently enhance the leadership career advancement of executive women in an open public sector Healthcare system.

This research focussed on the social intelligence capabilities for the leadership career advancement of executive women in a Healthcare context; however, it may not be limited to women. Rather, anyone who is seeking to advance their leadership career could benefit from this research, irrespective of gender differences. The decision was made to focus on women in Healthcare as they are the most under-represented group in the upper echelons in public Healthcare. This research lauds not only the executive women who were able to navigate their leadership labyrinth successfully, but also the generations of women leaders to come.

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APPENDIX A

Semi-Structured Interview Guide

Background questions:

- Could you please state your name and position in Queensland Health?
- Could you please tell me what do you do, in your position?
- How long have you been working in your position and what are the previous roles that you have occupied in your career to date?
- What do you understand by the term 'social intelligence'?
- What do you understand by the term 'social awareness'?
- What do you understand by the term 'social facility capacities?
- Do you think social intelligence may be important to women's leadership in the health care sector?
- Do you have any questions you would like to ask me before we begin the interview?

Social awareness capacities:

- What self-reported social awareness capacities do you possess?
- In your experience, how do you obtain/enhance social awareness capacities?
- How do you use social awareness capacities to engage and interact with individuals and the broader open Healthcare system?
- How have these interactions (individual and system) impacted your leadership career?
- In your view, why are social awareness capacities critical to the careers of executive women in the Queensland health care sector?
- What else could you tell me more regarding social awareness capacities?

Social facility capacities:

- What self-reported social facility capacities do you possess?
- In your experience, how do you obtain/enhance social facility capacities?

- How do you use social facility capacities to engage and interact with individuals and the broader open Healthcare system?
- How have these interactions (individual and system) impacted your leadership career?
- In your view, why are social facility capacities critical to the careers of executive women in the Queensland Healthcare sector?
- What else could you tell me more regarding social facility capacities?

Capacities advancing leadership careers:

- To what extent do you believe that the capacities you mentioned, have a role to play in advancing your leadership career and how?
- In your view, why is social intelligence important to women's leadership?
- In your opinion, how can women develop/enhance their social intelligence, if they would like a career as an executive?
- What else could you tell me regarding social intelligence and women's leadership?
- Thank you for your time today.

UNIVERSITY OF SOUTHERN QUEENSLAND AUSTRALIA

Participant Information for USQ Research Project
Interview

Project Details	

Title of Project: Conceptualizing social intelligence capabilities in women leadership: A Qualitative study in the Queensland Healthcare industry.

Human Research Ethics Approval Number: LNR/2020/QGC/69065

Research Team Contact Details	

Principal Investigator Details
Zoe Bishop-Kinlyside
Email: u1110791@usq.edu.au
Mobile: 0447 163 236

Supervisor Details / Other Investigator Details
Anup Shrestha
Email: anup.shrestha@usq.edu.au

Description	

This project is being undertaken as part of a Doctor of Business Administration program, at the University of Southern Queensland (USQ).

The purpose of this project is to examine the role of social intelligence in the leadership career advancement of women in a Queensland Healthcare context and determine if there are specific

social intelligence capacities that help women progress their leadership journeys and how. Social intelligence is defined as 'ability to understand the feelings, thoughts, and behaviours of persons, including oneself, in interpersonal situations and to act appropriately upon that understanding' (Marlowe 1986, p.52).

Goleman (2006) incorporated social intelligence 'ingredients' into two broad groups, 'social awareness' and 'social facility' (Goleman 2006, p. 84). For the purpose of this research, Goleman's (2006) two broad groups social awareness and social facility will be referred to as capacities, as they are characteristics that socially intelligent leaders possess (Goleman 2006). Goleman (2006) states that 'social awareness is what we sense about others and social facility is what we do with that awareness' (Goleman 2006, p. 84).

More specifically, **social awareness** - is when a person can sense or empathise with another person's feelings and goes beyond identifying the feelings of others alone, it relates to how these feelings translate into the context of the situation at hand (Goleman 2006). **Social facility** however, is one's capacity to be able to guide social interactions in such a way that minimises risk of interpersonal confrontation (Goleman 2006).

The research team requests your assistance because you have been able to navigate the leadership labyrinth to occupy an executive position in Queensland Health. Executive women are the sample group for this study.

Participation

Your participation will involve an interview that will take approximately 45-60 minutes of your time.

The interview will take place at a time and format that is convenient to you.

Broadly the interview questions will include:
- What self-reported social awareness capacities do you possess?
- What self-reported social facility capacities do you possess?
- How do you use these capacities to engage and interact with individuals and the broader open Healthcare system?
- How can social intelligence be utilised in the leadership career advancement of women?

The interview will be audio recorded. If you do not wish for recording to occur, please advise the researcher.

Your participation in this project is entirely voluntary. If you do not wish to take part, you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. You will be able to withdraw data collected about yourself after you have participated in this interview, if you choose. Data will be stored de-identified. If you do wish to withdraw from this project, please contact the Research Team (contact details at the top of this form).

Your decision whether you take part, do not take part, or to take part and then withdraw, will in no way impact your current or future relationship with the University of Southern Queensland.

It is anticipated that a total of fifteen (15) participants will be involved in the study, however this figure may vary slightly depending on saturation point.

If you require any psychosocial or emotional support as a result of participating in the project, please feel free to contact the Queensland Health Employee Assistance Service on 1300 360 364, alternatively Lifeline on 13 11 14.

Expected Benefits

It is expected that this project will not directly benefit you. However, it is proposed that this research will:

1) deepen social intelligence knowledge as it relates to women leadership and present insights into the role of social intelligence and the career advancement of women in a Queensland Healthcare context.
2) Should women consciously draw upon knowledge in this area, then it will likely have an impact on further enhancing leadership opportunities for women.
3) Increased gender equity at executive levels in Healthcare organisations.

Risks

- Time risk to conduct the research (time imposition).

- Social risk where the participants may know each other.

- COVID-19 pandemic risks, as situation continues to unfold. Social distancing and hygiene practices will be followed.

- Principal investigator will transcribe the interview data.

- As a result of participating in the interview, you will be given a pseudonym to protect your identity. Your work unit and location will not be disclosed.

Privacy and Confidentiality

All comments and responses will be treated confidentially unless required by law.

The interviews will be audio recorded for the purpose of transcription.

It is possible to participate in the project without being recorded, however notes will be taken during the interview.

You will be provided with a copy of the interview transcript for review and endorsement prior to inclusion in the project data. You will be given 7 days (unless otherwise agreed) to review and request any changes to the transcript before the data is included in the project for analysis.

The principal investigator will have access to the recording and will transcribe the audio recordings. Data will be stored on password secured personal computer where only the principal and co-investigators will have access to the data. Backups will be securely stored.

You may request a copy of the project summary of results by contacting the principal investigator.

Any data collected as a part of this project will be stored securely as per University of Southern Queensland's Research Data Management policy.

Consent to Participate

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate in this project. Please return your signed consent form to the Principal Investigator prior to participating in your interview.

Questions or Further Information about the Project

Please refer to the Research Team Contact Details at the top of the form to have any questions answered or to request further information about this project.

Concerns or Complaints Regarding the Conduct of the Project

If you have any concerns or complaints about the ethical conduct of the project, you may contact the University of Southern Queensland Manager of Research Integrity and Ethics on +61 7 4631 1839 or email researchintegrity@usq.edu.au. The Manager of Research Integrity and Ethics is not connected with the research project and can facilitate a resolution to your concern in an unbiased manner.

Thank you for taking the time to help with this research project. Please keep this sheet for your information.

Consent Form for USQ
Research Project
Interview

Project Details

Title of Project: Conceptualizing social intelligence capabilities in women leadership: A Qualitative study in the Queensland Healthcare industry.

Human Research Ethics Approval Number: LNR/2020/QGC/69065

Research Team Contact Details

Principal Investigator Details

Zoe Bishop-Kinlyside
Email: u1110791@usq.edu.au
Mobile: 0447 163 236

Supervisor Details / Other Investigator Details

Anup Shrestha
Email: anup.shrestha@usq.edu.au

Statement of Consent

By signing below, you are indicating that you:

- Have read and understood the information document regarding this project. ☐Yes / ☐No

- Have had any questions answered to your satisfaction. ☐Yes / ☐No

- Understand that if you have any additional questions you can contact the research team. ☐Yes / ☐No

- Understand that the interview will be audio recorded.   ☐Yes / ☐No

- Are over 18 years of age.   ☐Yes / ☐No

- Agree to participate in the project.   ☐Yes / ☐No

Participant Name	
Participant Signature	
Date	

Please return this sheet to a Research Team member prior to undertaking the interview.