Exploring Person-Centered Accountability as a Complementary Approach to Regulatory-

Centered Accountability: An Action Research Study

Dissertation Manuscript

Submitted to Northcentral University

Graduate Faculty of the School of Education
in Partial Fulfillment of the
Requirements for the Degree of

DOCTOR OF EDUCATION

by

DEBBIE G. STOCK

Prescott Valley, Arizona
August 2015

Approval Page

Exploring Person-Centered Accountability as a Complementary Approach to Regulatory-

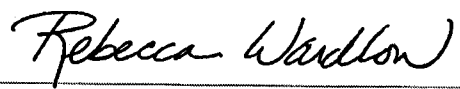Centered Accountability: An Action Research Study

By

Debbie G. Stock

Approved by:

_____   _____
Chair: Dr. Sherry Lowrance, Ph.D.   9 - 21 - 15
                                                                                   Date

Certified by:

_____   _____
Dean of School: Dr. Rebecca Wardlow, Ed.D.   9/21/15
                                                                                   Date

ii

Abstract

Accountability in healthcare tends to dominate discussions focused on improving the quality of care, the experience of patients, pay-for-performance, and engaging employees to produce positive performance outcomes. Organizational leaders are held to answer to external regulatory agencies about performance outcomes based on prescribed standards. Frequently, these agencies adopt a punitive approach by imposing rewards and penalties for achieving or failing to meet the performance standards. Furthering the challenges, organizational leaders are expected to model accountability, hold employees accountable, and be a source for inspiration and motivation. The purpose of this qualitative action research study was to examine person-centered accountability (PCA), or the use of positive leadership, positive practices, and positive emotions, as a complementary approach to regulatory-centered accountability (RCA). Six workshops influenced by appreciative inquiry, a practice period, participant journals, interviews and the use of a portable biofeedback device to measure positive emotions were all utilized to develop an understanding of participant's experiences and perceptions about the value of PCA and RCA. Participants were clinical and non-clinical leaders at a Midwest medical center. Results from this study revealed the participants' perception about the holistic and interdependent nature of PCA and RCA. Integrating PCA and RCA requires a change in philosophies as well as day-to-day accountability practices. Leaders and employees need to use both PCA and RCA to improve performance outcomes, therefore, it is important to create an organizational reset to change beliefs about accountability, build leadership capacity, and invest in employees. Future research is needed to evaluate the long-term impact of PCA and RCA on performance outcomes in and out of healthcare.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction

In healthcare and other organizations, accountability is fundamental for setting expectations to achieve performance-based outcomes. External agencies specify, govern, and sanction accountability standards for healthcare for organizations (Andersson & Liff, 2012; Tetlock, Vieider, Patil, & Grant, 2013). The emphasis on regulatory control stems from organizational failures to comply with standards (Frink & Klimoski, 2004; Khatri, Brown, & Hicks, 2009; Pal, Medway, & Byrom, 2011; Wood & Winston, 2007). There are two types of accountability used for regulatory control, outcome and process accountability. Outcome accountability occurs when a person or organization is responsible for producing a certain outcome. Process accountability occurs when a person or organization must follow certain steps. Regulatory agencies rely on financial incentives, such as Medicare reimbursements, to encourage outcome and process accountability. Both systems of accountability form regulatory-centered accountability (RCA) and stress externally imposed rules, regulations, and a reward or punishment system to increase accountability effectiveness (Frink et al., 2008; Tetlock, Vieider, Patil, & Grant, 2013).

Leaders rely on both process and outcome accountability to regulate employee performance (Tetlock, Vieider, Patil, & Grant, 2013). Efforts to control employee performance while encouraging independent problem solving diminish perceptions of fairness and increase stress and negative emotions (Chahal & Mehta, 2010; Colquitt, et al., 2013; Lanivich, Brees, Hochwarter, & Ferris, 2010; Tetlock, Vieider, Patil, & Grant, 2013). Stressed individuals often avoid being accountable by making excuses, gossiping, and blaming others (Anderson, 2009; Bovens, 2010). Energy focused on accountability

avoidance results in poor performance and diminished employee engagement (Henderson, Liden, Glibkowski, & Chaudhry, 2009; Pal, Medway, & Byrom, 2011).

Tetlock's (1983) seminal social contingency theory set a path for multiple studies to examine accountability as a complex social-emotional phenomenon (Breaux, Perrewé, Hall, Frink, & Hochwarter, 2008; Royle, Fox, & Hochwarter, 2009; Wallace, Johnson, Mathe, & Paul, 2011). Social contingency underscores the importance of relationships in adapting to a person-centered approach to accountability (Frink et al., 2008). Despite these efforts, current accountability models give little consideration to the impact of positive practices, positive leadership, and positive emotions (Lerner & Keltner, 2000; Messner, 2009; Weiss & Cropanzano, 1996). Without a practical examination of positive emotions, practices, and leadership to increase understanding of a person-centered accountability (PCA) approach, accountability effectiveness would continue to falter (Frink et al., 2008; Luthans & Avolio, 2009; Meyer, Stanley, & Vandenberg, 2013).

Influenced by accountability, positive psychology, positive leadership, and social psychology PCA was organized in three domains to counterbalance RCA's negative and punitive approach (Donaldson & Ko 2010; Schillemans, van Twist, & Vanhommerig, 2013). Domain one included positive practices (Cameron, Mora, Leutscher, & Calarco, 2011) to improve communications, learning, and collaboration (Bianchi, 2010; Ferris et al., 2008; Hall & Ferris, 2011; Khatri, Brown, & Hicks, 2009; O'Connor, Kotze, & Wright, 2011). Domain two explored positive leadership to align leadership behavior with the positive practices (Dinh et al., 2014). Domain three included the use of positive emotions to minimize the effects of emotions (Boyatzis, Smith, Van Osten, & Woolford, 2013; McCraty & Shaffer, 2015; (Lerner, Li, Valdesolo, & Kassam, 2015).

Background

This research project took place in a healthcare organization. Mandates to improve accountability practices and outcomes remain at the forefront in the delivery of healthcare (Chassin, Loeb, Schmaltz, & Wachter, 2010). Hospitals must conform to accountability standards put in place by external agencies and device mechanisms to control performance within the organization to reduce the risk of errors and improve service quality (Terry, 2010; Wachter & Pronovost, 2009). Two primary factors underscore the importance of accountability in healthcare. First, human lives are at stake and lapses in performance lead to increased medical errors, infections, and death (Frankel, Leonard, & Denham, 2006; Wachter & Pronovost, 2009). According to the Center for Disease Control, there were an estimated 722,000 healthcare-associated infection (HAI) in hospitals (Magill et al., 2014). Even more shocking, a recent study revealed estimated 400,000 pre-mature deaths results from preventable adverse events (James, 2013). Second, healthcare organizations that fail to perform in accordance with prescribed standards are at risk of losing critical funding sources (Burke, 2014; Fontenot, 2014; Ghosh, 2013). The challenges for healthcare leaders are exacerbated by the multiple demands related to the use of accountability mechanisms and the need to motivate and inspire employees and achieve results (O'Connor, Kotze, & Wright, 2011; Parker, Bindl, & Strauss; 2010; Tetlock, Vieider, Patil, & Grant, 2013).

Accountability is a complex concept with implications for individual and organizational behaviors (Lerner & Tetlock, 1999; Mero, Guidice, & Werner, 2012). The interplay of external and internal standards (Dubnick, 2005; Tetlock, Vieider, Patil, & Grant, 2013) with personal beliefs and biases (Schlenker & Weigold, 1989; Tetlock,

1985) often leads to miscues in communication and creates confusion about the specificity of accountability prescriptions, actions, and performance outcomes. As performance stalls or declines, organizational leaders diagnose the problem as a lack of sufficient accountability. Regulatory-centered accountability has a strong emphasis on task performance and is imposed and controlled by outside agencies (Borman & Motowidlo, 1993) and adoption of prescribed processes (Tetlock, Vieider, Patil, & Grant, 2013). In contrast, PCA is based on leadership strengths (McGrath, 2014) and social dynamics including good interpersonal relationships, cooperation, and concern for others (Mero, 2012).

Variability in leadership style and behaviors (Hall, Blass, Ferris, & Massengale, 2004; O'Connor, Kotze, & Wright, 2011) and organizational practices (Ferris et al., 2009; Mero, Guidice, & Werner, 2012; Schlenker, Britt, Pennington, Murphy, & Doherty, 1994) exacerbate the problem with accountability. Organizational leaders must learn ways to respond to both the regulatory demands and social aspects of performance to improve accountability practices and outcomes (Brown & Motowidlo, 2011). Leaders and employees experience increased levels of stress because of the problems related to accountability (Royle & Fox, 2011; Zellars, Hochwarter, Lanivich, Perrewé & Ferris, 2010). These stressors cause emotional distress, physiological stress, and hinder the leader's ability to communicate clearly, influence desirable behaviors, and ensure accountability effectiveness (Hargrove, Nelson, & Cooper, 2013; Zellars, Hochwarter, Lanivich, Perrewé & Ferris, 2010). Leaders and employees experience dysfunctional consequences of stress and struggle to sustain the use of positive practices such as treating others with respect, employee empowerment, communicating clearly, and adding

to employee well-being (Ammeter, Douglas, Ferris, & Goka, 2004; Tetlock, Vieider, Patil, & Grant, 2013). Different negative emotional reactions results in blame, excuse making, and behavioral manipulations (Anderson, 2009).

Leaders and employees alike must learn to adapt to situational demands of accountability exchanges to achieve desired performance (Ammeter, Douglas, Ferris, & Goka, 2004; Dubnick, 2005; Ferris, Munyon, Basik, & Buckley, 2008). In addition, leaders are expected to role model behavior, including accounting to oneself about his or her behaviors and outcomes (McNiff, 2008). A stronger integration of performance monitoring, feedback, and interpersonal facilitation has been recommended to improve accountability effectiveness (Mero, Guidice, & Werner, 2012). Successful accountability exchanges between a leader and an employee require trust, mutual respect, and a shared understanding about expectations (Ammeter, Douglas, Ferris, & Goka, 2004).

The limitations created by rigid accountability standards and practices revealed an opportunity to consider the integration of positive practices, positive leadership, and positive emotions to improve accountability effectiveness (Messner, 2009). Some studies isolate different aspects of accountability to determine or explain the impediments to making improvements in accountability practices. One study examines policies and political preferences as accountability mechanisms that trigger unreasonable reactions and increase ambiguity about performance expectations (Tetlock, Vieider, Patil, & Grant, 2013). In another study, Lerner and Tetlock (1994) investigated the link between different coping strategies and different accountability conditions. The value congruence between the employee and the employee's position predict factors related to individual competence and organizational performance to improve informal accountability for

others (Royle, Fox, & Hochwarter, 2009). This study contributed to accountability theory and practice by examining the ways positive practices, positive leaderships, and positive emotions moderate the negative effect of stress and improve accountability effectiveness and the use of RCA practices.

Statement of the Problem

The specific problem addressed by this study was the lack of understanding about how PCA complements RCA to improve accountability effectiveness (Campos, Shiota, Keltner, Gonzaga, & Goetz, 2013; Lanivich, Brees, Hochwarter, & Ferris, 2011; Tetlock, Vieider, Patil, & Grant, 2013; Yip & Raelin, 2011). Leaders in healthcare have not been effective in facilitating accountability to achieve and sustain targeted performance outcomes (Khatri, Brown, & Hicks, 2009). An over-reliance on a mechanistic approach to accountability has led to the neglect of the needs of employees and diminished the importance of organizational learning, interpersonal relationships, and employee well-being (Boyatzis, Smith, Van Osten, & Woolford, 2013; Greiling & Halachmi, 2010; Hall & Ferris, 2011; Lerner & Keltner, 2000). In healthcare and many other industries, reliance on command and control tactics to hold others accountable for meeting regulatory-centered requirements has led to increased stress, blame, and negativity (Khatri, Brown, & Hicks, 2009; Francis, 2011; Frink et al., 2008, Wachter & Pronovost, 2009). PCA used fewer directive tactics to co-create learning and empower employees. PCA could be as good or better in producing results in a healthcare organization while strengthening organizational learning, interpersonal relationships, and employee well-being (Crisp 2010; Khatri, Brown, & Hicks, 2009; Malina, 2013).

Previous studies isolated different aspects of accountability such as implementation of mechanisms (Hall & Ferris, 2011) and employee responses (Lerner & Tetlock, 1999). Other studies described emotions and leadership behaviors as separate constructs (Lerner & Keltner, 2000; Wallace, Johnson, Mathe, & Paul, 2011). This research study entailed a practical approach (French, 2009) to increase understanding of integrated concepts related to the PCA domains of positive practices, positive leadership, and positive emotions (Ferris et al., 2008; Yip & Raelin, s2011; Yukl, O'Donnell, & Taber, 2009).

Purpose of the Study

The purpose of this qualitative action research study was to explore a person-centered accountability model as a complementary approach to regulatory-centered accountability. Participants included nine healthcare leaders from a large medical center located in a Midwestern city. Conducting an action research (AR) with members from the targeted organization provided a practical and collaborative way to help close the enduring gap in accountability studies (Coghlan, 2011). The design of the AR study consisted of three AR cycles that include three activities conducted over three weeks. The three activities were (a) a series of workshops, (b) a practical application period, and (c) semi-structured interviews. The AR cycle 1 included three workshops (a) an orientation, (b) an appreciative inquiry (AI) discovery workshop and an AI dream workshop. During the orientation workshop, participants heard about the research design and processes, PCA, and RCA, and received training to learn positive emotion-focused techniques while using the emWave2® to increase, sustain, and measure high psychophysiological coherence, an indicator of a positive emotional state, (Bradley et al.,

2010; McCraty & Childre, 2010). The AI discovery and dream workshops were designed to help participants conduct an examination of person-centered accountability (PCA) as a complementary approach to RCA (Conklin & Hart, 2009). Cycle 2 included four days of practical application period during regular work hours. The practical application period was followed by a practical application workshop. For the practical application period, each participant applied PCA during normal work activities. The practical application included the use of positive emotions as measured by the emWave 2. The practical application workshop included a group discussion used several questions designed to explore the experiences of the participants. Finally, AR cycle 3 included an AI design and an AI destiny workshops and one-on-one semi-structured interviews. The AI design and destiny workshops focused on examining practical ways to use and integrate PCA as a complementary approach to RCA by developing compelling or positivity statements about the future change called possibility statements (Fiorentino, 2012; Zaldivar, 2014). For the final activity, each participant shared feedback and insights during a one-to-one semi-structured interview. Participant understanding and insights about the use of PCA as a complementary approach to RCA was elicited through the following qualitative tools: participant journal entries, fieldnotes, and semi-structured interviews.

Research Questions

This AR study involved an exploration of a PCA model and the relevance to RCA. In order for healthcare leaders to fulfill expectations and achieve performance-based outcomes, they needed to understand the interdependent relationship between practices, people, and emotions and the impact on RCA to increase accountability effectiveness (Busseri, Sadava, Molnar, & DeCourville, 2009; Paolini, Crisp, &

McIntyre, 2009; Tetlock, Vieider, Patil, & Grant, 2013). The study was designed to answer the following six research questions:

Q1: How do participants perceive the role of person-centered accountability as a complementary approach to regulatory-centered accountability?

Q2: What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive practices and increase accountability effectiveness?

Q3: What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive leadership practices and increase accountability effectiveness?

Q4: What insights can participants, who are not in a sustained positive emotional state, provide about efforts to apply positive practices and increase accountability effectiveness?

Q5: What insights can participants, who are not in a sustained positive emotional state, provide about efforts to apply positive leadership practices and increase accountability effectiveness?

Q6: How do the participants in this AR study perceive their contribution to advancing the practice of PCA as a complementary approach to RCA?

Nature of the Study

This study used an action research (AR) approach influenced by appreciative inquiry (AI), and was guided by a qualitative research design framework to understand PCA as a complementary approach to RCA to achieve performance-based outcomes. The action research approach was appropriate for exploring the perceptions and

understanding of healthcare leaders about how PCA enhances the use of RCA to increase

accountability effectiveness. The iterative exploration of AR provided the means for

researcher commitment and immersion in the multi-faceted experience of the participants

while AI supported a generative learning environment that allowed participants to

express their perspective, interests, and needs, a critical element in qualitative studies

(Dick, 2008; Koshy, Koshy, & Waterman, 2010; McNiff, 2009; Patton, 2002; Reed,

2007).

Bridging theory and practice required three AR cycles that focused on the

practical experiences of the participants, the personal perspective of the researcher, and

the generation of new knowledge through increased understanding (Beaulieu, 2013;

Chiasson, Germonprez, & Mathiassen, 2009; Koshy, Koshy, & Waterman, 2010). The

dual approach of AR and AI was relevant for the examination of PCA. The action

research focused on the practical and collaborative nature of PCA (Frink et al., 2008;

O'Conner, Kotze, and Wright, 2011; Reed, 2007). Appreciative inquiry emphasizes

positive change to overcome other accountability gaps (Frink et al., 2008; Ludema & Fry,

2008; O'Conner, Kotze, and Wright, 2011). Action research fit naturally in the

healthcare setting because it engaged practitioner leaders as participants in the research

process of collaboration, study, and feedback (Maksimović, 2012; Wesner, 2013). The

influence of AI aligned with the positive concepts of PCA by focusing on the strengths

and opportunities instead of the weaknesses and barriers (Bright, 2009; Egan &

Lancaster, 2005).

The integration of AR and AI along with positive psychology and positive

emotions laid a theoretical framework to guide three AR cycles of plan-act, observe, and

reflect (Egan & Lancaster, 2005; Fletcher, Zuber-Skerritt, Bartlett, Albertyn, & Kearney, 2010; Martí, & Villasante, 2009; Midgley, 2010; Reed, 2007). Participants from the healthcare organization participated in three variable activities during the three AR cycles. The three activities include: (a) workshops, (b) practical application, and (c) semi-structured interviews. The AI sessions followed the 4D phases of discovery dream, design, and destiny to conduct generative group discussions (Boyd & Bright, 2007; Calabrese, Cohen, & Miller, 2013; Cooperrider, 2012). During the workshops, the participants expanded their understanding about PCA and explored practical ways to create positive accountability conditions to complement RCA and improve performance outcomes (Dykstra, 2010; Scholl, 2010).

Data from workshop notes and excerpts from participant journals were considered throughout the study and supported design changes as they emerged (Dick, 2010). The changes led the researcher to modify the design during the course of the AR sessions (Adams & McNicholas, 2007; Day, Sammons, & Gu, 2008; Egan & Lancaster, 2005; Karakas, 2009; Nakamori, Wierzbicki, & Zhu, 2011). This approach was an ideal fit for the exploration of PCA as a complementary approach to RCA because of the variability and uncertainty of accountability practices (Adams & McNicholas, 2007; Frink et al., 2008; Laird, Perryman, Hochwarter, Ferris, & Zinko, 2009), especially in healthcare (Khatri, Brown, & Hicks, 2009). Data collection included the following three primary techniques, (a) workshop fieldnotes, (b) participant journal entries, (c) and semi-structured interviews (Shank, 2006). Following a rigorous analysis and interpretation process to distill the perspectives and experiences of the participants, four grand themes and twelve sub-themes emerged (Brown, 2004). The first theme, the holistic nature of

PCA and RCA, was supported by (a) balancing expectations and enforcement with inspiration and courage, (b) personal and shared accountability, and (c) use a before, during, and after (BDA) framework for accountability exchanges. The second theme, create an organizational reset to change beliefs about accountability, was supported by (a) build organizational capacity for PCA, (b) create a contagion of positivity, and (c) increase coherence, resilience, and well-being. The third theme, build leadership capacity to use PCA for accountability exchanges, was supported by (a) provide leadership development, (b) provide leadership support, and (c) expect leaders to serve as role models. The fourth theme, invest in employees to advance the practice of PCA and RCA, was supported by (a) create a productive work environment for PCA and RCA employees, (b) engage employees, and (c) provide learning and development programs for employees.

Significance of the Study

The concepts of accountability in organizations have been studied for the past few decades and researchers have repeatedly noted the importance of conducting more practice-based studies in organizational settings (Frink et al., 2008; Frink & Ferris, 1998; Kaufman, 2011; Laird, Perryman, Hochwarter, Ferris, & Zinko, 2009; Schillemans, Van Twist, & Vanhommerig, 2013; Tetlock, 1983). In healthcare, the focus on accountability continues to intensify because of healthcare reform and related acts. As mandated standards continue to be generated by regulatory agencies, healthcare leaders must increase their knowledge and understanding about how to influence employees positively while complying with the compulsory requirements. The results of the project extend well beyond an exploration of accountability practices. Because of the discussions,

practice, and increased understanding, the healthcare leaders are able to transform their individual and collective practice of PCA and RCA. If this study had not been conducted, accountability studies would continue to overlook the value of integrating PCA and RCA to increase accountability effectiveness and improve performance outcomes.

Evidence in the literature validated the important role of accountability. There is plenty of research on the technical and theoretical basis of RCA as a way to improve patient safety and the quality of care delivery (Chassin, Loeb, Schmaltz, & Wachter, 2010; O'Connor, Kotze, & Wright, 2011). Additional, there is some research on theoretical aspects of person-focused practices of PCA as an important concept in motivating and engaging employees to abide by the rules (Dubnick, 2005; Dubnick & Frederickson, 2009; Frink, et al., 2008; Schlenker, Britt, & Pennington, 1994; Tetlock, Vieider, Patil, & Grant, 2013). There is, however, limited research that examines the practical and complementary aspects of PCA and RCA to improve accountability effectiveness (Ammeter, Douglas, Ferris, & Goka, 2004; Hall & Ferris, 2011; O'Connor, Kotze, & Wright, 2011).

The significance of this action research study is in the contribution to the existing body of knowledge regarding the use of positive practices, positive leadership, and positive emotions to improve the use of prescribed task-focused processes and measurable outcomes of RCA. The study specifically offers an improved understanding about how PCA complements RCA to improve performance outcomes. The findings benefit leaders in healthcare organizations by offering insights about the use of positive practices, positive leadership, and positive emotions to improve accountability

effectiveness. The future of healthcare organizations depends on improved outcomes for employees, patients, and providers (O'Connor, Kotze, & Wright, 2011; Wachter & Pronovost, 2009).

Definition of Key Terms

The definitions of terms relate to unique terms used in the course of the research study. The terms are defined as follows:

4D. 4D, the foundational model used to guide collaborative AI discussions, consists of four phases**.** The four phases include: (a) Discovery of organizational and personal strengths, (b) dream to identify what is possible and imagine what could be, (c) design what will be based on opportunities**,** and (d) destiny to define and leverage strengths to sustain change.

Accountability. This social interaction between one or more individuals serves to give accounts and justify one's decisions, beliefs, feelings, and actions in exchange for information, recognition, and affiliation (Frink, et al., 2008; Roberts, 2009; Royle, & Hall, 2012a). The accountee and accounter do not blame others, take a defensive position, or deflect responsibility (Erdogan, Sparrowe, Liden, & Dunegan, 2004; Roberts, 2009; Wachter & Pronovost, 2009).

Accountability effectiveness. Accountability effectiveness is defined as the performance and perception of positive actions that uphold standards, build trust, and result in the achievement of desired outcomes (Mero, Guidice, & Werner, 2012).

Action research (AR). Action research is defined as a practitioner-based research methodology that involves the research subjects in data collection and analysis

while following a systematic and repeating spiraling process of planning, acting, observing, and reflecting until achieving satisfactory results (Donato, 2003).

Appreciative inquiry (AI). Appreciative inquiry is a generative form of AR methodology that favors an integrative approach to build on individual and organizational strengths through curiosity-based inquiry and generative learning strategies to optimize performance (Egan & Lancaster, 2005; Ludema & Fry, 2008; Messerschmidt, 2008; Reed, 2007; Rushton & Adams, 2009).

BDA framework: The BDA framework for accountability exchange progresses through three phases: (a) before, identification and acceptance of expectations, (b) during, choice-making, competence, and performance of specific actions to achieve the targeted outcome and meet expectations, and (c) after, realization and justification of consequences or benefits (Hall & Ferris, 2011; Wood & Winston, 2005).

Coherence. For the purposes of this study and the use of emWave2®, a portable handheld biofeedback device, coherence is defined as synchronicity between brain activity and heart rhythms and is measured by the sine wave-like produced by the dynamic rhythms of heart beats (McCraty & Childre, 2010).

Coherence ratio. The coherence ratio is an analysis of the state of a person's heart rhythm pattern and calculation of low, medium, and high levels of coherence over a defined period. The heart rhythm pattern is recorded using an emWave2® handheld device (McCraty & Childre, 2010; McCraty, Atkinson, Lipsenthal, & Arguelles, 2009; Zohar, Cloninger, & McCraty, 2013).

Compulsory accountability. Dominated by instrumental accountability and agency theory (Frink, et al., 2008; Roberts, 2009), compulsory or compliance-based

accountability relies on a hierarchy of regulations, rules, and mechanisms used to govern, control, measure against standards, punish or reward, and make transparent individual and organizational behavior (Roberts, 2009; Verhezen, 2010). Compulsory accountability is similar to regulatory-centered accountability (RCA) (Bovens, 2010).

Counterproductive work behaviors (CWB). The use of intentional self-serving behaviors that are disruptive, dysfunctional, and harmful to interests of the organization and other employees describes counterproductive work behaviors (Dalal, 2005; Hall, Blass, Ferris, & Massengale, 2004).

Deflection of accountability. To avoid being accountable, a person lashes out in a defensive or objective manner, delivers unsubstantiated criticisms, or avoids others involved in the accountability episode (Johansen, 2008).

Emotional contagion. Emotional contagion is defined as emotional influence that affects the emotional states of others and creates a collective and similar response, called crossover (Algoe & Fredrickson, 2011; Schutte, 2014; Visser, van Knippenberg, van Kleef, & Wisse, 2013; Westman, Shadach, & Keinan, 2013).

Emotional intelligence. The generally accepted definition of emotional intelligence describes awareness of emotions of self and others, use of emotions to facilitate thinking, understanding the meaning conveyed by emotions, and control of one's emotions to attain specific goals (Côté, Lopes, Salovey, & Miners, 2010; Mayer, Salovey, & Caruso, 2008).

Emotional labor. Emotional labor is tangential to self-awareness and self-management of emotional intelligence. The definition of emotional labor focuses on the person's ability to display emotions that are incongruent with the internal emotions.

When a leader responds empathetically to a member who failed to follow through on a commitment, he or she might have to suppress feelings of anger or disappointment and this violates his or her beliefs (Gardner, Fischer, & Hunt, 2009).

emWave2®. A portable handheld biofeedback device about the size of a small deck of cards that can be connected to a computer to download and review recorded session data. The emWave2® is used to record and calculate beat-to-beat changes in heart rate (i.e., HRV) to increase self-regulation and measure psychophysiological coherence (Lemaire, Wallace, Lewin, de Grood, & Schaefer, 2011; Institute of HeartMath, 2014).

Heart rate variability patterns (HRV). Heart rate variability (HRV) also known as heart rhythms, is measured by the variability of beat-to-beat intervals, and is an indicator of well-being in the general population (Zohar, Cloninger, & McCraty, 2013).

Heart rhythm coherence training. HeartMath defines a psychophysiological approach to guide people through heart rate variability training by incorporating the use of the emWave2® portable handheld biofeedback device (Edwards, 2014).

High accountability. Accountability is high when the interdependencies between processes, people, rewards, punishments, and outcomes are clear, well defined, and supported by the organization (Brownlee & Motowidlo, 2011; Tetlock, Vieider, Patil, & Grant, 2013).

Low accountability. Accountability is low when employees or work units function independently and processes, rewards, punishments, and outcomes are unclear and ill defined (Brown & Motowidlo, 2011; Tetlock, Vieider, Patil, & Grant, 2013).

Organizational citizenship behaviors (OCB). Individual behaviors that are discretionary and not identified as part of a job or role description. Behavioral dimensions include altruism, courtesy, civic virtue, conscientiousness, and sportsmanship (Chatal & Mehta, 2011; Organ, 1997).

Outcome accountability. Outcome accountability is based on the results achieved. Employees are expected to fulfill defined expectations and accept responsibility for the results (de Langhe, van Osselaer, & Wierenga, 2011; Tetlock, Vieider, Patil, & Grant, 2013).

Participant Guide (PG). The PG is a booklet of that contains information to orient participants to the study along with instructions for the workshops, practical application period, journal entry, interview, and how to use the emWave2® device.

Personal accountability. Personal accountability is defined as being responsible for own thoughts, feelings, and actions as well as the being able to account for the actions and outcomes for self and others (Bovens, 2007; Hall, Bowen, Ferris, Royle, & Fitzgibbons, 2007; Wood & Winston, 2005).

Person-centered accountability (PCA). The definition of person-centered accountability (PCA) is an approach to accountability that emphasizes positive practices, positive leadership, and positive emotions based on individual needs, generative learning, and relationships to support and enhance personal and organizational accountability processes, beliefs, and attitudes (Gibbon, 2012; Hu & Liden, 2011; Meissner, 2011; Rego, Ribeiro, Cunha, & Jesuino, 2009; Mero, Guidice, & Werner, 2012).

Practical application period. Over a four-day period, the participants will practice applying PCA to accountability exchanges during regular work hours and record a journal entry about their experience.

Psychophysiological coherence. The definition of psychophysiological coherence comes from the findings on human physiology and socio-emotional theory. When a person is in a state of calm alertness that occurs naturally with sustained positive emotions and can be induced by slow, deep breathing, characterized by emotional stability, improved cognitive performance, and increased synchronization in the body's mental, emotional, biological, and physiological systems (McCraty & Childre, 2010; McCraty, Atkinson, Lipsenthal, & Arguelles, 2009; Zohar, Cloninger, & McCraty, 2013).

Positive leadership. The definition for positive leadership, for the purpose of PCA, is based on transformational, authentic, ethical, and servant leadership theories. Positive leadership is defined as role model behaviors that uphold high ethical standards, build trustworthy relationships, influence and inspire followers, foster well-being, and help others flourish (Donaldson & Ko, 2010).

Positive organizational behavior (POB). This is a positive approach to organizational behavior based on the state-like psychological capacities of confidence, hope, and resiliency (Luthans, 2002).

Positive organizational scholarship (POS). This field of scholarship focuses on understanding "…positive outcomes, practices, and activities that lead to flourishing in organizations (Cameron & Caza, 2004).

Positive practices. The definition for positive practices, for the purposes of this study, is based on several theories virtuous organization (Cameron, Mora, Leutscher, &

Calarco, 2011), empowering employees (Amundsen & Martinsen, 2014; Konczak, Stelly, & Trusty, 2000), interpersonal relationships (Huang, Wright, Chiu, & Wang, 2008; Oc & Bashshur, 2013; Ungerleider & Ungerleider, 2011), and individual potential (Luthans, Youssef, Sweetman, & Harms, 2012; Luthans, Youssef, et al., 2007).

Positive psychology. This domain of scholarship is focused on a positive orientation to research and practice based on strengths, virtues, excellence, and optimal functioning (Donaldson & Ko, 2010; Seligman & Csikszentmihalyi, 2000).

Process accountability. Process accountability is based on inputs, efforts, and strategies used to achieve the desired results. Employees must count for the actions taken to complete the assignment rather than the outcome (de Langhe, van Osselaer, & Wierenga, 2011; Tetlock, Vieider, Patil, & Grant, 2013).

Psychological capital (PsyCap). PsyCap is an individual's positive psychological state that supports a positive perspective. The positive perspective is enhanced by strategies for the positive performance management of people (Avey, Luthans, & Mhatre, 2008; Luthans, Norman, Avolio, & Avey, 2008).

Regulatory-centered accountability. This approach to accountability uses instrumental, economic, monitored, and reported mechanisms, as defined by governing bodies, to hold individuals and organizations accountable for process adherence and performance outcomes (Bovens, 2010). Regulatory-centered accountability is similar to compulsory accountability (Verhezen, 2008).

Self-accountability. Self-accountability is being responsible for one's actions that cause or contribute to performance outcomes, including decisions, actions, and consequences (Frink et al., 2008; Hochwarter, Perrewé, Hall, & Ferris, 2005; Malik,

2012; O'Connor, Kotze, & Wright, 2011; Schlenker, Britt, Pennington, Murphy, & Doherty, 1994; Wood & Winston, 2007).

Self-generated negative emotional state. Lived experiences, actual or recalled from memories, of negative affective emotions such as anger, sadness, loneliness, or guilt facilitates a negative emotional state leading to diminished capacity to solve problems, think clearly, and treat others with kindness and is measured by low heart rate variability coherence (Algoe & Fredrickson, 2011; Schutte, 2014; McCraty & Childre, 2010).

Self-generated positive emotional state. Lived experiences, actual or recalled from memories, of positive affective emotions such as joy, love, contentment, and peace facilitate a positive emotional state leading to improved attitude, ability to solve problems, and think clearly and is measured by high heart rate variability coherence (Edwards, 2014; McCraty & Childre, 2010; Chen & Wang, 2011).

Sustained positive emotional state. The ability to self-generate and sustain positive emotions, such as appreciation, love, kindness, and compassion, is associated with highly ordered heart rhythm pattern indicating synchronization between the two branches of the autonomic nervous system (Edwards, 2014; McCraty & Shaffer, 2015).

Chapter 2: Literature Review

During the past few decades, the emphasis on accountability has continued to increase at multiple levels to improve results in healthcare (Khatri, Brown, & Hicks, 2009; Pickett, 2014). The emphasis has increased the involvement of regulatory agencies that impose rules, sanctions, and specific guidance to achieve prescribed results (Andersson & Liff, 2012; Pickett, 2014; Tetlock, Vieider, Patil, & Grant, 2013). Organizational leaders attempt to abide by the rules by establishing and maintaining accountability practices to influence the actions and behaviors of employees (Dubnick & Yang, 2011). The literature revealed the need for further research and expansion of knowledge that pertains the integration of regulatory-focused accountability with person-focused accountability (Dubnick & Yang, 2011; Mansouri & Rowney, 2014; Pickett, 2014).

This chapter provides a foundation for what is known theoretically and practically about accountability from the viewpoint of regulators and the role of leaders and employees in achieving positive performance outcomes. The review of the literature is organized into the following five sections. First, there is an introductory overview of the study topic. Second, an overview of regulatory-centered accountability (RCA) and person-centered accountability (PCA) describes two approaches to accountability. Third, there is an overview of positive practices used to create a positive organizational culture. Fourth, there is an overview of positive leadership practices used to facilitate and guide each person. Fifth, is an introduction to research-based studies on the use of positive emotions to improve accountability exchanges. Each section provides research

information that supports and aligns the elements of PCA as a complementary approach to RCA.

Documentation

This literature review lays the foundation for the qualitative AR project focused on the exploration of PCA as a complementary approach to RCA. The AR method emphasizes iterative learning to identify strengths, uncover deficiencies in practice, and relate the needs of the practitioners to the study. The extensive review of literature for this study revolved around multiple themes relevant to the study, specifically accountability, leadership, emotions, and organizational performance. The literature was collected from online databases available through Northcentral University Library. The most frequently used databases include the following: (a) EBSCOhost, (b) ProQuest; (c) Gale Academic OneFile, JAMA: Journal of the American Medical Association, and (d) SAGE. In order to add clarity to PCA as a complementary approach to RCA, the following key words used to locate literature relative to this proposed study include accountability, responsibility, leadership, positive emotions, emotional intelligence, psychophysiological coherence, positive psychology, appreciative inquiry, person-centered, and healthcare. Theories, models, and research studies related to positive psychology, emotions, accountability, and organizational sciences from referred journals were obtained through electronic search engines, university library catalogs, and multiple databases.

Overview

A recurring argument that emerges from the literature on this topic is the lack of research focused on integrating people and accountability practices in an organizational

setting (Frink at al., 2008). This shortfall limits understanding about the applicability of theory to practice (French, 2009). Other studies describe the experience stress and negative emotional states during accountability exchanges and suggest further research to resolve the ensuing problems (Hall et al., 2006; Hochwarter, Perrewé, Hall, & Ferris, 2005; Roberts, 2009; Royle, Hochwarter, & Hall, 2008). Negative emotions and stress diminish the ability to make clear judgments and good decisions, both essential behaviors to accountability effectiveness (Lerner, Li, Valdesolo, & Kassam, 2015; Lerner & Keltner, 2000). Following the concepts of principal-agent theory to accountability causes leaders to use a technocratic approach to overcome performance barriers (Ebraim, 2009). Adopting commonly accepted practices, leaders must be tough on employees by monitoring performance, enforcing standards, correcting behavior, and doling out punishments to satisfy the demands and expectations of regulatory agencies (Anderson, 2009; Ebraim, 2009; O'Connor, Kotze, & Wright, 2011). These multiple levels of investigation weigh heavy on externally enforced accountability rather than organizational and people practices that encourage dialogue, trust, and individual accountability based on values and needs (Roberts, 2001). Finding balance between objective instrumental orientation to accountability and a subjective socialized form of accountability suggests an exploration of a person-centered approach.

Three themes emerge from these concerns. The themes are positive practices, positive leadership, and positive emotions and provide the framework for a PCA model and the inspiration to implement this AR study. Reframing accountability through a positive lens represents an opportunity to change perspectives during the AR study. Exploring the practical aspects of PCA by adopting an appreciative inquiry (AI)

perspective aligns with a positive approach and emphasis on strengths (Fiorentino, 2012).

The remainder of the literature review includes a brief exploration of theories that

underpin RCA followed by the development of theoretical background for a PCA model.

Two Approaches to Accountability

Contemporary research on accountability diverges along two complementary and

yet different paths. One path involves adherence to rules, regulations, and standards

established by external agencies and internal legal and quality control departments. This

approach is dependent the fulfillment of obligations to follow a standard process or

achieve a defined outcome (Roberts, 2009; Royle & Fox, 2011; Tetlock, Vieider, Patil, &

Grant, 2013). The second path follows social psychology (Dubnick, 2005; Kacmar,

Bachrach, Harris, & Noble, 2011), positive leadership (Mills, Fleck, & Kozikowski,

2013), and positive psychology (Avey, Wernsing, & Mhatre, 2011) to create positive

person-focused conditions to overcome stressors, barriers, and failed attempts to achieve

performance-based outcomes (O'Connor, Kotze, & Wright, 2011). This approach is

dependent on the quality of the socio-emotional exchange between the leader and

employee based on values, self-accountability, trust, commitment, learning, and positive

conditions (Anderson, 2009; Colquitt et al., 2009; O'Connor, Kotze, & Wright, 2011;

Roberts, 2001).

Connecting external mechanisms associated with regulatory control and internal

mechanisms associated with socio-emotional relationship dynamics could improve

accountability practices and performance outcomes (Ferris, et al., 2008). Regulatory-

centered accountability practices are based individual obligations to meet the

expectations set forth by the organization, leaders, and professional standards (Freeman,

McWilliam, MacKinnon, & DeLuca, & Rappolt, 2009). Regulatory bodies are very

effective in identifying and reconciling performance gaps with universally developed

standards and rigorous assessments (Freeman, McWilliam, MacKinnon, DeLuca, &

Rappolt, 2009; Schillemans, Van Twist, & Vanhommerig, 2013). There is a relationship

between individual compliance and the ability of each employee to overcome obstacles

that occur in the course of work that may be important to improve both RCA and PCA

(Hall & Ferris, 2011). Helping employees move beyond sole reliance on RCA

mechanisms such as checklists and rules illuminates the gap between RCA and PCA

(Vehezen, 2010).

Accountability exchanges are nonlinear, complex, and dependent on

organizational and people practices (Hall & Ferris, 2011). Common accountability

practices vary in time, specificity, visibility, and lucidity for reasons related to

interpersonal relationships, organizational politics, conflict, and stress (Goodman, Evans,

& Carson, 2011; Verhezen, 2010). The BDA framework for accountability exchange

progresses through three phases: (a) before, identify performance-based outcome and

establish expectations, (b) during, choice-making, competence, and performance of

specific actions to achieve the targeted outcome and meet expectations, and (c) after,

realization of consequences or benefits (Hall & Ferris, 2011). During each phase both the

leader and employee puts forth effort to ensure success and then determines the degree of

accountability by attributing credit or blame for progress and outcomes (Smith, Haynes,

Lazarus, & Pope, 1993). A variety of emotional states are associated with each phase and

correlated to the importance or motivational relevance for the leader and employee

(Smith, Haynes, Lazarus, & Pope, 1993). Each phase depends on fair and trustworthy

interpersonal relationships and accountability mechanisms such as clear expectations, consistent interpretations of performance, and rewards or sanctions (Hall & Ferris, 2011).

Answering for one's actions and/or outcomes is recognized as a foundational element of accountability (Freeman, McWilliam, MacKinnon, DeLuca, & Rappolt, 2009). Accounting for actions and outcomes emanates from governance models and increases social contingency on standardized accountability practices (Lanivich, Brees, Hochwarter, & Ferris, 2010). Being asked to 'count-for' one's behavior is a socially intrinsic act that is associated with moral reasoning and leads to problems in serving organizational, human, and personal needs (Lanivich, Brees, Hochwarter, & Ferris, 2010; Lerner & Tetlock, 1994; Schweiker, 1993). Given the social nature of accountability, many studies favor the idea of being able to hold another person accountable. Yet, leaders alone cannot hold others accountable because each person is ultimately responsible for the consequences, good or bad, of his or her actions (Lanivich, Brees, Hochwarter, & Ferris, 2010; O'Connor, Kotze, & Wright, 2011; Schlenker & Weigold, 1994).

Regulatory-centered accountability. RCA as a compulsory approach to accountability appeals to healthcare administrators because the focus is on adherence to and enforcement of standard practices to ensure the delivery of safe quality patient care (Kapiriri, Norheim, & Martin, 2009; Kellis, Rumberger, & Bartels, 2010; Verhezen, 2010). Supporters of RCA stress two accountability systems to execute and evaluate work. Process accountability systems assume each person follows specified processes in predictable situations based on inputs rather than outcomes (Tetlock, Vieider, Patil, & Grant, 2013). Leaders monitor process performance and reward employees who follow

the steps accurately and punish those who do not (O'Connor, Kotze, & Wright, 2011). Outcome accountability systems provide opportunities for each person to act independently to deliver results and work performance tend to be less prescriptive concerning action steps and increases uncertainty between leaders and employees (Tetlock, Vieider, Patil, & Grant, 2013). Challenges in the healthcare environment compel governing agencies, organizations, and leaders to respond by producing standardized outcomes at the hands of entrepreneurial-minded employees (Guo, 2010).

Process or procedural accountability makes up one aspect of RCA. Regulatory agencies and organizations use objective measures and customer feedback surveys to assess performance against defined standards and practices. Industry standards, processes, and objective measures result from information gleaned from practical experiences, formal studies, and customer feedback (Freeman, McWilliam, MacKinnon, DeLuca, & Rappolt, 2009; Royle & Hall, 2012). In addition to checklists, performance evaluations, and policies, other objective practices include disciplinary tactics and merit incentives to track performance and reward or punish individual or organizations based on their degree or lack of compliance (Paolini, Crisp, & McIntyre, 2009; Wachter & Pronovost 2009). Specific issues or problems underlie these reductive accountability schemes. These tactics cause individuals to follow rote-like behaviors to avoid punishment or rejection, which discounts the complex socio-emotional dynamics of accountability (Lalonde & Roux-Dufort, 2010; Newman, Guy, & Mastracci, 2009).

In contrast to process accountability, outcome accountability shifts control from the leader to the employee (Tetlock, Vieider, Patil, & Grant, 2013). The employee makes unilateral decisions about the actions needed to achieve the targeted outcome. Outcome

accountability leads to inconsistent performance with limited performance (Siegel-Jacobs & Yates, 1996). Arguments in favor of outcome-focused accountability call for future research to explore the benefits of relationships, trust, clear expectations, and feedback to overcome limitations of current accountability practices (Messner, 2009; Pitesa & Thau, 2013; Siegel-Jacobs & Yates, 1996; Tetlock, Vieider, Patil, & Grant, 2013). Since the leader is responsible for evaluating the employee's overall performance, the employee tends to select, behaviors to earn favor with the leader rather behaviors to achieve targeted outcomes (Hall & Ferris, 2011; Jain, 2012). Sometimes, the use of discretionary behaviors such as being helpful, kind, and considerate are used to influence leader's perceptions about the performance or in exchange for recognition and appreciation instead of performance outcomes (Hall & Ferris, 2011; Jain, 2012). Over time, controlling or manipulating the impressions formed by the leader may diminish the quality and authenticity of the interpersonal relationships (Frink & Ferris, 1998; Hall & Ferris, 2011). This exposes a counterargument against outcome accountability because the employee has greater concern about the long-term relationship with the leader rather than relying on sincerity, commitment, and hard work to achieve the expected outcomes (Jain, 2012).

For each accountability exchange, the leader and employee each choose a course of action to achieve the desired outcome motivated by personal values and beliefs. Extrinsic motivators rely on cognitive processing and intrinsic motivators rely on emotion-based processing about the rewards, recognition, failure, and avoidance of punishment (Freeman, McWilliam, MacKinnon, DeLuca, & Rappolt, 2009; Tetlock, Vieider, Patil, & Grant, 2013). The social implications, such as blame and praise, may

cause an employee to focus on pleasing the leader to ensure acceptance rather than the behaviors needed to achieve performance success. Employees, motivated by the need for approval and to avoid negative consequences, focus their accountability efforts on the near-term social relationship rather than enduring success and commitment (Ammeter, Douglas, Ferris, & Goka, 2004; Hall & Ferris, 2011; Chen, Shechter, & Chaiken, 1996).

Perceptions and emotions associated with accountability exchanges between a leader and employee manifest as 'felt accountability' (Colquitt et al., 2013; Lanivich, Brees, Hochwarter, & Ferris, 2010; Lerner & Tetlock, 1999). Increased stress results in increased job tension, especially for individuals with high negativity (Hochwarter, Perrewé, Hall, & Ferris, 2005). The relationship of job tension and interpersonal relationships create a dynamic that is difficult to capture in the lab (Ferris et al., 2008; Hall & Ferris, 2011). Previous laboratory studies on felt accountability suggest the need for field studies to add meaningful contributions to the literature on stress, negative affect, and accountability in organizations (Hall & Ferris, 2011; Hochwarter, Perrewé, Hall, & Ferris, 2005; Lerner, Li, Valdesolo, & Kassam, 2015).

To make progressive shifts in perspective from RCA to PCA exchanges requires a radical change in how healthcare leaders and others think about accountability (Dasborough, Ashkanasy, Tee, & Tse, 2009; Lalonde & Roux-Dufort, 2010; Verhezen, 2010). Instead of relying on command and control tactics for accountability exchanges, leaders need to use positive emotional refocusing to overcome stress, solve problems, increase empathy, and boost employee resiliency (Thiel, Griffith, Connelly, 2013; Toegel, Kilduff, & Anand, 2013). The anticipated or real experience of being asked to account for one's actions provokes a stress response that triggers negative emotions and

limits the ability to choose productive and helpful behaviors (Goodman, Evans, & Carson, 2011; Hall, Zinko, Perryman, & Ferris, 2009; Hochwarter, Kacmar, & Ferris, 2003; Hochwarter, Perrewé, Hall & Ferris, 2005; McCraty & Childre, 2010). Waugh, Fredrickson, and Taylor (2008) found that positive emotions increased resiliency and inhibited the stress response to perceived threats. Despite research efforts that associate affective states with accountability success, the current accountability literature does not explore the interrelationship of workplace behaviors, the impact of stress, and positive emotions, and to identify practical solutions (Zellars, Hochwarter, Lanivich, Perrewé, & Ferris, 2011). To enhance accountability and minimize counterproductive behaviors, the results may reveal new perspectives on accountability (Bradley, 2007; Bradley et al., 2010; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Morris, 2010; Schutte, 2014; Wallace, Johnson, Mathe, & Paul, 2011).

Formal and informal accountability for others are frequently associated with distress and negative emotions (Ungerleider & Ungerleider, 2011) further complicating the ability of the employee and leader to assess situational risk and benefits (Tetlock, Vieider, Patil, & Grant, 2013). Over-reliance on a mechanistic approach frequently leads to the neglect of employee needs and desires before, during, and after accountability exchanges (Cropanzano, Chrobot-Mason, Rupp, & Prehar, 2004; Ferris, Munyon, Basik, & Buckley, 2008). The use of command-and-control leadership fosters negativity, blame, and emotional exhaustion. Employees experience increased stress and withhold personal resources such as creativity, dedication, problem solving skills, and willingness to contribute (Whitman, Halbesleben, & Holmes, 2012).

The absence of accountability studies that link positive emotions, positive psychology, and performance outcomes exposes a ready gap in the literature and is noted in the following concepts about accountability. Motivating others to increase accountability is related to mechanisms such as performance evaluations and rewards, creating a shared environment for social interactions for collaboration and making interpersonal connections, and standardizing institutional practices (Dubnick, 2005). Enduring interpersonal relationships and subjectivity are key factors in increasing the practice of accountability in organizations (Hall & Ferris, 2011). Similarly, creating a context for balancing self-management and employee-designed accountability practices and the demands of accounting to persons in authority is designed to improve accountability (Johansen, 2008). The interplay of subjective judgments and generalizations about accountability successes and failures often leads employee to doubt others who provide information and guidance related to accountability (Paolini, Crisp, McIntyre, 2009). Grappling with the moral aspects of giving an account of one's actions and behaviors is essential to overcome the political and economic difficulties of accountability (Schweiker, 1993). The collision of ideological and contextual factors that influence accountability systems led to the need to develop process and outcome accountability systems to help managers and employees navigate the challenges of being accountable (Tetlock, Vieider, Patil, & Grant, 2013). Being accountable for the performance of others increases stress and may lead to dysfunctional behaviors that limit the leader's ability to fair and clear thinking (Zellars, Hochwarter, Lanivich, Perrewé, & Ferris, 2011). These studies provide a wide range of concepts and recommendations to

improve accountability that do not include the use of positive practices, positive leadership, and positive emotions.

An increased interest in positive emotions and improved employee performance is identified as an essential area for accountability (Ferris, Munyon, Basik, & Buckley, 2008). By gaining insight into positive emotions and accountability, this study will expand Lanivich, Brees, Hochwarter, & Ferris' study on the individual emotional coping abilities of individuals through unique accountability experiences (2010). Positive psychology suggests the use of positive feedback for evaluations (Cravens, Oliver, & Steward, 2010) and increasing positive practices to encourage positive attitudes to improve employee commitment (Beheshtifar, Ali-Nezhad, & Nekoie-Moghadam, 2012). Adding further support for examining PCA, Khatri, Brown, and Hicks (2009) acknowledge the importance of positive emotions in shifting from a control-based to commitment-based performance system. Finally, learning to shift to a positive emotional state is bolstered by a recent study showed that negative emotions influence cooperative behaviors associated with judgment and decision-making (Polman & Kim, 2013).

Four conceptual models are used to guide the design of PCA as a complementary approach to RCA. The first model sets the context for social-emotional and relational aspects of performance evaluation as an accountability mechanism (Ferris, Munyon, Basik, & Buckley, 2008). The second conceptual model integrates justice, positive and negative affect, social exchange quality, and performance behaviors in response to blame (Colquitt et al., 2013). The third model brings together the external context of RCA and the internal context of PCA to explore the potential for creating a balanced perspective of accountability in healthcare (Freeman, McWilliams, MacKinnon, DeLuca, & Rappolt,

2009). Finally, the fourth model, influenced by studies from positive psychology, connects positive practices, positive affect, positive individual behavior, and organizational effectiveness to improve performance (Cameron, Mora, Leutscher, & Calarco, 2011). Together, these models pull together positive psychology, emotions, and key accountability constructs of decision-making, evaluation, justice, blame, relationships, and performance behaviors.

Person-centered accountability. Organizational leaders and regulators expect accountability practices to solve problems through the efforts of leaders and employees (Freeman, McWilliams, MacKinnon, DeLuca, & Rappolt, 2009; Robinson, 2009). Researchers agree that reliance on formal accountability mechanisms used in RCA, which include checklists, performance evaluations, policies, and status reports designed to control behavior and performance and to ensure one can answer for his or her actions do not always work (Ammeter, Douglas, Ferris, & Goka, 2004; Busseri, Sadava, Molnar, & DeCourville, 2009; Hall & Ferris, 2011). These accountability mechanisms fall short for a number of reasons. One reason is related to a nonlinear (U-shaped) relationship with varying levels of accountability and discretionary behaviors to understand and meet expectations (Hall & Ferris, 2011). Another reason is that individual employees have unique experiences and respond to accountability systems based on the situation, beliefs, values, and personal biases that may differ from the leader or employer (Hall & Ferris, 2011; Meyer, Stanley, & Vandenberg, 2013). Even though employees in the same organization are subject to common accountability systems and conditions, each person responds differently and may or may not attain the desired goal illustrates a third reason why mechanistic accountability falls short (Frink et al., 2008; Tetlock, 1983).

Tetlock's seminal social contingency theory unveils the importance of attitude and personal motivation to act in predictable ways in social concert with others (1983). Zajonc's (1960) research advances understanding of personal preferences related to accountability interactions by focusing on deeper cognition, emotional awareness, and personal responsibility to justify and communicate one's perspective after the accountability process (cited in Tetlock, 1983). Each leader and employee adopts an attitude and position based on his or her beliefs, values, and perceptions of fairness (Hall & Ferris, 2011; Tetlock, 1983). Differences in attitudes and position influence relationship trust (Ammeter, Douglas, Ferris, & Goka, 2004). Together, these ideas reveal potential areas of study related to a person-centered approach to accountability.

Achieving performance outcomes through the efforts of highly engaged employees underlies the intent and purpose of accountability. The under-explored role of engaged-employees in accountability is important because accountability is more than a simple exchange involving actions, outcome, and justification (Frink et al., 2008; Kane-Frieder, Hochwarter, & Ferris, 2013). Accountability exchanges create a positive employee experience leading employees to feel more engaged and commitment to achieving the intended goals (Farndale & Kelliher, 2013). Engagement is a highly emotional experience (Culbertson, Fullagar, & Mills, 2010; Henderson, Liden, Glibkowski, & Chaudhry, 2009). Similarly, emotions are part of all accountability exchanges because of the associated stress of answering for one's actions or suffering the negative consequences of poor performance (Breaux, Perrewé, Hall, Frink, & Hochwarter, 2008; Frink & Ferris, 1999).

Literature on leadership and organizational science emphasizes the value of engaging employees to achieve favorable outcomes (Cravens, Oliver, & Steward, 2010). Promoting desired behaviors rather than punishing employees for shortfalls is one way to engage employees (Moss, 2009). The relationship between positive practices such as caring, forgiveness, and respect and organizational performance indicate improvements in employee engagement (Cameron, Mora, Leutscher, & Calarco, 2011; Shuck & Reio, 2010) and the employee experience (Farndale & Kelliher, 2013). Despite the importance of engaging employees found throughout leadership literature (Cameron, Mora, Leutscher, & Calarco, 2011; Fisk & Friesen, 2011; Kinicki, Jacobson, Galvin, & Prussia, 2011; Shuck & Herd, 2012) and organizational sciences (Cravens, Oliver, & Steward, 2010; Ferguson & Sheldon, 2013; Shuck & Reio, 2013) there are few references to engagement in accountability studies (Bovens, 2010; Gibbon, 2012; Laird, Perryman, Hochwarter, Ferris, & Zinko, 2009; Robinson, 2009). Given the importance of creating engaging experiences for employees before, during, and after accountability exchanges, it is critical to understand the nature of individual attitudes and motivational needs (Farndale & Kelliher, 2013; Wallace, Johnson, Mathe, & Paul, 2011).

Creating accountability conditions to encourage productive work behaviors that are fair, consistent, and engage employees is complex (Hall & Ferris, 2011; Tetlock, 1983). Accountability conditions effects each person's emotions, thoughts, and ability to integrate and differentiate behaviors to judge, make decisions, and achieve desired outcomes (Tetlock, 1983). Schlenker devised an accountability triangle that identifies three elements to create accountability conditions, they are: (a) prescriptions or rules that guide the decisions and actions, (b) identification of the circumstances or event to follow

the prescribed decisions and actions, and (c) relevant identity images such as personal commitment and self-accountability (Burke & Saks, 2009; Schlenker, Britt, Pennington, Murphy, & Doherty, 1994).

Leaders create conditions to heighten accountability by providing employees with information, tools, and goals allowing the employee to choose the actions needed to produce the expected results (Tetlock, Vieider, Patil, & Grant, 2013). Sharing information, allowing employees to make situational-based decisions and other autonomous practices empower employees and enhance personal responsibility (O'Connor, Kotze, & Wright, 2011; Paolini, Crisp, & McIntyre, 2009). The leader is able to assess the employees' performance based on actions and achievement of measurable outcomes (Guo, 2010; Hall & Ferris, 2011). In these high accountability conditions, employees willingly contribute to performance-outcomes (Brownlee & Motowidlo, 2010; Hall & Ferris, 2011) and practice self-accountability more frequently (O'Connor, Kotze, & Wright, 2011).

Leader and/or workgroup visibility to the employees' actions and performance outcomes elevates accountability conditions, especially when the employee is required to explain or justify his or her behavior (Brownlee & Motowidlo, 2010; Hall & Ferris, 2011). Despite the value of felt accountability, employees experience increased stress and job tension when answering to others about his or her actions and associated outcomes and performance worsens (Hall & Ferris, 2011; Hochwarter, Perrewé, Hall, & Ferris, 2005). Balancing the increased accountability conditions with positive emotions (Cravens, Oliver, & Steward, 2010), social support (Ferris, Munyon, Basik, & Buckley,

2008), and intrinsic motivators (Hochwarter, Perrewé, Hall, & Ferris, 2005) may serve to counter the downsides of felt accountability and ensure achievement of results.

In contrast to high accountability, low accountability conditions include low trust in leadership (Hall, Blass, Ferris, & Massengale, 2004), unethical leader and/or employee behavior (Hoogervorst, De Cremer, & van Dijke, 2011), perceptions of organizational politics (Breaux, Munyon, Hochwarter, & Ferris, 2009; Goodman, Evans, & Carson, 2011), apathy (Biswas & Bhatnagar, 2013), and lack of information sharing (Greiling & Spraul, 2010). In low accountability conditions, the need to explain or justify one's performance diminishes and results in lower employee interest in being accountable (Wallace, Johnson, Mathe, & Paul, 2011). Furthermore, low accountability leads to increases in blame, excuse-making (Roberts, 2009; Collins, Block, Arnold, & Christakis, 2009), low commitment to co-workers and the organization's mission (Malik, 2012; Messner, 2009), and acceptance of unethical behaviors (Hoogervorst, De Cremer, & van Dijke, 2011).

Recent interest in individual accountability considers positive and negative affect, attitudes, and supportive behaviors as key to organization outcomes (Brownlee & Motowidlo, 2010; Hall & Ferris, 2011; Hall, Zinko, Perryman, & Ferris, 2009). In contrast, accountability viewed through the lens of the organization considers limiting behaviors such as criticism, blame, enforcement, and negative consequences to satisfy the demands or expectations of others (Anderson, 2009; Freeman, McWilliams, MacKinnon, DeLuca, & Rappolt, 2009). Other accountability studies relate individual performance norms such as motivation (Lanivich, Brees, Hochwarter, & Ferris, 2010), trust and trustworthiness (Tetlock, Vieider, Shefali, & Grant, 2013), commitment (Khatri, Brown,

& Hicks, 2009), and helping others as essential to accountability success (Hall, Zinko, Perryman, & Ferris, 2009). A person-centered approach to accountability is worth examining because individuals pursue performance goals through self-regulation or cognitive, affective, and behavioral processes (Converse et al., 2013; Hall & Ferris, 2011; Kirschenbaum & Jourdan, 2005).

Self-accountability is being responsible for one's actions that cause or contribute to performance outcomes, including decisions, actions, and consequences (Marx & Squintani, 2009). Self-accountability is a concept that is central to PCA for role modeling, responsibility, autonomy, and achievement (Frink et al., 2008; Hochwarter, Perrewé, Hall, & Ferris, 2005; Peloza, White, & Shang, 2013; Schlenker, Britt, Pennington, Murphy, & Doherty, 1994; Wood & Winston, 2007). Each leader and employee relies on his or her character strengths to demonstrate self-accountability first, by being responsible and then, by answering for his or her actions and outcomes (Schlenker, Britt, Pennington, Murphy, & Doherty, 1994; Waldman, Balthazard, & Peterson, 2011). Following through on individual responsibilities and answering for one's actions shapes moral identity, fosters trust, and leads to enduring accountability (Chang & Johnson, 2010; Schweiker, 1993; Waldman, Balthazard, & Peterson, 2011). Self-accountability is correlated with overall job satisfaction in the delivery of patient care (Sorensen, Seebeck, Scherb, Specht, & Loes, 2013; Zellars, Hochwarter, Lanivich, Perrewé, & Ferris, 2010). In addition, self-accountable leaders and employees take responsibility for mistakes by making improvements, learning, and sharing insights with others (Collins, Block, Arnold, & Christakis, 2009; English, 2013). An argument in

favor of self-accountability is drawn from self-leadership studies that emphasize the importance of improved ethical behavior (Steinbauer, Renn, Taylor, & Njoroge, 2014).

Adopting a person-focused approach to accountability may serve to advance the practical application of accountability within organizations and optimize human performance (Kohles, Bligh, & Carsten, 2012). A person-centered viewpoint for accountability is similar to Rogers' (1959) person-centered approach to educational and vocational counseling because it focuses on the variable needs of the individual rather than the static needs of the organization (Crisp, 2010). A person-centered focus is on relationship building, commitment, collaboration, empathy, and individual growth and development (Crisp, 2010). In organizations that use person-centered strategies, employees experience higher levels of organizational commitment. As person-centered research is still developing, it is important to expand exploration of other dimensions (Meyer, Stanley, & Vandenberg, 2013). Studies show the existence of within-person performance variability in decision-making, task selection, emotions, and commitment to achieve performance goals or outcomes based on personal mastery (Becker, Ullrich, & van Dick, 2012; Converse et al., 2013; O'Connor, Kotze, & Wright, 2011; Yukl, 2009).

Placing the person at the center of accountability exchanges could alter the design and practice of accountability because of the emphasis on co-constructing the leader and employee relationship (Uhl-Bien, Riggio, Lowe, & Carsten, 2014). Drawing on follower-centric theories from recent studies, PCA practices concentrate on identity, motivation, and values (Dinh et al., 2014; Uhl-Bien, Riggio, Lowe, & Carsten, 2014). Followers have a part in defining leadership behaviors and effectiveness (Uhl-Bien, Riggio, Lowe, & Carsten, 2014). This followership influence supports shifting the power

from compliance to a collaborative learning experience based on values (Anderson, 2009; Malina, 2013). Altering the focus from the leader alone to collaboration with multiple individuals and groups requires exploration of organizational practices, including accountability (Hernandez, Eberly, Avolio, & Johnson, 2011). This shift from individual compliance to collaborative thinking aligns with positivity instead of blame, consequences, and negativity (Barksy, Kaplan, & Beal, 2010; O'Connor, Kotze, & Wright, 2011). Giving into the pressures of using RCA is ineffective in improving performance outcomes, unless efforts are made to go beyond the limitations of fear and control (Mansouri & Rowney, 2014).

Making a shift to PCA calls for an examination of positive practices to change from a punitive to a highly involved and proactive approach to accountability (Hall & Ferris, 2011; Wood & Winston, 2005). Creating change at the grassroots level has been shown to increase the ability to deal with the complexities associated with accountability (Lester & Kezar, 2012). Positive practices like forgiveness, compassion, and gratitude enhance the ability to create sustainable results (Anderson, 2009; Cameron, Mora, Leutscher, & Calarco, 2011; O'Connor, Kotze, & Wright, 2011; Roberts, 2009). Proactive behaviors revolve around a willing attitude, motivation, and positive energy. It is important to adopt beliefs and develop practices that allow employees to take initiative, act with confidence, and overcome obstacles to further the PCA agenda (Parker, Bindl, & Strauss, 2010). These positive practices and proactive behavior support learning from mistakes, build trust, and encourage collaboration, an idea expressed in recent healthcare accountability literature (Anderson, 2009; Parker, Bindl, & Strauss, 2010; O'Connor, Kotze, & Wright, 2011; Wachter & Pronovost, 2009).

Positive organizational scholars and practitioners suggest several concepts and constructs that can help develop PCA and improve accountability-related outcomes (Froman, 2009; Frink et al., 2008; Mills, Fleck, & Kozikowski, 2013; Pipe et al., 2012; Spreitzer & Cameron, 2012). These ideas are categorized into three domains. The first group, positive practices, includes principled and value-based ways to create an environment that allows leaders and employees to flourish and achieve more (Khatri, Brown, & Hicks, 2009; Sorensen, Seebeck, Scherb, Specht, & Loes, 2013). Next, positive leadership cultivates leader competence by adopting recommendations from authentic, transformational, ethical, and servant leadership studies (Dinh et al., 2014; O'Connell, 2013). The last area of focus is on positive emotions. Positive emotions mitigate stress and reactivity, improve the ability to think clearly and increase the use of helpful behaviors (Cohn & Fredrickson, 2010; Edwards, 2014; Garland et al., 2010; Morris, 2010). Together, these three domains support PCA practices to support the success of each person through increased awareness, healthy relationships, and a change in thinking about accountability (Anderson, 2009; Dawkins, Martin, Scott, & Sanderson, 2013; Paolini, Crisp, & McIntyre, 2009).

In support of using a positive lens for accountability, the study design includes the use of AI to explore the strengths of PCA. AI, said to be a form of AR, emphasizes a holistic experience "…as people inquiring together into the infinite potentials and varieties of human organizing" and is a promising approach for the examination of PCA as a different and complementary approach to RCA (Fitzgerald, Oliver, & Hoxsey, p. 221, 2010). AI is a contrasting approach to traditional problem solving that emphasizes defects and root causes that looks to individual and organizational strengths to leverage

change and sustain positive results (Boyd & Bright, 2007; Bright, 2009; Spreitzer & Cameron, 2012). Reliance on the influence of AI for the AR study to stimulate proactive discussion and co-construct positive ideas can enhance accountability practices and adds value to organizations (Boyd & Bright, 2007; Bright, 2009; Fitzgerald, Oliver, & Hoxsey, 2010).

The importance of integrating AI into this study is because of the value of using an appreciative perspective to reflect on individual perceptions, reactions, and emotions while exploring accountability (Zaldivar, 2014). The complexities of accountability become evident when the mandated steps of RCA fail to achieve the targeted performance outcomes, furthering the case for adopting a positive person-based approach (Mansouri & Rowney, 2014). Appreciative inquiry is a positive approach that builds self-awareness and self-management at the individual level and social awareness and relationship management at the group level (Zaldivar, 2014).

Positive Practices

The field of positive psychology offers multiple offers multiple conceptual themes to consider in building a productive workplace (Froman, 2009). Theories span a full range cognitive, emotional, and motivation aspects of positive psychology to help people thrive and build personal capacity to buffer the negative affects of stress and accountability demands (Seligman & Csikszentmihalyi, 2000). There are sufficient studies that consider the value of positive practices on an individual's experience in organizational life (Luthans, Norman, Avolio, & Avey, 2008). The outcomes in these studies focus on efforts to improve organizational factors related to respect, satisfaction, and retention (Avey, Wernsing, & Mhatre, 2011; Diener, 2000; Luthans, 2002b). The

emergent themes point to building individual and organizational strengths, leveraging

practices associated with high performance, and adopting practices associated with

virtuousness and eudemonism (Bright, Cameron, & Caza, 2006; Cameron, Mora,

Leutscher, & Calarco, 2011; Peterson, Ruch, Beermann, Park, & Seligman, 2008).

Psychological capital (PsyCap) is characterized through four capacities of hope,

efficacy, resilience, and optimism (Luthans & Avolio, 2009). Positive organizational

scholarship (POS) claims four positive strategies to enhance individual and

organizational experiences and outcomes. The strategies are: (a) positive climate, (b)

positive relationships, (c) positive communication, and (d) positive meaning (Pace, 2010;

Spreitzer & Cameron, 2012). A convergence of studies focused on emotions suggest that

by increasing the ratio of positive states to negative states by inducing positive emotions,

moods, and attitude leaders and employees can expand the ability to solve problems,

create solutions, build trust, and flourish (Avey, Wernsing, & Mhatre, 2011; Edwards,

2014; Diener, 2000; Fredrickson & Losada, 2005).

In addition to positive practices focused on people, additional studies focus on

creating positive conditions and experiences to optimize individual and collective

performance (Bright, 2009; Mills, Fleck, & Kozikowski, 2013). Managing performance

through a positive orientation is based on the classification of positive psychological

approaches established by Snyder and Lopez (2005). The classifications are: (a) emotion

focused, (b) cognitive focused, (c) self-based, (d) interpersonal, (e) biological, and (f)

coping approaches (Snyder & Lopez, 2005). These six approaches coordinate with

PsyCap measured by the state-like constructs of hope, resilience, optimism, and self-

efficacy (Luthans, 2002b). AI, a strength-based approach that focuses on strengths rather

than weaknesses (Mills, Fleck, & Kozikowski, 2013). AI has a positive effect on people and performance by focusing inquiry on understanding values and possibilities to generate new insights and encourage positive practices (Bright, 2009; Wallis, 2010). Empowerment is facilitated by organization structure, process design, and distribution of power (Mills, Fleck, & Kozikowski, 2013; Randolph & Kemery, 2010). Finally, studies on passion align with positive psychology views, especially as it relates to intrinsic motivation and positive outcomes (Carbonneau, Vallerand, & Massicotte, 2010; Vallerand et al., 2003)

These studies, as well as many others, show evidence of the value of positive practices and outcomes that may support PCA in two ways (Dawkins, Martin, Scott, & Sanderson, 2013). First, to address stressors associated with being accountable and holding others accountable through compassion, care, respect, kindness, and positive emotions (Cameron, Mora, Leutscher, & Calarco, 2011). Second, to change the perspective on accountability practices in a way that fosters generative thinking and learning to evolve PCA as a complementary approach to RCA (Ammeter, Douglas, Ferris, & Goka, 2004; Busseri, Sadava, Molnar, & DeCourville, 2009; Cameron, Mora, Leutscher, & Calarco, 2011; O'Connor, Kotze, & Wright, 2011).

Individual perspectives on accountability are based more so on one's experiences instead of the regulatory view of the organization. In combination, the individual and regulatory views lead to increases in stress (Tetlock, Vieider, Patil, & Grant, 2013). As each person comes to a level of understanding about accountability, he or she faces cognitive disequilibrium (Dykstra, 2010). Cognitive disequilibrium may cause leaders and employees to struggle as they attempt to learn about PCA exchanges and change

current practices (Carsten, Uhl-Bien, West, Patera, & McGregor, 2010; Dykstra, 2010;

Rolfsen, 2011; Werhane et al., 2011). Increased stress and emotional exhaustion

exacerbate accountability conditions (Whitman, Halbesleben, & Holmes IV, 2014)

associated with accountability (Breaux, Perrewé, Hall, Frink, & Hochwarter, 2008).

Positive practices increase self-efficacy, hope, optimism, and resilience and lead to

reductions in job stress, blame, and destructive behaviors (Dawkins, Martin, Scott, &

Sanderson, 2013; Verhezen, 2010).

The essential purpose of accountability practices is to facilitate the achievement

of objectives in way that optimizes individual and collective performance (Lanivich,

Brees, Hochwarter, & Ferris, 2010; Wallace, Johnson, Mathe, & Paul, 2011). PCA is

naturally social and interdependent on relationships with focus on collaboration,

compassion, and trust (Busseri, Sadava, Molnar, & DeCourville, 2009; Cacioppo, Reis, &

Zautra, 2011; Jyothibabu, Farooq, & Pradhan, 2010; Roberts, 2009). Popular beliefs

cemented by social constructivist thinking describe person-centered thinking as a

complex, moral, and interpersonal process as compared to organization-centered thinking

(Béliveau, 2013). Given this complex and holistic nature, an examination of the domain

of positive practices depends on an inquiry through the lens of psychosocial aspects of

emotions and people needs (Ammeter, Douglas, Ferris, & Goka, 2004; Busseri, Sadava,

Molnar, & DeCourville, 2009; O'Connor, Kotze, & Wright, 2011).

Emergent accountability models that support RCA point to communication,

implicit expectations, and a willingness to learn from mistakes (Schillemans, Van Twist,

& Vanhommerig, 2013). Incorporating accountability practices that are based on

personal values and self-accountability may increases the effectiveness of RCA and

extends the practice of managing people positively (Cameron, Mora, Leutscher, & Calarco, 2011; Peloza, White, & Shang, 2013). Connecting PCA to multiple studies surrounding positive practices is needed to improve individual and organizational performance (Biron & Bamberger, 2010; Cameron, Mora, Leutscher, & Calarco, 2011). Four areas of positive practices for PCA as a complementary approach to RCA include the following. The first positive practice area focuses on the virtuous organization (Cameron, 2010; Gavin & Mason, 2004; Rego, Ribeiro, Cunha, & Jesuino, 2011). The second positive practice area emphasizes empowering employees (Den Hartog & De Hoogh, 2009; Raub & Robert, 2010). The third positive practice area is interpersonal relationships (Erdogan, Sparrow, Liden, & Dunegan, 2004; Frink et al., 2008). The fourth positive practice area is individual potential, encompassing PsyCap and character strengths (Dawkins, Martin, Scott, & Sanderson, 2013; Luthans, Youssef, Sweetman, & Harms, 2012; Luthans, Youssef, et al., 2007; Park, & Seligman, 2006; Peterson, Ruch, Beermann, Park, & Seligman, 2007; Wright & Quick, 2011).

Virtuous organization. The first category, virtuous organization, focuses on positive states and processes to define personal actions (Bright, 2009; Donaldson & Ko, 2010). A virtuous organization has a greater impact on ethical behavior and organizational commitment (Cameron, Mora, Leutscher, & Calarco, 2011; Fuqua & Newman, 2006; Rego, Ribeiro, Cunha, & Jesuino, 2010). Positive organizational scholarship (POS) encourages scholars and practitioners to adopt a positive framework to overcome struggles and negativity that diminish performance (Bright, 2009; Donaldson & Ko, 2010). In a virtuous organization, positive practices are grounded in these six dimensions: (a) caring, (b) forgiveness, (c) inspiration, (d) meaning, (e) respect, integrity,

and gratitude, and (f) compassionate support (Cameron, Mora, Leutscher, & Calarco, 2011). These six dimensions influence performance by focusing on the positive deviance to attain high levels of achievement (Boudrias et al., 2010; Cameron, Mora, Leutscher, & Calarco, 2011). Learning to shift from practices that focus on negative or depreciating dynamics, such as blame, to positive or appreciating dynamics, such as forgiveness are essential to increase understanding about PCA (Cameron, Mora, Leutscher, & Calarco, 2011). Changing to a positive perspective changes many other practices, including the nature of conversations, tactics to resolve issues, and creating a focus on learning in the moment, helps organizations become extraordinary (Bright, 2009).

Given the current climate in healthcare, adopting virtuous organization practices may help reconcile the gap between idealized performance expectations of RCA and humanistic expectations of PCA. Bovens (2010) describes accountability as a virtue and as a mechanism. As a virtue, accountability standards are based on transparency, fairness, and personal responsibility. The challenge is that it is difficult for organizations and leaders to validate and agree upon the performance standards. As a mechanism, accountability is an obligation to an external forum. The organization and leaders must justify actions and outcomes to a governing body or other agent (Bovens, 2010). In a virtuous organization, there is a sense of purpose, optimistic perspective, honesty, caring relationships, high standards, and a desire to learn from mistakes and increase accountability success (O'Connor, Kotze, & Wright, 2011; Rego, Ribeiro, Cunha, & Jesuino, 2011). "Virtuousness represents the best of what humankind aspires to achieve, and responsible leadership in pursuit of the highest good is a worthy aspiration" (Cameron, 2011, p. 32).

Cameron (2010) examined organizations going through difficult circumstances and identified five positive practices to sustain employees and leaders. The first strategy uses the desire of employees and leaders to gravitate toward situations and people that are life giving, meaningful, and helpful. This heliotropic effect attracts positive energy, an inherent human tendency. Second, by adopting a virtuous position for decision-making and problem solving during challenging times, employees and leaders are more compassionate, forgiving, and trusting (Cameron, 2010; Zamahani, Ahmadi, Sariak, & Shekari, 2013). Managing by virtue enables leaders to select practices that align with the highest aspirations of the employees and the organization to create and maintain happiness (Cameron, 2010; Gavin & Mason, 2004; Rego, Ribeiro, Cunha, & Jesuino, 2011). The third strategy makes a dramatic shift to a focus on abundance gaps or the difference between fully effective performance and remarkable performance (Cameron, 2010; Zamahani, Ahmadi, Sariak, & Shekari, 2013). Fourth, there is a positive correlation between positive energizers, individuals who uplift, inspire, and encourage others and organization performance (Cameron, 2010; Gavin & Mason, 2004; Rego, Ribeiro, Cunha, & Jesuino, 2011; Sadler-Smith, 2013). The success of PCA depends on reducing or eliminating negative energizers because these people hinder performance and leave employees feeling exhausted and emotionally drained. The fifth and final strategy encourages an orientation toward the six dimensions of positive organizational practices. These five strategies have been shown to support exceptional organizational performance and may help advance the practice of PCA (Bright & Fry, 2013; Cameron, 2010; Sadler-Smith, 2013).

Empowering Employees. This second category of the positive practices, empowering employees, extends the practices associated with a virtuous organization (Karakas & Sarigollu, 2013; Manz C., Manz K., Adams, & Shipper, 2011). Connecting accountability with virtue and empowerment at the person level is an untapped area of study (Manz C., Manz K., Adams, & Shipper, 2011; Wallace, Johnson, Mathe, & Paul, 2011). Virtuous leaders are also ethical leaders who build trust and treat others fairly (Bright & Fry, 2013; Cameron, Mora, Leutscher, & Calarco, 2011). Together, empowerment and virtue present a potential challenge because the leader must balance the perceptions of fair treatment for the collective workgroup and each individual (Den Hartog & De Hoogh, 2009). Positive practices for empowering employees includes (a) delegating authority, (b) holding employees accountable, (c) encouraging self-directed decision-making, (d) sharing information, (e) supporting skill development, and (f) coaching for improved performance (Amundsen & Martinsen, 2014).

Psychological empowerment, a multi-faceted and complex construct, is viewed as a motivational concept of self-efficacy (Conger & Kanungo, 1988). Self-efficacy is particularly important to individual accountability (Hall, Zinko, Perryman, & Ferris, 2009; Royle, Hall, Hochwarter, Perrewé, & Ferris, 2005). Relational empowerment, another multi-faceted and complex construct related to power and control that a leader has over employees (Conger & Kanungo 1988). Leaders control employee performance through performance appraisals, incentives, information sharing, and allocation of resources (Arthaud-Day, Rode, & Turnley, 2012; Conger & Kanungo, 1988; Tetlock, Vieider, Patil, & Grant, 2013).

Negative conditions such as poor communications, negativism, lack of incentives, role clarity, resources, and training, limited participation, limited opportunities, and lack of meaningful goals contribute to diminished self-efficacy. Encouragement, information, decision-authority, and opportunities for growth and development create positive conditions increase self-efficacy. Blame, fear, and stress arouse negative emotions and diminish competence. Empowering employees for accountability success is a complex process and extends beyond the transactional nature of counting for one's actions to something more integrated that focuses on the whole person (Bianchi, 2010; Royle & Hall, 2012; Weiss & Rupp, 2011). According to Spreitzer, (1995) employees are empowered when they feel their work is worthwhile, have access to information, and are able initiate and regulate their own task performance. Empowerment efforts are only effective if designed in the larger context of the organization and desired change (Mathieu, Gilson & Reddy, 2006). Employees expect to be treated fairly by leaders with high moral competence because they demonstrate compassion and care for others by being empathetic and supportive (Den Hartog & De Hoogh, 2009; Kim & Kim, 2013; Riggio, Avolio & Sosik, 2011).

Earlier studies identified empowering management practices such as delegation of decision-making, rewarding performance, and sharing information to motivate employees (Conger & Kanungo, 1988; Spreitzer, 1995). It is necessary for leaders to create conditions for successful task performance. Many leaders expect employees to follow standard work practices to reduce errors and increase consistency. Enforcement of the standards limits the freedom to choose behaviors and make decisions (Conger & Kanungo, 1998; Raub & Robert, 2010; Wallace, Johnson, Mathe, & Paul, 2011).

Organizations rely on standardized accountability mechanisms; however, they do not automatically work unless implemented at the person level (Ferris et al., 2009). Both organization structure and job design need to allow employees to act autonomously improve individual accountability (Ferris, et al., 2009).

Additionally, leaders share power with the employees by using managerial strategies such a setting higher performance goals and providing encouragement to boost confidence (Conger & Kanungo, 1998). In tandem, the leader needs to build trust and stand ready to assist each employee in achieving the high goals (Frink et al., 2008). Empowered employees engage discretionary behaviors beyond the in-role behaviors described in a job description and are more willing to persist in the face of accountability challenges (Raub & Robert, 2010).

Creating conditions to share power with employees enhances feelings of self-efficacy and foster trust (Konczak, Stelly & Trusty, 2000). Empowering employees in a PCA environment is interdependent with trustworthy relationships (Ammeter, Douglas, Ferris, & Goka, 2004) that take into account individual needs for power, achievement, and affiliation (Royle & Hall, 2012). Empowering conditions lead to improved employee satisfaction, effort, and performance outcomes (Amundsen & Martinsen, 2014).

Further research is needed to gain more insights into empowering employees. One study calls for a closer examination of the antecedents and consequences of subjective accountability experiences at the individual level (Amundsen & Martinsen, 2014; Hall, Zinko, Perryman, & Ferris, 2009). Another accountability study, the researchers call for further investigation into the person-environment fit because of the individual considerations needed to enhance each person's performance (Amundsen &

Martinsen, 2014; Lanivich, Brees, Hochwarter, & Ferris, 2010). Focusing on understanding PCA to improve accountability effectiveness, this study will consider if empowered employees are more likely to go beyond the job requirements and act independently to achieve outcomes (Raub & Robert, 2010).

 Interpersonal Relationships. The development of a positive relationship between the leader and employee is central to accountability (Paolini, Crisp, & McIntyre, 2009; O'Donnell, Yukl, & Taber, 2012). The leader serves as an agent for the organization to communicate the vision, translate policies, delegate authority, and provide feedback to support the employee in a just and fair manner before, during, and after accountability exchanges (Amundsen & Martinsen, 2014; Konczak, Stelly, & Trusty, 2000; Colquitt et al., 2013). An improved relationship will result in desirable outcomes such as increased job satisfaction, task motivation, and performance by subordinates. The social nature of accountability depends on the application of positive practices related to interpersonal relationships (Lerner & Tetlock, 1994). The positive practices that support social and development needs of employees include (a) teamwork, (b) reliability, (c) self-directedness, (d) commitment to work, (e) mutual understanding, (f) learning and development, (g) friendly attitude, and (h) ability to influence (Huang, Wright, Chiu, & Wang, 2008; Mero, Guidice, & Werner, 2012).

 Lerner and Tetlock (1994) introduce the concept of accountability as a social system designed to solve problems and maintain order. The framework for the model describes four coping mechanisms used during accountability exchanges between individuals. When called to answer for one's action, a person will (a) seek social acceptance, (b) adapt by abandoning his/her own ideas, (c) react defensively, and/or (d)

avoid making decisions. The primary accountability practice, used by decision-makers to establish the explicit or implicit expectation that others may be called upon to justify their beliefs, feelings, and actions to others. In his seminal study, Tetlock (1983) proposed a social contingency model of judgment and choice based on motivational and cognitive dispositions of decision makers in specified social contexts. This model positions the leader as the authority with greater knowledge and control, while the employee has limited authority, information, skill, and possibly misguided intentions. When a leader assesses an employee as having a lapse in accountability, a leader activates the exchange process by judging the situation and the actions of the employee against implicit and explicit criteria (Frink & Klimoski, 2004).

Studies designed to evolve and add to the leader-member exchange theory (LMX) offer a fractured view of different elements related to an accountability exchange including job performance, adaptive behaviors, justice, and efficacy (Walumbwa, Cropanzano, & Goldman, 2011). The use of positive practices for building interpersonal relationships draw from these studies and are used to create a climate of fairness and justice to manage the collective performance (Erdogan & Bauer, 2010; Omilion-Hodges & Baker, 2013). According to LMX, the leader adapts his or her response to the individual needs of employees (Erdogan & Bauer, 2010). This response may be incongruent with the collective needs of all employees (Omilion-Hodges & Baker, 2013). Using positive emotions enhances the leader's ability to be empathetic and connect personally with each employee and ameliorates some of the issues related to meeting the individual and collective needs during accountability exchanges (Frink, et al., 2008;

Omilion-Hodges & Baker, 2013; Painter-Morland, 2006; Peterson, Park, Hall, & Seligman, 2009; Shipley, 2010).

A PCA exchange is an intervention between the leader and follower marked by observation, judgment, evaluation, problem solving, and feedback with an emphasis on achievement (Nielsen & Cleal, 2011). A typical accountability exchange goes through three stages. During stage one, the leader identifies the desired performance expectations and outcomes and reaches an agreement with the employee about how to proceed. The employee performs specific actions to fulfill the expectations and achieve desired outcomes during stage two. In stage three, both the employee gives an accounting to the leader and then realizes either the consequences or benefits.

Social norms form the context and direct decision-making and conversations among employees and leaders who solve problems and strive for desired accountability outcomes (Kohles, Bligh, & Carsten, 2012; Paolini, Crisp, & McIntyre, 2009). Past research on the principal-agent, relationship demonstrates the importance of a leader's reliance on his or her ability to influence and guide members through accountability exchanges (Lanivich, Brees, Hochwarter, & Ferris, 2010). At the core of this accountability-based relationship is trust and respect. If a member does not trust the leader or if the relationship lacks mutual respect, direct and indirect conflicts have the potential to derail the relationship and impact accountability negatively (Greiling & Spraul, 2010; Kacmar, Bachrach, Harris, & Noble, 2011).

Leaders apply organizational practices to improve performance outcomes while focusing on work-related issues (Huang, Wright, Chiu, & Wang, 2008; Mero, Guidice, & Werner, 2012). Building positive practices that strengthen interpersonal relationships

between leaders and employees is needed to support PCA as a complementary approach to RCA (Cameron, Mora, Leutscher, & Calarco, 2011; Mills, Fleck, & Kozikowski, 2013). Leaders must increasing understanding about how organizational practices support or hinder interpersonal relationships (Cameron, Mora, Leutscher, & Calarco, 2011).

Together, leaders and employees construct relationships that influence the effectiveness of accountability practices (Huang, Wright, Chiu, & Wang, 2008). Encouraging employees to focus on being accountable as interdependent team members will help to resolve issues before they escalate (Huang, Wright, Chiu, & Wang, 2008; Ungerleider & Ungerleider, 2011). Issues emanate from poor decision-making processes, inaccurate or no information, and unclear targets diminish accountability effectiveness (Greiling & Halachmi, 2010). In contrast, when leaders foster high quality relationships set clear targets, gather and share information, and make decisions in a timely manner improve performance effectiveness (Greiling & Halachmi, 2010; Huang, Wright, Chiu, & Wang, 2008; Kelly & Bisel, 2013). Direct communication and being open to different perspectives, another important positive practice, is often overlooked in an accountability exchange that relies on rules and imposed guidelines (Frink & Klimoski, 2004; Huang, Wright, Chiu, & Wang, 2008; Wood & Winston, 2007). The ability of the leader to influence employee performance depends on processes for monitoring performance and incentives to encourage accountability (Dubnick, 2005; Mero, Guidice, & Werner, 2012; Oc & Bashshur, 2013).

In examining interpersonal relationships in exchanges between a leader and employee, self-directedness and employment development comes up as a positive

practice. Self-directed employees take initiative, innovate solutions, and seek opportunities to learn while performing his or work (Huang, Wright, Chiu, & Wang, 2008). Similarly, learning and development is a positive practice that refers to the extent to which a leader supports and encourages each employee's personal and career development (Huang, Wright, Chiu, & Wang, 2008; Omilion & Baker, 2013). Finally, the evidence indicates that the quality of interpersonal relationships increases when leaders and employees understand the importance of being committed to their work and approaching work with a friendly attitude (Huang, Wright, Chiu, & Wang, 2008).

The eight positive practices described above underlie the interpersonal relationships between leaders and employees and support PCA. Interpersonal relationships improve when employees and leaders behave in a likeable and trustworthy manner. It is important to define positive practices and develop learning programs to increase the competencies of leaders and employees (Huang & Murnighan, 2010; Huang, Wright, Chiu, & Wang, 2008; Malina, 2013). The desire to be accountable increases when the focus is on work related issues and social and developmental needs (Huang, Wright, Chiu, & Wang, 2008).

Past research shows accountability as a complex and dynamic phenomenon that is subject to differences in perceptions, interpretations, emotional states, and leader-employee relationships (Greiling & Halachmi, 2013; Hall & Ferris, 2011; Lerner & Keltner, 2000). A leader in a negative emotional state is less resilient, impatient, prone to frustration, and unable to rely on emotionally intelligent responses during accountability exchanges (Jordan & Toth, 2010; Liu, Wang, & Lü, 2013; McCraty & Childre, 2010). These studies offer potential solutions to the challenge of achieving and sustaining

accountability success emphasizing results and performance-related outcomes

(Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; McCraty & Childre, 2010; Hareli &

Rafaeli, 2008). Positive emotional states influence and enhance the use of positive

practices (Cravens, Oliver, & Steward, 2010).

 Individual potential. This fourth positive practice follows positive

organizational behavior (POB) and integrates positive traits, state-like capacities, and

behaviors to provide a positivity framework for tapping into each person's performance

capacity for PCA (Luthans, Norma, Avolio, & Avey, 2008; Luthans & Youssef, 2009;

Luthans, Youssef, Sweetman, & Harms, 2012). The state-like capacities of psychological

capital (PsyCap) include efficacy, hope, optimism, and resiliency, which are important

for individual positive psychological development (Luthans, 2002a; Avolio, Avey &

Norman, 2007; Luthans & Avolio, 2009). The flexible and adaptive, positive state-like

capacities are easier to develop and change over time and situations (Luthans & Youssef,

2009). Next, the positive trait-like capacities include 24 character strengths, organized in

the following six categories of virtues: (a) wisdom and knowledge, (b) courage, (c)

humanity, (d) justice, (e) temperance, and (f) transcendence (Peterson, Ruch, Beermann,

Park, & Seligman, 2007; Peterson and Seligman, 2003). The character strengths are

positive traits that are relatively stable over time, applicable across situations, and either

enhance or limit each individual's ability to perform.

 Scholarly studies focused on positive psychological capital and character

strengths come from positive organizational behavior (POB). Luthans (2002a, p. 59)

describes positive organizational behavior as "…the study and application of positively

oriented human resource strengths and psychological capacities that can be measured,

developed, and effectively managed for performance improvement in today's

workplace." Positive organizational behavior has evolved since Luthans (2002a)

proposed an approach to improve performance by focusing on strengths and

psychological capacities and now includes positive traits such as character strengths and

virtues and positive states such as psychological capital (Luthans & Avolio, 2009).

PsyCap and character strengths, well-researched theories, provide examples of positive

traits and states related to individual potential (Linkins, Niemiec, Gillham, & Mayerson,

2014; Luthans & Youssef, 2009). It is worth noting at this point that the ongoing

exploration of human potential is far-reaching and yet unfinished (Luthans & Youssef,

2009).

Positive organizational behavior is correlated to desirable outcomes, including

employee well-being (Avey, Wernsing, & Mhatre, 2011) and organizational citizenship

behaviors (OCB) are positive discretionary behaviors. Healthy vital employees and

leaders are better able to deal with the accountability demands and difficulties of

organizational life (Lengnick-Hall, Beck, & Lengnick-Hall, 2011). Discretionary

behaviors of cooperation, persistence, volunteering to help and encouraging others, self-

control, following procedures, and exceeding expectations exemplify OCBs that are

essential to increase accountability effectiveness (Chahal & Mehta, 2011; Hall & Ferris,

2011; Motowidlo & Van Scotter, 1994; Podsakoff, Whiting, Podsakoff, & Blume, 2009).

Positivity and positive emotions increase individual performance capacity are

associated with improved capabilities to perform and achieve (Kelloway, Weigand,

McKee, & Das, 2013). This positive functioning is related to attitude, life satisfaction,

and mood (Culberson, Fullagar, & Mills, 2010). An over-emphasis on compliance to

external standards leads to increased leadership stress, diminishes employee capacity, and hinders performance (Johnson, Shull, & Wallace, 2011; Kelloway, Weigand, McKee, & Das, 2013; Whitman, Halbesleben, & Holmes IV, 2014). Throughout the stages of PCA exchanges, the leader places emotional demands that may increase stress and diminish the employees' ability to perform effectively (Thiel, Griffith, & Connelly, 2013). Positive behaviors are a necessary element of PCA to overcome the negativity of the emotional strain and stress associated with accountability (Busseri, Choma, & Sadava, 2011; Luthans, Youssef, Sweetman, & Harms, 2012; Royle, Hochwarter, & Hall, 2008; Thiel, Griffith, & Connelly, 2013).

The focus is on moving employees, leaders, and organizations from negative states to positive states where they experience increased levels of flourishing and high performance (Spreitzer & Cameron, 2012). Building PsyCap helps to improve employee attitudes, behaviors, and performance (Luthans, Norman, Avolio, & Avey, 2008). A recent study on PsyCap indicates the importance of relationships and health (Luthans, Youssef, Sweetman, & Harms, 2012). The importance of leveraging the character strengths in PCA supports other positive practices of being caring and helpful (Cameron, Mora, Leutscher, & Calarco, 2011), committed (Huang, Wright, Chiu, & Wang, 2008), and meaningful work (Cameron, Mora, Leutscher, & Calarco, 2011; Peterson, Ruch, Beermann, Park, & Seligman, 2007). Employees and leaders with character strengths such as gratitude, hope, zest, curiosity, and love flourish, experience higher levels of employee well-being, and look forward to work and the possibilities (Linkins, Niemiec, Gillham, & Mayerson, 2014; Peterson, Park, Hall, & Seligman, 2009). Happiness, positive attitudes, and prosocial behaviors are outcomes of well-being that increase a

person's ability to achieve and sustain high-levels of performance (Ferguson & Sheldon, 2013; Diener, Kesebir, & Lucas, 2008).

Stressors related to accountability and other work issues create an emotional, physical, and mental drain on leaders and employees (Lanivich, Brees, Hochwarter, & Ferris, 2010). The negative consequences of stress include emotional exhaustion, inability to cope with demands, and diminished employee well-being (Ng, Diener, Aurora, & Harter, 2008). Many positive psychology studies link positive practices and employee well-being to improved performance outcomes and engaged employees (Lengnick-Hall, Beck, Lengnick-Hall, 2012; Page & Vella-Brodrick, 2009). Employees with high levels of well-being report that they experience more positive than negative feelings (Fredrickson, 2006), feel happy and satisfied (Keyes, 2005), and are able to work through challenges effectively. Recently two new measures of employee well-being were created to assess psychosocial flourishing, positive feelings, and negative feelings (Diener et al., 2010). These measures build on the original measures of life satisfaction (LS) and positive versus negative affective reaction to one's life (Pavot, Diener, Colvin, & Sandvik, 1984) and open the door for future research flourishing, positive feelings on thriving and learning (Spreitzer, Porath, & Gibson, 2012).

Recognition of the importance of human potential making strides in performance continues to grow (Luthans & Youssef, 2009). Positive affect, life satisfaction, and well-being indicate the presence of mental health and capacity for performance (Keyes, 2005). In PCA, both leaders and employees have a role in creating an environment that shapes the jobs of employees in way to foster PsyCap (Luthans, Youssef, Sweetman, & Harms, 2012) and draws on the character strengths (Peterson, Ruch, Beermann, Park &

Seligman, 2007; Linkins, Niemiec, Gillham, & Mayerson, 2014). Positive practices that accent the importance of mental, emotional, social, and physical health enhance employee well-being and enable individuals to recover quickly from stressors associated with accountability (Dawkins, Martin, Scott, & Sanderson, 2013; Avey, Luthans, Smith, & Palmer, 2010; Shuck & Reio, 2013). Both PsyCap and character strengths support efforts to increase personal capacity or the ability, agility, and flexibility to endure the mental, emotional, social, and physical demands of being accountable (Busseri, Sadava, Molnar, & DeCourville, 2009; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Hülsheger, Alberts, Feinholdt, & Lang, 2013).

Practices to elevate employee performance capacity include the use of positive emotions, gratitude, and optimism (Dawkins, Martin, Scott, & Sanderson, 2013; Diener, Kesebir, & Lucas, 2008; Peterson, Park, Hall, & Seligman, 2009). Individuals adopt practices such as mindfulness training to mitigate the negative effects of stress find it easier to face challenges related to accountability practices (Hülsheger, Alberts, Feinholdt, & Lang, 2013). With an increase in personal capacity, employees are more likely to abide by rules, meet expectations, and achieve desired results prescribed in accountability processes (Busseri, Sadava, Molnar, & DeCourville, 2009; Culbertson, Fullagar, & Mills, 2010; Erdogan, Sparrowe, Liden, & Dunegan, 2004; Hall & Ferris, 2011; Laird, Perryman, Hochwarter, Ferris, & Zinko, 2009).

Positive Leadership

In a person-centered environment, employees count on leaders to model positivity in the workplace (Busseri, Sadava, Molnar, & DeCourville, 2009). There is empirical support for the value of positivity related to employee experiences and performance

outcomes (Avey, Avolio, & Luthans, 2011; Busseri, Sadava, Molnar, & DeCourville, 2009). Creating a positive work environment and positive experiences for employees for PCA requires consideration of positive leadership theories and further exploration of converting theory into practice (Kinicki, Jacobson, Galvin, & Prussia, 2011; Künzle, Kolbe, & Grote, 2008).

Positive leadership practices help to improve accountability by mobilizing teams of people (Ammeter et al., 2004), influencing positively (Liu, Friedman, & Hong, 2012), and inspiring action (Schlenker, Britt, Pennington, Murphy, & Doherty, 1994; Verhezen, 2010). Positive leadership has been shown to elevate trust between employees, leaders, and the organization by sharing information, involving employees in decision-making, and open communications and may support the effectiveness of PCA (Walumbwa, Luthans, Avey, & Oke, 2011). In addition to knowledge of rules, procedures and expectations, positive influence from leadership encourages employees to complete tasks and achieve results with enthusiastic commitment (Hall, Perryman, & Ferris, 2009; Scott, Garza, Conlon, & Kim, 2014).

As role models, leaders are highly visible and influence employees more so by actions to encourage accountable behaviors and overcome barriers to achieving results (Crisp, 2010; Tamuz, Franchois, & Thomas, 2010; Frink, et al., 2008; Hareli & Rafaeli, 2008). Leaders who assume personal responsibility for actions, outcomes, and mistakes are important behaviors for PCA (Lanivich, Brees, Hochwarter, & Ferris, 2010; O'Connor, Kotze, & Wright, 2011; Walumbwa, Luthans, Avey, & Oke, 2011). Modeling desired accountability behaviors is essential to influence employee behaviors (Brown, Treviño, & Harrison, 2005). In contrast, leaders who fail to constrain a negative attitude

or emotions have a significant and detrimental impact on employees (Scott, Garza, Conlon, & Kim, 2014). Effective leaders use ethical behaviors (Den Hartog & De Hoogh, 2009) and create accountability conditions based on tasks, relationships, and change to set goals, expectations, and manage performance (Kinicki, Jacobson, Galvin, & Prussia, 2011).

Preparing leaders to adopt positive practices and develop positive leadership competence is critical for PCA because of the constructive focus of PCA (Byrne et al., 2013; Green, Visser, & Tetlock, 2000; Spreitzer, 2006; Yukl, 2012; Wachter & Pronovost, 2009). Studies supporting positive leadership development often overlook the dysfunctional side of leader behaviors such as a controlling management style, informal or impulsive styles, inability to hold others accountable, and lack of self-accountability (Conger, 1990; Scott, Garza, Conlon, & Kim, 2014). There are few studies related to the development of effective leaders that consider the role of antecedents to positive and negative behavior (Byrne et al., 2013). Leadership development programs that focus on specific behaviors for helping employees improve performance might encourage leaders to focus the positives instead of the negatives (Santos, Caetano, & Tavares, 2015).

The psychological capacities of a leader help or hinder the effectiveness of applied leadership practices and influence employee dynamics to achieve targeted performance outcomes of the accountability exchange (Akrivou & Bradbury-Huang, 2011). Recent studies demonstrate the negative effect of an emotionally derailed leader in providing feedback to the employee before, during, and after the accountability process (Dahling, Chau, & O'Malley, 2010; Kapiriri, Norheim, & Martin, 2008). Disruptive leadership styles, such as narcissism, moderate interpersonal relationships and

accountability; therefore, it is important to consider the negative impact on PCA (Caldwell & Canuto-Carranco, 2010; van Knippenberg, 2011).

Destructive leadership is determined by employees' perspective, leaders' intent, verbal and non-verbal behavior, and outcomes (Schyns & Schilling, 2013). Schyns and Schilling (2013) caution researchers to consider the destructive side of leadership and leadership development. Destructive leaders often undermine employee performance and increase the levels of stress (Schyns & Schilling, 2013). Following the conservation of resources theory (COR), as stress increases leaders and employees experience emotional exhaustion and avoid being accountable (Whitman, Halbesleben, & Holmes IV, 2014). This is particularly true because of the stress associated with common RCA practices (Green, Visser, & Tetlock, 2000; Wachter & Pronovost, 2009). Stress leads to destructive leader behaviors and creates an ineffective work environment. There is a negative relationship of destructive leadership with employee well-being and is worth considering during the study of PCA (Schyns & Schilling, 2012).

Scholarly interest in leadership continues to be of great interest, with focus on multi-level theories focused on effectiveness and outcomes (Dinh et al., 2014; Dionne et al., 2014). Thematic categories of leadership theory that relate to PCA include neo-charismatic, social exchange/relational, follower-centric, and ethical/moral. Four leadership theories resonate with PCA. The first theory, transformational leadership, falls into the neo-charismatic group. The other three theories are from the ethical/moral leadership group. These three theories are authentic leadership, servant leadership, and ethical leadership (Dinh et al., 2014). The follower-centric category includes the leader-

member exchange (LMX) theory, which highlights the role of reciprocity in communicating concern and respect for others.

Transformational leadership. Transformational leaders motivate individuals and teams through varying interactions (Wang & Howell, 2010) through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Bass & Avolio, 1993). Leaders engage employees by using empathic listening to validate, reframe, and transform behaviors to overcome performance barriers (Biswas & Bhatnagar, 2013; Toegel, Kilduff, & Anand, 2013). Positive affect-based exchanges based on prosocial behaviors, personal values, and shared goals, improve the ability to make choices and account for the results (Frink & Klimoski, 2004; Lanivich, Brees, Hochwarter, & Ferris, 2010). A recent study adds to the body of literature on transformational leadership by demonstrating the efficacy of training leaders how to coach poor performers using transformational leadership (Arthur & Hardy, 2014). Exploration of this individualized and harmonious approach to accountability may create a holistic perspective to advance the study and practice of accountability (Ferris, et al., 2009; Hall, Blass, Ferris, & Massengale, 2004;Vehezen, 2010).

Authentic leadership. With roots in positive organizational behavior and ethics, the authentic leadership construct is central to PCA (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2007). Authentic leaders rely on moral choices and facilitate achievement throughout the accountability process (Cacioppo, Reis, & Zautra, 2011; Greilling & Spraul, 2010; Royle & Hall, 2012; Werhane et al., 2011). These leaders increase positive organizational practices through positive psychological resources of efficacy, hope, optimism, and resilience to support PCA (Avey, Luthans, Smith, &

Palmer, 2010; Gardner, Cogliser, Davis, & Dickens, 2011). Authentic leadership

behaviors increase the leader's confidence and ability to respond to the growing

complexity of both RCA and PCA demands by communicating a vision, setting

expectations, and integrating both into work routines (Busseri, Sadava, Molnar, &

DeCourville, 2009; Lanivich, Brees, Hochwarter, & Ferris, 2010; Walumbwa, Luthans,

Avey, & Oke, 2011).

    Servant leadership. In high performance organizations, leaders build trust, value

employee perspectives, share clear goals, and set expectations for the short- and long-

term, follow a process of continuous improvement and renewal, and develop a diverse

and healthy workforce (de Waal & Sivro, 2012). Servant leadership is an antecedent to

high performance organizations and aligns nicely with PCA for several reasons (Hu &

Liden, 2011). First, servant leaders put followers first and form unique relationships (de

Waal & Sivro, 2012, Hu & Liden, 2011; Hunter et al., 2013). Next, servant leaders

invest time, energy, and resources to empower and develop each employee (Hunter et al.,

2013). Finally, servant leaders model desired behaviors and strive to ensure there is

alignment between personal and organizational values for all employees (Hunter et al.,

2013).

    Ethical leadership. Accountability is interwoven with ethical practices,

necessitating consideration of ethical leadership behaviors in the scheme of PCA

(Mahsud, Yukl, & Prussia, 2009; Norton, 2010; Klein, Knight, Ziegert, Lim, & Saltz,

2011). Ethical leadership forms a foundation for other leadership constructs. As a single

leadership construct, ethical leadership will not advance the practice of PCA and must be

integrated with transformational and servant leadership (Walumbwa, Avolio, Gardner,

Wernsing, & Peterson, 2007). Brown, Treviño, & Harrison define ethical leadership

"…as the demonstration of normatively appropriate conduct through personal actions and

interpersonal relationships, and the promotion of such conduct to followers through two-

way communication, reinforcement, and decision-making" (2005, p.120). Ethical leaders

strengthen employee relationships and influence behaviors by being more proactive and

less reactive (Walumbwa et al., 2011). Ethical leaders are trustworthy, treat employees

fairly, and conduct themselves in accordance with high moral standards resulting in

organizational and individual level outcomes (Zhang, Walumbwa, Aryee, & Chen, 2013).

Stress and emotional exhaustion increases with the undercurrent of politics in

accountability (Zhang, Walumbwa, Aryee, & Chen, 2013; Vogelgesang & Lester, 2009).

Lack of understanding about expectations and the actions of others associated with

perceptions of politics add more pressure (Zhang, Walumbwa, Aryee, & Chen, 2013).

Ethical leadership and ethical practices are necessary to ameliorate the stress related to

accountability stressors and sustain positive performance (Eisenbeiss, 2012; Zhang,

Walumbwa, Aryee, & Chen, 2013).

The current literature on positive leadership emphasizes the importance of leader

behaviors to set standards, influence behavior, and build relationships (Dionne et al.,

2014; Kaiser, McGinnis, & Overfield, 2012). Integrating ideas from these positive

leadership theories help to form a collective and holistic view for PCA (Spreitzer, 2006).

Leadership behaviors that are based on character, personal conviction, values, trust,

reverence for others, willingness to learn, and leader accountability provide a balanced

and complementary picture of leadership support for PCA and RCA (O'Connell, 2013).

Regulatory-focused studies focus on organization or collective accountability practices

such as blame-avoidance, punishment, obligations, and control (Bovens, 2007; Collins,

Block, Arnold, & Christakis, 2009; Dubnick, 2005; Wachter & Pronovost, 2009).

Regulatory focus theory examined the role of transformational leadership in promoting

individual aspirations to engage employees the focus on accountability obligations

(Moss, 2008). The limited number studies designed to examine accountability practices

with a person-focused view limits exposure to the positive nature of transformational

leadership, authentic leadership, servant leadership, or ethical leadership directly with

PCA, a gap worthy of scholarly attention (De Waal & Sivro, 2012; Den Hartog &

Belschak, 2012; Dionne et al., 2014; Gardner, Cogliser, Davis, & Dickens, 2011;

Mahsud, Yukl, & Prussia, 2010).

Positive Emotions

Multiple studies on positive emotions serve to expand the ability to see different

perspectives, respond thoughtfully to stimuli, and cope effectively with challenges and

create a self-reinforcing cycle of well-being and high performance (Campos, Shiota,

Keltner, Gonzaga, & Goetz, 2013; Fredrickson, 2006; Fredrickson, Cohn, Coffey, Pek, &

Finkel, 2008). The role of emotions in helping or hindering accountability performance

develops from psychology, physiology, and social-emotional areas of study (Bernerth,

Walker, Walter, & Hirschfeld, 2011; Cravens, Oliver, & Stewart, 2010; Green, Visser, &

Tetlock, 2000). These areas of study provide a basis to contemplate cognitive, emotional,

and physiological links to positive emotions and PCA. This section includes an

exploration of work related to positive emotions from different angles brings together

perspectives from positive psychology (Waugh, Fredrickson, & Taylor, 2008), emotional

intelligence (Boyatzis, Smith, Van Oosten, & Woolford, 2013), and psychophysiological coherence (Bradley et al., 2010).

The broad spectrum of studies related to positive emotions emanate from multiple theoretical related to organizational psychology informs the structure of a person-centered approach to contemporary accountability practices (Frink et al., 2008; Lerner & Tetlock, 1994; Tetlock, 1983). Several studies correlate the power of emotions, positive and negative, to influence a variety of leader and employee processes, especially in a high stakes exchange of accountability (Gooty, Connelly, & Gupta, 2010; Lanivich, Brees, Hochwarter, & Ferris, 2010; McCraty & Childre, 2010; Waugh, Fredrickson, & Taylor, 2008). The interdependence of emotions and accountability of the leader and employee dynamic leads to a new data set for researchers to consider (Fisk & Friesen, 2012). Personalizing accountability through the lens of positive emotions and emotional management is worth considering as a way to reconcile the gaps in related research (Deshpande, 2009; Jordan & Troth, 2010; Kilduff, Chiaburu, & Menges, 2010; Verhezen, 2010).

Positive emotions counterbalance negative emotions and the associated negative effects of stress, blame, and emotional exhaustion and enhance positive practices (Cameron, Mora, Leutscher, & Calarco, 2011; Waugh, Fredrickson, & Taylor, 2008; Whitman, Halbesleben, & Holmes, 2012). The crossover of negative and positive emotions creates an emotional contagion (positive or negative) that varies depending on the organizational conditions and individual needs of the leaders and employees (Westman, Shadach, & Keinan, 2013). Recent research shows the effects of negative

emotions on reaching consensus about performance when trying to motivate and inspire employees to change and be more accountable (Polman & Kim, 2013).

Another aspect of accountability continues the exploration of the emotional complexities and challenges of leadership congruence in healthcare, especially when forced to choose between compulsory-based accountability and value-based accountability (Ungerleider & Ungerleider, 2011). Showing the relationship between stress and perceptions of resources for accountability opens a pathway for research on emotional states and value-based accountability (Zellars, Hochwarter, Lanivich, Perrewé, & Ferris, 2011; Ungerleider & Ungerleider, 2011). The proposed study will narrow the focus to regulatory-centered accountability (RCA) exchanges, as a contrasting point to person-centered accountability (PCA) exchanges while considering the role of positive and negative emotional states.

Psychological studies use self-report instruments to measure emotional intelligence (Antonakis, Ashkanasy, & Dasborough, 2009; Walter & Scheibe, 2013) or assess for desirable leadership characteristics related to resilience and relationships after learning techniques or exercises to increase positive emotional states in anticipation of future events (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Schueller, 2010). Factors associated with the social-emotional aspects generally assign emotions to two categories, positive emotions and negative emotions. Positive emotions tend to facilitate desirable accountability behaviors in leaders (Peterson, Ruch, Beermann, Park, & Seligman, 2007; Zellars, Hochwarter, Lanivich, Perrewé, & Ferris, 2011). Negative emotions tend to derail leaders engaged in accountability processes (Zellars, Hochwarter, Lanivich, Perrewé, & Ferris, 2011). When leaders are depleted by chronic negative emotional

states, they are less effective in guiding and inspiring others to be act accountably (Byrne, et al., 2013).

Positive emotions have implications for PCA at the individual, relational, and organizational levels, especially as it relates to enhancing performance and improving outcomes (Cohn & Fredrickson, 2010; Ferris et al., 2009). Integrating positive emotions into PCA include training in practices to manage cognitive and emotional responses, (Garland et al., 2010; Schueller & Seligman, 2010), exercises to improve self-awareness and interpersonal relationships (Polychroniou, 2009; Sze, Gyurak, Yuan, & Levenson, 2010), and tactics to mitigate the effects of stress on productivity (Halkos & Bousinakis, 2010; Bradley et al., 2010).

Ideas from positive psychology identify the value of positive emotional states in achieving performance-based outcomes (Waugh, Fredrickson, & Taylor, 2008). Positive emotions facilitate high impact behaviors including pride, challenge, and responsibility (Connelly & Ruark, 2010). A leader in a positive emotional state motivates followers to choose effective behaviors to fulfill responsibilities and achieve performance-based outcomes (Koning & Van Kleef, 2015; Vianello, 2010). Positive leader-follower relationships are constructive rather than destructive and self-efficacy favor a shift from regulatory-centered accountability exchanges to person-centered accountability exchanges (Cohn & Fredrickson, 2010; Schyns & Schilling, 2013). Specifically, happiness, flourishing, and thriving define well-being (Culbertson, Fullagar, & Mills, 2010).

Further support for the consideration of positive emotional states is illuminated through the benefits of loving kindness meditation (LKM) and adds evidence to the

importance of creating psychophysiological coherence (Cohn & Fredrickson, 2010).

LKM broadens the effectiveness of positive emotions and minimizes the impact of

negative emotions. A field experiment demonstrates the role regular LKM practice on

positive emotions such as pride, gratitude, love, and joy in enhancing one's ability to

improve cognitive skills, personal resilience, relationship dynamics, and physical well-

being (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008). The influence of positive

emotions on leaders who adopt a loving attitude toward self and others gain emotional

and cognitive confidence and competence about one's life increase personal mastery and

resilience (Garland et al., 2010). Leaders who develop emotional competence and focus

on positive emotions of gratitude, hope, curiosity, and love are able to establish

meaningful relationships to achieve desired results (Peterson, Ruch, Beermann, Park, &

Seligman, 2007).

Sustained positive emotional states enable a leader to establish proactive

accountability conditions that foster job satisfaction, openness, trust, and strong

interpersonal relationships (Erdogan, Sparrowe, Liden, & Dunegan, 2004; Ferris,

Munyon, Basik, & Buckley, 2008; Wood & Winston, 2013). Sustained negative

emotional states diminish the leader's ability to think clearly, lead by example, and

communicate effectively, (Gooty, Connelly, Griffith, & Gupta, 2010; Peterson,

Walumbwa, Avolio, & Hannah, 2012; Wood & Winston, 2005). Creating effective

accountability conditions requires transparency, fairness, relevance, and enforcement and

is dependent on the influence of positive emotions (Barsky, Kaplan, & Beal, 2010;

Kaplan, Cortina, Ruark, LaPort, & Nicolaides, 2013; Kapiriri, Norheim, & Martin, 2009).

Using PCA as a balancing approach to RCA depends on the spiraling effects of positive

emotions to (Hall & Ferris; 2011). Recent research demonstrates that positive emotions

increase the use of helpful rather harmful behaviors (Joosten, van Dijke, Van Hiel, & De

Cremer, 2014).

   Psychophysiological coherence. Developing the ability to manage one's state of

psychophysiological coherence increases physical, cognitive, and emotional capacity to

think and act clearly and respond with compassion to the demands of leadership

(McCraty & Childe, 2010). McCraty and Childre (2010) have shown that high

psychophysiological coherence states correlate to "…improvements in cognitive, social,

and physical performance." Instinctively, most people understand the clear connection of

stress and diminished capacity. Research shows that people are connected through an

electromagnetic field that is generated from the heart. When positive emotions prevail

and negative emotions diminish, each person can expand his or her state of coherence and

influence positivity in others. Personal accountability becomes second nature when

organizations are filled with people in high states of psychophysiological coherence

(McCraty, Atkinson, & Bradley, 2004; Bradley et al., 2010). When negative emotions

disrupt individual psychophysiological coherence, the larger system is likely to become

more chaotic and disordered leading to mistakes, damaged relationships, and lapses in

personal accountability (Bradley et al., 2010; McCraty & Shaffer, 2015).

   Using the emWave 2 facilitates the participant's awareness and self-management

of emotional states (Chen & Wang, 2011; Lemaire, Wallace, Lewin, De Grood, &

Schaefer, 2011; Bradley et al., 2010). Research has shown distinct and measurable

psychophysiological coherence responses to positive and negative emotional states. The

emWave2® was developed by researchers is used to record one's heart-rate variability

(HRV) patterns and provide real time feedback. The purpose of the feedback is to assist the person using the emWave 2 in developing emotional management skills through heart rhythm coherence training (Edwards, 2014). In addition, the emWave 2 is designed to track results over time using computer-based software (Chen & Wang, 2011; McCraty & Shaffer, 2015; Tiller, McCraty, & Atkinson, 1996, Linden, Jackson, Rutledge, Nath, & Lof, 2010). Increased ability to shift from a negative to a positive emotional state through heart rhythm coherence training is associated with improved ability to manage stress, think clearly, and influence others positively (Edwards, 2014; Lemaire, Wallace, Lewin, De Grood, & Schaefer, 2011; McCraty & Childre, 2010). Each day, during the practical application period, participants will apply PCA to work situations. During the study, participants will practice self-generating positive emotions by following the follow the two steps of the Quick Coherence ® Technique. Step one: Heart-Focused Breathing. Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart or chest area. Breathe a little slower and deeper than usual. Step two: Activate a Positive Feeling. Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life. Next, the participant will select positive leadership practices and positive practices to apply to an accountability exchange (McCraty & Childre, 2010; McCraty, Atkinson, Lipsenthal, & Arguelles, 2009; Zohar, Cloninger, & McCraty, 2013).

Emotional intelligence. Many researchers, influenced by interest in emotional intelligence, examine emotions and emotional skills through the lens of self-report and multi-rate instruments that examine traits, cognitive ability, and prosocial behaviors after the fact (Algoe & Fredrickson, 2011; Scott, Colquitt, Paddock, & Judge, 2010). Other

researchers use psychological and social instruments to measure desirable leadership characteristics of resilience, well-being, and interpersonal relationships after participants learn mediation techniques or positive psychology exercises to increase positive emotional states in anticipation of future events (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Schueller, 2010). This proposed study considers psychophysiological coherence using the emWave 2, a portable handheld emotion recognition biofeedback device, to record and provide feedback about the coherent heart rhythm of positive emotions and the incoherent heart rhythm of negative emotions.

Making the right decision when faced with varying situational conditions often creates conflict because the employee is required to follow a course of action that may be incongruent with his or her beliefs or assessment of the situation. The conflict causes the employee to rely on suppressing negative emotions and acting pretentiously, known as surface acting (Fisk & Friesen, 2012). Surface acting is emotionally taxing and results in negative emotional responses, causes diminishes job satisfaction, and puts a strain on relationships (Gardner, Fischer, & Hunt, 2009; Ungerleider & Ungerleider, 2011; Rajah, Song, & Arvey, 2011). The dilemma intensifies, especially when faced with the relational and emotional labor of providing care and increased risks associated with deviation from the imposed standard (Rajah, Song, & Arvey, 2011).

Summary

Accountability continues to be a top priority for healthcare and other organizations (O'Connor, Kotze, & Wright, 2011; Wachter & Pronovost, 2009). Leaders, employees, regulators, and consumers call for increased accountability influenced by the belief that holding individuals and organizations accountable for their

performance outcomes will resolve a myriad of problems (Mero, Guidice, & Werner, 2012; Wachter & Pronovost, 2009; Ungerleider & Ungerleider, 2011). Part of the challenge is related to a slanted view toward externally driven RCA, a broad and enduring area of research (Dubnick, 2005; Frink et al. 2008; Tetlock, 1983).

PCA emphasizes the social-emotional aspects of positive practices through employee empowerment efforts such as shared decision-making and delegation (Den Hartog & De Hoogh, 2009; Wallace, Johnson, Mathe, & Paul, 2011) and positive emotions to engage individuals, create a climate of accountability, and sustain performance over time (Waugh, Fredrickson, & Taylor, 2008). PCA depends on positive energy to help the organization and employees flourish and overcome the negativity of stress and job tension (Cameron, 2010). Accountability is not isolated to isolated practices such as using a checklist or following a standard process as prescribed by RCA (Anderson, 2009; Dansereau, Seitz, Chiu, Shaughnessy, & Yammarino, 2013). Accountability exchanges between a leader and employee are based on the situation and socio-emotional context (Dansereau, Seitz, Chiu, Shaughnessy, & Yammarino, 2013; O'Connell, 2013). The socio-emotional nature of interpersonal relationships and the influence of individuals, groups, and organizations make PCA necessary to move beyond punishment or rewards toward engaged employees and high levels of trust (Anderson, 2009; Frink & Klimoski, 2004). Positive interactions between individuals and the environment form an accountability culture that fosters relationships based on character and trust (Ammeter, Douglas, Ferris, & Goka, 2004; Cameron, 2010; Tetlock, 1983).

Chapter 3: Research Method

Participants in this study explored how two approaches to accountability work together to improve accountability effectiveness. Healthcare leaders depend on accountability to achieve performance outcomes. Almost fifteen years ago, the Institute of Medicine released a publication describing the importance of increasing accountability for the safety of patients. Recommendations link financial incentives and public reporting to performance to improve accountability effectiveness (Kohn, Corrigan, & Donaldson, 2000). Healthcare leaders have found it difficult to identify and apply practices to improve day-to-day accountability effectiveness in the delivery of care and other organizational demands (O'Connor, Kotze, & Wright, 2011; Wachter & Pronovost, 2009). The specific problem addressed by this study was the lack of understanding about how Person-Centered Accountability (PCA) complements Regulatory-Centered Accountability (RCA) to improve performance outcomes (Campos, Shiota, Keltner, Gonzaga, & Goetz, 2013; Lanivich, Brees, Hochwarter, & Ferris, 2011; Tetlock, Vieider, Patil, & Grant, 2013; Yip & Raelin, 2011). The purpose of this qualitative action research study was to explore a person-centered accountability model as a complementary approach to regulatory-centered accountability. Participants included nine healthcare leaders from a large medical center located in a Midwestern city. By conducting an action research (AR) study as a co-researcher with participants from the provided a practical and collaborative view to solve an enduring gap in accountability studies (Coghlan, 2011).

This AR study, influenced by appreciative inquiry (AI), involved an exploration of a PCA model and the relevance to RCA. In order for healthcare leaders to fulfill

expectations and achieve performance-based outcomes, they needed to understand the interdependent relationship between practices, people, and emotions and the impact on RCA (Busseri, Sadava, Molnar, & DeCourville, 2009; Paolini, Crisp, & McIntyre, 2009; Tetlock, Vieider, Patil, & Grant, 2013). The influence of AI was important because the concepts of discovering the positive were congruent with PCA. The use of affirmative questions facilitated the exploration of what works well instead of focusing on what did not work (Reed, 2007). The study was designed to answer the following six research questions:

Q1: How do participants perceive the role of person-centered accountability as a complementary approach to regulatory-centered accountability?

Q2: What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive practices and increase accountability effectiveness?

Q3: What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive leadership practices and increase accountability effectiveness?

Q4: What insights can participants, who are not in a sustained positive emotional state, provide about efforts to apply positive practices and increase accountability effectiveness?

Q5: What insights can participants, who are not in a sustained positive emotional state, provide about efforts to apply positive leadership practices and increase accountability effectiveness?

Q6: How do the participants in this AR study perceive their contribution to advancing the practice of PCA as a complementary approach to RCA?

In addition to restating the problem, purpose, and research questions, chapter three provides information related to the research methods and design selected to examine the problem and address the six research questions. The chapter includes information about the (a) research design; (b) population; (c) sample; (d) materials; (e) data collection, processing, and analysis. The information is followed by (f) assumptions, limitations, and delimitations; and (g) ethical assurances.

Research Methods and Design

The research design was based on an approach consistent with a social constructivism research paradigm (Patton, 2002) and supportive of an affirmative approach to creating change through a dialogic process (Cooperrider & Whitney, 1999). The AR consisted of consecutive research cycles that followed the steps of plan, act, observe, and reflect (Koshy, Koshy, & Waterman, 2010; Reason & Bradbury, 2006). Together, the practical nature of AR study and the generative learning nature of AI engaged the researcher as an observer and as a facilitator for problem solving and solution identification in collaboration with the participants (Anderson, 2005; Wesner, 2013). This approach was justified because of the potential contribution to transformative action and changing thinking about accountability (Kemmis, 2009).

Kurt Lewin introduced the term AR during the 1940s and 1950s to understand the human experience through participation (Adelman, 1993; Given, 2008). Following a few decades of little interest or belief in the AR methodologies, Chris Argyris and Donald Schön identified workplace learning that is based on individual perceptions, beliefs, and

values to influence and reshape AR as a viable research methodology (Argyris & Schön, 1996; Given, 2008). Argyris and Schön (1996) stress the importance of the research discussions and data gathering to deepen understanding of the participant's experiences relative to the research topic. The flexibility of the AR methodology balanced action and theoretical exploration that shaped inquiry and increased understanding throughout the research project (Given, 2008).

The AR study was inherently pragmatic, cyclical, and action oriented (Stringer, 2007). The study followed the commonly used routine of four recurring steps. The four steps included: (a) plan, (b) act, (c) observe, and (d) reflect (French, 2009; Martí, & Villasante, 2009; Midgley, 2010). It is important to remember that AR is a dynamic process and to avoid following the steps too rigidly could limit opportunities for emergent thinking and learning (Koshy, Koshy, & Waterman, 2010). The dynamic nature of AR necessitated researcher awareness, willingness, and skill to view evolving change as part of rather than a disruption to the research process (Wesner, 2013). The AR study was an iterative process of investigation, which balanced the scholarly needs of the researcher and the practical experiences of the participants to produce outcomes worthy of scholarly debate and consideration (Khan, Bawani, & Ariz, 2013; Maksimović, 2012; Skitter, 2007).

Action research allows participants to engage in the study as co-researchers. Drawing from their own experiences, the participants were able to explore and make sense about the use of PCA and RCA to increase personal and collective understanding (Coghlan, 2011). The subjective and practical experiences of each participant helped to gain insights and frame ideas to advance the practice of PCA and RCA.

Following a social constructivist worldview, the design of the study included AI workshops to help reframe accountability and created interest in exploring a different approach to increase accountability effectiveness (Barrett & Fry, 2012). Appreciative inquiry aligned with AR because of the emphasis on practice and collaboration to examine multi-dimensional views of an issue (Reed, 2007). Incorporating AI workshops into the AR cycles allowed time for the participants and researcher to explore unclear meanings and co-construct new ideas about PCA concepts (Rolfsen, 2011). AI focused the investigation in a way that fostered curiosity and engagement between the researcher and participants (Bright, 2009; Norum, 2008). AI has been linked to positive psychology and affirmed the positive perspective emphasized in PCA practices (Whitney, 2010).

Through a research lens and with an emphasis on generative solutions, the AI workshops followed the 4D inquiry process to gather and interpret information during the examination of PCA as a complementary approach to RCA (Dick, 2010; French, 2009; Reed, 2008; Whitney, 2010). The 4D inquiry workshops included: Discovery, Dream, Design, and Destiny (Barrett & Fox, 2012; Bright, 2009). Provocative questions went beyond the problem solving nature of AR (Adams, 2010; Egan & Lancaster, 2005) and stimulated generative conversations that linked personal experiences, different perspectives, and feedback enabling organizational learning (Karakas, 2009). Bright (2009) describes the appreciating dynamic through the work of POS that emphasizes positive practices and positive emotions as a powerful characterization of AI.

Connecting AI and AR provided structure and proven practices to optimize participation-researcher collaboration while exploring practical applications of PCA (Fletcher, Zuber-Skerritt, Bartlett, Albertyn, & Kearney, 2010; Zuber-Skerritt & Perry,

2002). Appreciative inquiry established a methodological framework to support the

research inquiry and generate of new knowledge and meaning (Saha, 2014). To ensure

engagement, create sense of community, and transform thinking about accountability, the

study design included AI practices to foster social and personal relationships (Cram,

2010; Koshy, Koshy, & Waterman, 2010). The purpose of this group inquiry was to

examine PCA through the generative lens of AI to gain insights into the integrated and

practical experiences of PCA (Cram, 2010; Ludema & Fry, 2008, Saha, 2014).

Week 1: AR Cycle 1	Week 2: AR Cycle 2	Week 3: AR Cycle 3
Monday: Orientation Wednesday: Discovery Friday: Dream	Monday-Thursday: Practical application Friday: Practical application workshop	Monday: Design Wednesday: Destiny Friday: Interviews

Data Sources: Fieldnotes, participant journals, and semi-structured interviews.
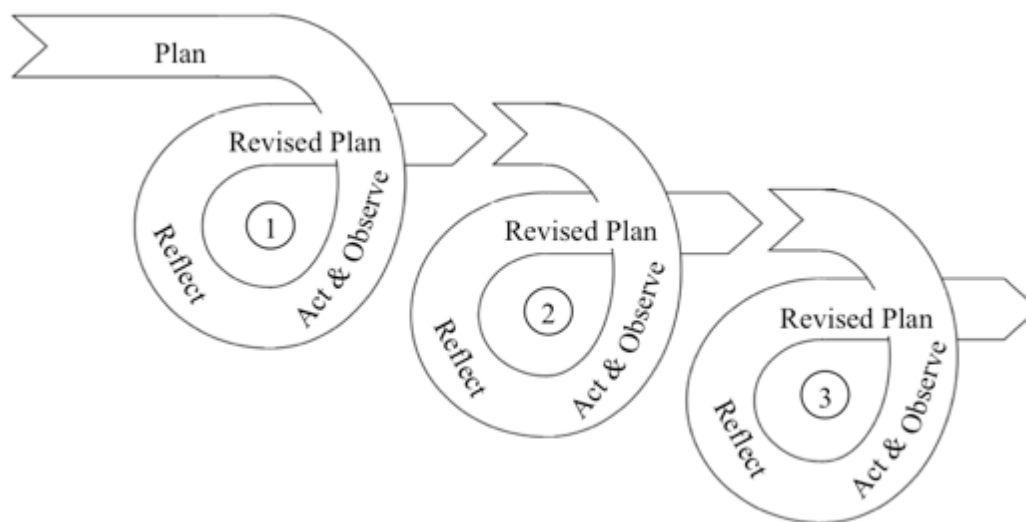
Figure 1. Design sequence.
Schematic of the action research cycles of plan-act & observe-reflect (Kemmis & McTaggart, 2000, p. 564) and incorporation of the action phases: orientation workshop and AI workshops (Boyd & Bright, 2007; McNiff, 2009).

The design of the AR study consisted of three AR cycles that included the following six workshops conducted over three weeks: (a) orientation, (b) Discovery, (c) Dream, (d) practical application, (e) Design, and (f) Destiny. In addition, participants practiced using PCA and RCA over a four-day period and participated in one-on-one semi-structured interviews (see Figure 1). See Appendix H for the timeline and responsibilities for each cycle. The use of targeted activities during the plan, act, observe, and reflect steps for each of the three AR cycles was essential for shaping a rich research experience (Levin, 2012). During the plan stage, the researcher gathered data that helped define and describe a working theory about ways to improve accountability outcomes through PCA (French, 2009; Stringer, 2007). The researcher and participants implemented the plan by exploring PCA and coming up with ideas to integrate PCA practices into daily work (French, 2009). The next two steps observe and act, included group discussions and self-directed practice to create a basis for future reflection (Herr & Anderson, 2005; French, 2009). Finally, the researcher and participants drew from multiple sources of information and experiences and reflected on the exploration activities and discussions about PCA as a complementary approach to RCA (French, 2009). The recurring pattern allowed for periods of collaboration and examination with the participants and academic analysis of the process and content by the researcher (French, 2009; Martí, & Villasante, 2009; Midgley, 2010).

The AR cycle 1 included the following three workshops: (a) an orientation workshop and (b) Discovery and Dream workshops. During the orientation workshop, participants learned about the research design and processes, PCA, and RCA, and heart rhythm coherence training to learn positive emotion-focused techniques while using the

emWave2® to increase and sustain positive emotional states and psychophysiological coherence by measuring the effects of positive emotions associated with HRV biofeedback (Bradley et al., 2010; Edward, 2014; McCraty & Childre, 2010). The Discovery and Dream workshops provide a structured process to examine PCA as a complementary approach to RCA through a positive lens (Conklin & Hart, 2009).

AR cycle 2 included four days of practical application and a two-hour practical application workshop. For the practical application, each participant applied PCA, including the use of heart rhythm coherence training to increase positive emotions as measured by the emWave 2, to accountability exchanges during the course of work activities (Edwards, 2014). The practical application workshop included a series of questions designed to facilitate a group discussion about the insights and practical experience of applying PCA to accountability exchanges.

Finally, AR cycle 3 included the last two workshops and interviews. The workshops were: Design and Destiny. The progressive nature of AI workshops allowed the participants and researcher to delve deeper into PCA as a complementary approach to RCA. For the final activity, each participant shared feedback and insights during a one-to-one semi-structured interview. Participant understanding and insights about the use of PCA as a complementary approach to RCA were elicited through the following qualitative tools: workshop notes, participant journal entries, and semi-structured interviews.

Following a systematic research process, which is essential to conducting a credible and dependable AR study, yielded transferrable outcomes (Stringer, 2007). The orientation workshop was necessary to ensure all participants understood the research

processes and were prepared to engage in a partnership over the three-week study period (Given, 2008). First, an important goal of AR was to set the context for collaboration and generative discussions that led toward a deeper understanding of how PCA complements RCA (Given, 2008; Stringer, 2007). Next, during the orientation workshop participants explored the foundational principles of AI and discussed the potential barriers that could emerge during the AI workshops (Given, 2009). Finally, participants learned heart rhythm coherence training and how to use the emWave2® to self-generate and monitor different emotional states with an emphasis on positive emotions (Edward, 2014).

Appreciative inquiry workshops engaged the participants as co-researchers, to identify and leverage strengths to solve the research problem (Ludema & Fry, 2008). The influence of AI served to help the researcher and participants reframe accountability in a positive context (Fiorentino, 2012). Each AI workshop included defined activities, collaborative discussions, inquiry, reflective exercises, and practice using positive emotions to explore PCA (Fletcher, Zuber-Skerritt, Bartlett, Albertyn, & Kearney, 2010; Midgley, 2010). During this time, the participants engaged in structured AI learning activities and discussions focused on creating an atmosphere of possibilities (Boyd & Bright, 2007). To increase understanding about the role of positive emotions, each participant used the emWave2® at designated times to record his or her heart rate variability coherence (McCraty & Childre, 2010) and wrote journal entries in response to prompts and questions.

The design of the second AR cycle gave the participants, as co-researchers, an opportunity to try out PCA practices in the familiarity of every day work (Reason & Bradbury, 2006). It was important to see through the viewpoint of the participants

because they are insiders in the organization (Given, 2008). The practical application

included the use of the emWave2® to record psychophysiological coherence levels while

applying the PCA practices (Bradley et al., 2010). Each participant used a journal to

document his or her reflections about the experience of applying PCA to accountability

exchanges. The participants used the emWave2® to measure his or her coherence level

as a way to increase awareness of his or her emotions. During the practical application

workshop the participants discussed the different emotions and feelings experienced

during the practical application period. Each participant then shared his or her insights

about the practical application experience (Stringer, 2007).

Interviews are recognized as a commonly used method in qualitative research

(Patton, 2002). In AR studies, the semi-structured interview is more desirable because it

allowed the researcher flexibility (Patton, 2002). For this study, the researcher conducted

one-on-one semi-structured interviews and used guiding questions to prompt participant

responses about insights and ideas about PCA and RCA (Spencer, Ritchie, Ormston,

O'Connor, & Barnard, 2014). Then the researcher used open-ended questions to explore

further ideas of interest that came up to ensure each participant had an opportunity to

share his or her perceptions (Spencer, Ritchie, Ormston, O'Connor, & Barnard, 2014;

Trochim & Donnelly, 2008).

Instead of establishing the reliability and validity of the action research study, the

researcher followed a rigorous process to ensure outcomes are trustworthy. Together, the

attributes of credibility, transferability, dependability, and confirmability validation were

used to assess the trustworthiness (Stringer, 2007). Triangulating data collected from the

participants' perspectives and experiences with several sources of information related to

PCA and RCA was useful in increasing credibility with the participants. To ensure transferability, dependability, and confirmability, the researcher took extensive notes to create an inquiry audit trail and documented the context, activities, and events that will allow others to determine applicability and level of trust in the research outcomes.

The raw data collected during each of the activities was organized and prepared for analysis. The analysis process included reading through all data to code and organize data based on themes (Patton, 2002). Ongoing engagement with the participants throughout the study added to the credibility for two reasons. First, close contact and accessibility to each participant allowed the researcher to solicit clarification about input or notes, as needed. Second, as is the norm in an AR study, the participants helped to shape or redirect discussions as the study progressed through each cycle (Reason & Bradbury, 2006; Stringer, 2007).

Population

The study population consisted of 153 leaders from supervisor, manager, director, and vice president levels who are currently employed in the Midwest regional medical center selected for the study. This proposal included a letter from the Chief Nurse Executive granting preliminary permission to conduct the study at the medical center (see Appendix R). Each leader in the population worked in the healthcare setting and was responsible for clinicians that provided direct patient care and/or employees who supported medical center operations or administration managers responsible for a unit or single department. Directors were responsible for a function that included more than one unit or department and may have had several managers as direct reports. All leaders held

professional certifications and had formal education ranging from some college to post-graduate degrees.

Sample

Participants for this AR study were recruited from the Midwest regional medical center using a purposeful sample to ensure a mix of age, gender, professional discipline, and leadership responsibilities (Crozby, 2009). Using a purposeful sampling strategy allowed the researcher to selectively choose leaders based on gender, experience, functional responsibilities, number of direct reports, and the willingness to commit time and focus to the study activities. The purposeful sample was required to gather rich descriptive information and insights about how positive practices, positive leadership, and positive emotions were used to complement RCA and improve performance outcomes. Specific participant characteristics required for participation in the proposed study included the following: (a) must be in a full-time position as a leader; (b) six months or greater experience in the current position; and (c) have direct report responsibility for at least one employee. The criteria for determining the population sample are summarized in Table 1, a sample quota matrix (Ritchie, Lewis, Elam, Tennant, & Rahim, 2014). By establishing the predetermined criterion, the researcher was able to focus on leaders with practical experience and responsibility for guiding the performance of others (Patton, 2002).

Under the guidance of the Chief Nurse Executive (CNE), nine participants were selected to participate in this study. The CNE provided contact information and availability of leaders. The small sample was necessary for this study to ensure each participant was able to engage and contribute to the discussions during the workshops.

The researcher used a quota sampling strategy for selection. The use of a combination of

sampling approaches to meet purposively set quotas was recommended (Lewis & Ritchie,

2014).

Table 1

Sample Quota Matrix

Sample Matrix	Functional Responsibility	Clinical	Nonclinical
Leadership experience	6 months-5 years	1-2	1-2
	6-10 years	2-3	1-2
	10+ years	2-3	1-2
Number of direct reports	1-5 employees	Min. 1	Min. 1
	6-25 employees	Min. 1	Min. 1
	25+ employees	Min. 1	No min.*
Gender	Female	Min. 1	Min. 1
	Male	Min. 1	Min. 1
Total		5-8	3-6

Note. Adapted from "Designing and Selecting Samples," by J. Ritchie, J. Lewis, G. Elam, R. Tennant, & N. Rahim, 2014, In J. Ritchie, J. Lewis, C. McNaughton Nicholls, and R. Ormston (Eds.). *Qualitative Research Practice* (Kindle DX version). Retrieved from Amazon.com
*No minimum required because nonclinical leaders in this organization have less than 25 direct report employees.

Following best practices for participant selection, a formal email invitation (see

Appendix O) to participate in the study was sent to the list of potential participants

(Creswell, 2009). The formal email invitation included a description of the central

purpose of the research, a description of the six activities, and an itinerary with details

about session dates, times, and locations. Participation was voluntary and each

participant had the right to voluntarily withdraw at any time during the research project.

Materials/Instruments

The challenges of conducting the AR study were many and caused concern about time and resource limits. It was important to use tools, questions, and methodologies to collect data that would hold up to the expectations of scholarly research (Reed, 2007). Despite the challenges, the AR design offered a flexible research methodology to engage participants as co-researchers (Stringer, 2007). This flexibility allowed the researcher to use the AI approach to identify and leverage the strengths of the population being studied (Boyd & Bright, 2007). It is not uncommon for researchers to approach AR from a problem-solving perspective, whereas, AI researchers seek answers and change from an appreciative stance to learn about achievements and things that work well (Reed, 2007).

The use of questions took place throughout the AR cycles to generate data. It was important to ask questions that created value and supported the intentions of this study (Adams, 2010). A variety of questions were used during the interviews and at specified times during each of the workshops to guide group discussions, encourage participant reflections, and solicit participant insights. During the orientation workshop, questions were used to help lay the groundwork for subsequent activities and to guide self-directed reflection. The questions used during the workshops included AI styled questions and prompts for group discussions. All interview questions were open-ended to explore participants' experiences, insights, and views (Bright, Cooperrider, & Galloway, 2006).

The purpose of the Discovery workshop was to use AI questions to help the participants as co-researchers to think critically, creatively and strategically about PCA as a complementary approach to RCA (Adams, 2010). Participants worked in dyads and interviewed one another about positive accountability experiences (Lewis & Nichols,

2014; Reed, 2007). Participants documented and shared interviewee responses and summarized themes, ideas, and stories using an interview summary sheet. The participants engaged in a group discussion to generate additional insights and shape the data by the participants as they clarified viewpoints and shared reflections (Lewis & Nichols, 2014). Information, ideas, and insights shared during group discussions were documented on Flipchart paper. Clarifying questions were used to prompt and facilitate participant journal responses. At the conclusion of the workshop, each participant used the emWave2® while doing the Quick Coherence ® Technique to get into a positive emotional state and then wrote a journal entry by responding to three questions related to positive leadership, positive practices, and emotions.

Each day, during the practical application period, participants applied PCA to work situations. First, the participant selected a situation involving an accountability exchange with an employee, peer, or superior. Next, the participant used his or her emWave2® to self-generate positive emotions by following the two steps of the Quick Coherence ® Technique. Step one: Heart-Focused Breathing. Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart or chest area. Breathe a little slower and deeper than usual. Step two: Activate a Positive Feeling. Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life. Next, the participant selected positive leadership practices and positive practices to apply during the accountability exchange.

The emWave2® handheld device (see Figure 2) recorded the heart rate through the ear pulse (see Figure 3) and calculated the beat-to-beat changes in heart rate or heart rate variability (HRV) and measured psychophysiological coherence (Lemaire, Wallace,

Lewin, de Grood, & Schaefer, 2011; Institute of HeartMath, 2014). To review,

psychophysiological coherence is achieved when the body's mental, emotional,

biological, physiological, and cognitive systems are synchronized (McCraty & Childre

2010; McCraty, Atkinson, Lipsenthal, & Arguelles, 2009; Zohar, Cloninger, & McCraty,

2013).

Figure 2. emWave2® handheld device.
This device detects a pulse by placing a finger on the sensor button or connecting
the ear clip sensor. Reprinted from the emWave Software Tour 2014, Boulder
Creek, CA: Institute of HeartMath. Copyright © 2014 The HeartMath Institute.
Reprinted with permission.

Figure 3. emWave2® ear clip sensor.
Connect the ear clip sensor to the device and attach to one ear to record a session.
Reprinted from the emWave Software Tour 2014, Boulder Creek, CA: Institute of
HeartMath. Copyright © 2014 The HeartMath Institute. Reprinted with
permission.

The emWave2® can be used as a portable coherence-building device as

participants practice self-generating positive emotions by providing real-time feedback

about coherence levels or it can be connected to a computer so participants can display an

active session (see Figure 5) or download, review, and print session data (see Figure 6).

The emWave2® package included an emWave2® ear sensor, software CD with

emWave2® Practice Plan, and a USB charging/connector cable. The emWave2®

handheld device measures 85mm x 14mm in size, weights 2.2 ounces, uses in internal

rechargeable lithium ion battery. The device has a super-bright LED light bar and

display indicator, and includes a finger sensor and two-way finger-operated control

button.

Figure 4. emWave2® computer connection.
Connect emWave2® to the computer to charge the device, record a live session, or
download a previously recorded session. Reprinted from the emWave Software
Tour 2014, Boulder Creek, CA: Institute of HeartMath. Copyright © 2014 The
HeartMath Institute. Reprinted with permission.
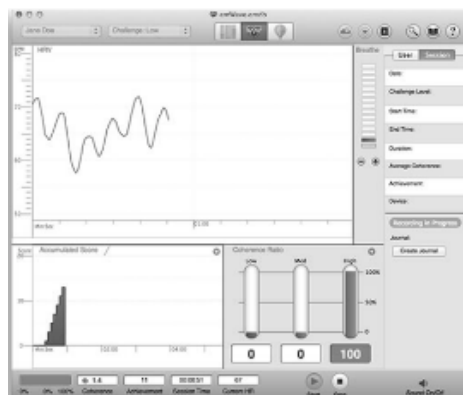
Figure 5. emWave2® session recording.
The top graph displays Heart Rate Variability (HRV). The bottom left displays the
Accumulated Coherence score during a session. The bottom right displays the
coherence ration, both as bars and as a percentage value. The top right summarizes
the date, time, duration, and average coherence score. Reprinted from the emWave
Software Tour 2014, Boulder Creek, CA: Institute of HeartMath. Copyright ©
2014 The HeartMath Institute. Reprinted with permission.
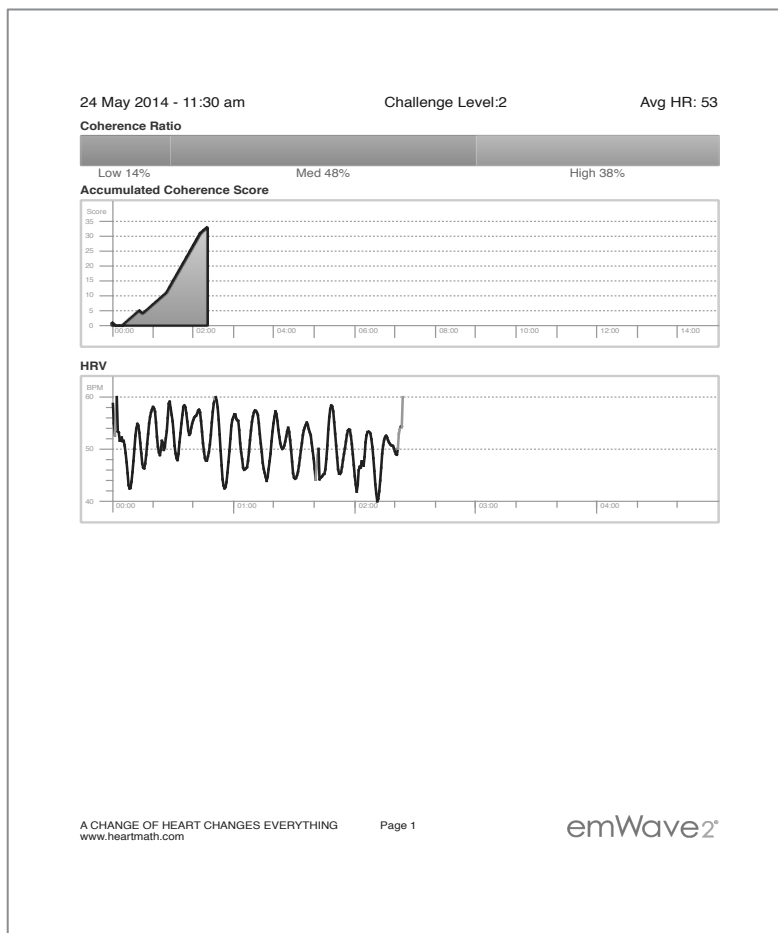
Figure 6. emWave2® printed report of a recorded session.
The report includes date, time, challenge level, and average heart rate and a
summary of the coherence ratio, accumulated coherence score, and HRV.
Reprinted from the emWave Software Tour 2014, Boulder Creek, CA: Institute of
HeartMath. Copyright © 2014 The HeartMath Institute. Reprinted with
permission.

Participants wrote a journal entry and saved a report of the emWave2® session

(see Figure 6) each day during the practical application period. The journal entry is

prompted by three questions. The questions were reflective in nature and designed to

draw out insights from the practical experiences (Janesick, 1999). The questions are: (a)

What insights did you learn about using positive practices and positive leadership to

increase accountability effectiveness? (b) What emotions did you experience? (c) How did the emotions affect the experience?

The practical application period concluded with a workshop designed to facilitate a group discussion prompted by the following five questions. (a) If I had followed each of you during the practice of PCA during your regular workday, what would I have seen you doing? (b) How did you feel when you used PCA to support the use of RCA? (c) What did others say or do when you used one or more elements of PCA? (d) What happened when you used one or more elements of PCA? (d) What would you like to see happen? At the end of the workshop, the participants submitted his or her journal entries from the accountability exchanges during the practical application period.

The semi-structured interview guide outlined the purpose and process for conducting the inquiry with each participant (see Appendix G). Articulating the purpose of the interview enabled the researcher to maintain focus and clarity while giving each participant an equal opportunity to provide data across the same research constructs (Patton, 2002). The limited time scheduled for each interview necessitated the design of a standard process and set of questions to draw out from each participant his or her thinking and rationale for decision-making and conclusions (Ayres, 2008). Seeking to understand the views of each participant required the researcher to maintain a level of sensitivity and self-awareness. During the interview process, the researcher encouraged each participant to articulate his or her precepts to contribute to the advancement of how PCA complements RCA to improve performance outcomes (Patton, 2002).

The information in table 2 lists the focus and type of open-ended questions that were used during the semi-structured interviews. The specific questions are listed in

Appendix A. Choosing a certain kind of question helped the researcher focus on what is being asked (Ayres, 2008; Patton, 2002).

Table 2

Types of Interview Questions

Question Focus	Interview Questions
• Knowledge	Question 1, 4
• Feeling	Question 2
• Opinion and Values	Question 3
• Experience and Behavior	Question 5

In keeping with the aim of this study, the questions were designed to increase understanding (comprehension, individual perception, and significance) about PCA as a complementary approach to RCA (Patton, 2002). The first question was designed gather information about each participant's insights and understanding about the practice of PCA. The second question inquired about the use of emotions to increase accountability effectiveness. The third question focused on identifying barriers to implementing PCA. The fourth question attempted to cast a wide net to gain insights into how each participant viewed the use of PCA and RCA. The fifth question was designed to learn about the participant's perceived contributions to the study. The sixth and final question asked about how the being involved in the study changed the participant. According to Patton (2002), these questions needed to focus on learning about the participant's knowledge gained during the data gathering sessions. Since emotions play a vital role in the practice of PCA, the second questions attempted to draw out information about the participant's feelings about PCA and RCA (Patton, 2002). Learning each participant's opinion and values as it related to the study purpose was an approach used with question three (Patton, 2002). The fifth question was important because aligns with the practical

nature of AR and AI by exploring the changes in experience and behavior (Koshy, 2008; Patton, 2002; Reed, 2007).

Data Collection, Processing, and Analysis

Data collection, processing, and analysis, supported by significant literature and feedback from the participants, took place throughout the spiraling phases of plan, act, observe, and reflect throughout the research project (Dick, 2006; Herr & Anderson, 2005). This iterative analysis and reporting brought focus throughout the data-gathering phase, an important concern for this researcher (Herr & Anderson, 2005; Patton, 2002). Data were analyzed at intervals and coordinated with data collection for two reasons. First, as is the practice with AR studies, collecting and analyzing data throughout the study provided support for design changes as they emerge (Dick, 2010). The changes led the researcher to modify the design slightly by continuing the Discovery discussions to the Dream workshop (Adams & McNicholas, 2007; Day, Sammons, & Gu, 2008; Egan & Lancaster, 2005; Karakas, 2009; Nakamori, Wierzbicki, & Zhu, 2011). Second, the anticipated volume of data would have been unmanageable if left for analysis after gathering all data (Spencer, Ritchie, Ormston, O'Connor, & Barnard, 2014). This approach was an ideal fit for the exploration of PCA as a complementary approach to RCA because it allowed for a progressive exploration of the variability, uncertainty, and interdependencies of accountability practices (Adams & McNicholas, 2007; Frink et al., 2008; Laird, Perryman, Hochwarter, Ferris, & Zinko, 2009).

The research followed a holistic approach to explicate data harvested during and at the conclusion of the AR sessions. This approach supported the intention to learn practical insights from the study (Dick, 2006; Stephens, Barton, & Haslett, 2009). Data

collection included the following three primary techniques, (1) workshop notes, (2) participant journal entries, and (3) semi-structured interviews (Shank, 2006). Participants responded to questions and prompts during group discussions (Appendices D and F), the semi-structured interview (Appendix G), and journaling activities (Appendix N).

Participants engaged in dialogue and conversations during the Discovery, Dream, and the practical application workshops and the researcher collected data following the instructions in the researcher guide (Appendices D, E, and F). The participants used the AI interview worksheets (Appendix L) for note taking. During the AI sessions and practical application period, participants wrote journal entries after each accountability exchange. The participants each used the emWave2® to record his or her psychophysiological coherence state while self-generating positive emotions and used the coherence report to describe his or her emotional state during the accountability exchange. The semi-structured interviews were digitally recorded, with permission of the participants.

To provide answers to the research questions, the first step was to transcribe, organize, and prepare the fieldnotes, group discussion, participant journal entries, and semi-structured interview transcripts for analysis (Patton, 2002; Stringer, 2007). Next, following an emic and in vivo coding process, transcripts of the raw fieldnotes and verbatim transcripts of the workshop notes, participant journal entries, and digitally-recorded interview responses were analyzed for key phrases, quotes, patterns, and themes (Benaquisto, 2008; Patton, 2002; Stringer, 2007). The third step was to analyze the data deductively using the PCA framework for coding categories (Patton, 2002; Stringer, 2007). See Tables, 3, 4, and 5 for a list of positive practices, positive leadership, and

positive emotions for the PCA framework for coding categories. The detailed participant

handouts for positive practices (see Appendix I), positive leadership (see Appendix J),

and positive emotions (see Appendix K) were used to aid in the coding process. Framing

the data through the purpose of the study and the primary research questions supported

the need to go beyond a description summation (Patton, 2002). Finally, the data was

analyzed to identify the themes representing the viewpoints and understanding of the

participants about how PCA complements RCA following the BDA framework for

accountability exchanges (Brown, 2004).

Table 3

PCA Framework (Positive Practices)

Positive Practices			
Virtuous Organization	**Empowering Employees**	**Interpersonal Relationships**	**Individual Potential**
• Caring • Compassionate support • Forgiveness • Inspiration • Meaning • Respect, gratitude, & integrity	• Delegation of authority • Accountability for outcomes • Self-directed decision-making • Information sharing • Skill development • Coaching for improvement	• Team player • Reliability • Self-directedness • Commitment to work • Mutual understanding • Learning and development • Friendly attitude • Ability to influence	• Hope • Efficacy • Resiliency • Optimism • Health • Wisdom and knowledge • Courage • Humanity • Justice • Temperance • Transcendence

Note: The framework was used as coding categories for the deductive analysis.

Table 4

PCA Framework (Positive Leadership)

Positive Leadership	
Transformational Leadership	**Servant Leadership**
• Idealized influence	• Emotional healing
• Inspirational motivation	• Create value for the community
• Intellectual stimulation	• Conceptual skills
• Idealized consideration	• Resources to develop and empower
Authentic Leadership	• Putting subordinates first
• Foster greater self-awareness	• Behaving ethically
• Internalized moral perspective	• Helping subordinates grow and succeed
• Balanced processing of information	**Ethical Leadership**
• Relationship development and transparency	• People orientation
	• Fairness
	• Power sharing
	• Ethical guidance
	• Role clarification
	• Integrity

Note: The framework was used as coding categories for the deductive analysis.

Table 5

PCA Framework (Positive Emotions)

Positive Emotions	
• Pleased	• Accepting
• Joyful	• Agreeable
• Enthusiastic	• Cheerful
• Elated	• Receptive
• Eager	• Affectionate
• Adventurous	• Loving
• Playful	• Caring
• Inquisitive	• Appreciation
• Curious	• Compassionate
• Expectant	• Passionate

Note: The framework was used as coding categories for the deductive analysis.

With the anticipated quantity and complexity of data being gathered throughout

the AR cycles, it was essential to have a computer-based tool to assist with the analysis

(Patton, 2002). The computer-assisted qualitative data management and analysis

program included mechanisms to manage documents, memos, codes, code catalogue, and relationships (Maietta, 2008). Tools to create queries to retrieve data, create associations between concepts, search text, and create visual diagrams helped facilitate the analysis process (Lewins & Silver, 2007).

Producing a high quality, qualitative that holds up to rigorous standards influenced the analysis process. In qualitative research, trustworthiness, credibility, transferability, dependability, and confirmability are substituted for quantitative research standards of validity, reliability, and objectivity (Patton, 2002). To ensure the quality of this study and to achieve increased understanding about PCA as a complementary approach to RCA, the researcher triangulated the data and developed a comprehensive description. First, the researcher used multiple data sources in the form of verbatim transcripts of interviews, workshop notes, and participant journal entries to gain a more complete picture from multiple perspectives (Rothbauer, 2008; Patton, 2002). Second, the design of the research called for participants and the researcher to collaborate as co-researchers to develop meaning and make sense about PCA as a complementary approach to RCA. A rich thick descriptions was used for the analysis of the collected data (Gergen & Gergen, 2008; Maxwell & Mittapalli, 2008; Patton, 2002).

The researcher fulfilled multiple roles throughout the complex AR steps, including trainer, facilitator, and observer. For this reason, the researcher maintained a research journal to record research decisions, observations, and reflections about personal thoughts, feelings, emotions, and experiences throughout the action research (Herr & Anderson, 2005). During the AI workshops, the researcher will fulfill several roles. First, the researcher set the tone for the anticipated work by using questions to create an

atmosphere of energy, focus, and anticipation. The primary role was to serve as a facilitator and ask questions, prompt discussions, and capture information on flip chart paper and/or in a notebook (Adam, 2010). It was important to use questions to elicit responses about experience, behaviors, values, and feelings to explore different perspectives, perceptions, and attitudes (Patton, 2002). Another role of the researcher was to participate in the discussions and experiences to gain personal insights (Patton, 2002). As needed, the researcher contributed to the discussions to share insights from the literature. Following each workshop, the researcher documented and transcribed the notes and flip chart page information (Stringer, 2007).

Assumptions

This qualitative action research was based on various assumptions. One assumption is that healthcare leaders face unrelenting demands that hinder their ability to enact and sustain effective accountability practices (O'Connor, Kotze, & Wright, 2011). Another assumption is that healthcare leaders who are in a negative emotional state demonstrate ineffective behaviors that impact employee performance (Collins, Block, Arnold, & Christakis, 2009) and increases the likelihood of psychological strain in the form of emotional exhaustion (Boyatzis, Smith, Van Oosten, & Woolford, 2013). A further assumption is that emotional exhaustion leads to diminished performance and is linked to subordinate's reactions, diminished capacity, and avoiding interactions with his or her leader as a way of coping with the negativity (Whitman, Halbesleben, & Holmes, 2012). It is assumed that accountability effectiveness diminishes because of communication breakdowns, an increase in errors, and missed learning opportunities. The participants were interested in the topic and they willingly and genuinely participated

in the study. They provided honest answers and did their best to learn and use the techniques taught during the study. Following the assumption that a phenomenological worldview best supports an action research approach, the use of appreciative inquiry helped to achieve the desired results by learning through the experiences and ideas of the participants about what is possible with PCA (Patton, 2002; Koshy, 2010; Watson & Cooperrider, 2006).

Limitations

The following limitations were considered for this study. First, the purpose of the study was not for generalization to other situations but focused on the practical application of accountability in the healthcare setting. Participants acted as co-researchers to explore accountability practices during iterative discussions and apply the concepts of PCA to usual accountability exchanges during work situations. This limitation was addressed by considering common accountability situations found in healthcare. Second, the study was limited to the location specified and may be threatened by cultural biases. Drawing from a wide range of past studies on accountability and positivity to develop provocative questions helped participants test their assumptions throughout the AR discussions and practical application experiences. Third, the population of leaders participating is small, nine leaders (Stringer, 2007). The use of the snowball technique to identify additional leaders was not needed because enough leaders volunteered to participate in the study (Patton, 2002). Fourth, limitations unique to AR were related to the participants' interpretation, knowledge, and understanding of the problem (Levin, 2012; Reed, 2007; Stringer, 2007). The questions used for group discussions, participant journals, and semi-structured interviews mitigated researcher

biases in soliciting information from the participants. Data collected during groups

discussions was documented on flipchart paper and then discussed, clarified, and

modified to ensure the information reflected accurately the input, ideas, and sentiments of

the participants. Data collected during the semi-structured was digitally recorded and

transcribed to capture and interpret the words accurately.

In this AR study, it was important to include other perspectives and positions, as

long as each participant was honest and reflective about his or her views (Anderson,

2005). A fifth potential limitation was the fact that the researcher was employed

previously at this organization. The previous relationship between leaders and researcher

could have affected how participants engaged in the discussions and responded to the

interview questions. The researcher recognized this limitation and shared the specifics of

the research design to ensure that the participants understood the purpose and usefulness

of the research (Anderson, 2005; Snoeren, Niessen, & Abma, 2011). Finally, the

researcher's view and justification in AR threatened the validity from a critical

perspective because of the subjectivity of the data being gathered, intimate nature of

sharing stories about personal experiences, and potential to hold own beliefs as being

factual because of the significant time spent reviewing literature on accountability

(Patton, 2002; Snoeren, Niessen, & Abma, 2011).

Delimitations

This qualitative AR study was delimited by choosing one of twelve hospitals from

the health system where this research was conducted with nine leaders. The hospital was

chosen because it is the largest hospital in the system and is geographically convenient

for the researcher to conduct the study. The study was delimited by the timeframe of

three weeks for the action research cycles to accommodate the needs of the participants to continue to fulfill their job responsibilities (Stringer, 2007). The participants managed their schedules on a month-to-month basis and needed to adjust their work schedules to participate in the study.

Ethical Assurances

Given the collaborative and cooperative nature of AR, special ethical consideration was given to ensure participants knew what would occur during the study. To ensure sensitivity to issues of control and power to shape the collaborative partnership, participants had input into design changes and control over the output of data from the workshops and practical application period (Brydon-Miller & Greenwood, 2006; Given, 2008). In addition, three safeguards were used to protect the rights of the participants and included the use of an informed consent protecting participants from harm, and protecting confidentiality (see Appendix O) (Bloomberg & Vople, 2008).

All data collection procedures and planned reporting of findings was reviewed to ensure that the hospital, executive leadership team, and leaders selected as participants were protected from social, emotional, economic, or legal harm. The research plan was be submitted to the Institutional Review Board (IRB) of Northcentral University and the IRB of the medical center and reviewed for any potential harm to those subject to the study. Data collected for this study was not collected until approved by each IRB. All necessary and reasonable steps were taken to ensure the privacy of the sample selected. The names of all participants remained confidential. Finally, the researcher maintained ethical honesty throughout all stages of the study.

Summary

This AR study followed the qualitative method and focused on understanding PCA as a complementary approach to RCA to improve performance outcomes involving healthcare leaders. The objective of the study was to identify and describe socially constructed behaviors and beliefs of leaders that emerged as positive practices, leadership, and emotions dominated throughout PCA exchanges as compared to RCA exchange where negative practices, leadership, and emotions prevailed. While seeking to understand, the meaning and hindrances experienced by the participants and making connections to the concepts and essential structures of the PCA necessitated researcher entry into the field of practice (French, 2009; Zuber-Skerritt & Perry, 2002). Collaborating with leaders to gain insights into the effect of PCA positive practices, leadership, and emotions supported a curious and appreciative approach to the inquiry process for the researcher and participants as co-researchers (Patton, 2002; Rudestam & Newton, 2007; Schram, 2006).

Qualitative AR allowed the researcher and participants to collaborate as co-researchers to answer the questions posed by the researcher (Koshy, Koshy, & Waterman, 2010; Zuber-Skerritt & Perry, 2002). The purpose of this qualitative AR study was to explore a PCA as a complementary approach to RCA at a large medical center in a Midwestern city. Action research influenced by AI was the best fit for the practical exploration of positive practices, leadership, and emotions. As expected, the AR process was not clear-cut and required researcher agility to devise an effective process to facilitate generative discussions and learning (Koshy, Koshy, & Waterman, 2005; Martí & Villasante, 2009; Reed, 2007).

Three AR cycles took take place over the course of three weeks. Cycles 1 and 3 are structured sessions and cycle 2 includes self-directed practice and a structured group discussion. The study included the following six workshops: (a) orientation, (b) Discovery, (c) Dream, (d) practical application, (e) Design, and (f) Destiny. Additionally, the study included a four-day practical application period. Participants applied PCA to accountability exchanges during the course of their work. Finally, the last research activity was a series of one-on-one semi-structured interview. Questions were used to gather data from group discussions, participant journal entries, and semi-structured interviews. The information in chapter three delineated the steps the study followed to collect, measure, and analyze the constructs in a manner that establishes credibility, dependability, and integrity. Finally, the researcher triangulated the interviews, group discussions, and participant journals to develop a rich description of the participants' comprehension, perceptions, and ideas for using PCA as a complementary approach to RCA.

Chapter 4: Findings

The purpose of the qualitative action research study was to explore a person-centered accountability (PCA) model as a complementary approach to regulatory-centered accountability (RCA). Person-centered accountability includes the use of positive leadership, positive practices, and positive emotions to improve performance outcomes. Regulatory-centered accountability uses rule-based outcome and process accountability. Nine healthcare leaders from a large medical center located in a Midwestern city participated in the study. This study focused on the experiences of individuals who lead clinical or nonclinical departments in a hospital setting.

A series of workshops, practice, and journal writing were used to increase understanding and gain insights into how PCA complements RCA to improve performance outcomes. Additionally, the exploration served to increase awareness of the barriers that prevent leaders and employees from being accountable and of the strengths of leaders and employees who are accountable. The participants attended six workshops and wrote journal entries throughout the study. Additionally, each participant was interviewed and audio recorded by the researcher on the last day of the study. The data was triangulated using the following: interviews, participant journals, and workshop-based discussions. An inductive and deductive reasoning approach was followed to answer the questions listed below.

Q1: How do participants perceive the role of person-centered accountability as a complementary approach to regulatory-centered accountability?

Q2: What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive practices and increase accountability effectiveness?

Q3: What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive leadership practices and increase accountability effectiveness?

Q4: What insights can participants, who are not in a sustained positive emotional state, provide about efforts to apply positive practices and increase accountability effectiveness?

Q5: What insights can participants, who are not in a sustained positive emotional state, provide about efforts to apply positive leadership practices and increase accountability effectiveness?

Q6: How do the participants in this AR study perceive their contribution to advancing the practice of PCA as a complementary approach to RCA?

Before collecting data, approval from the Institutional Review Board (IRB) was sought from both Northcentral University (NCU) and the medical center. Once permission was granted from the medical center and NCU, potential participants were invited to participate in the study. First, an email invitation was sent to 162 medical center leaders via the medical center's email system (see Appendix N). Then, during the following week, the researcher conducted an informational meeting at the medical center to explain the specific data collection procedures and commitment to participate in the study for potential participants. Next, the interested participants completed and submitted a pre-screening questionnaire (see Appendix P). Finally, participants received

an orientation workshop information sheet and schedule (see Appendix B). Nine leaders

declared their desire to participate in the study.

A purposeful sampling was used in this study because one goal of the study was

to gather data from new and experienced leaders representing both clinical and

nonclinical areas of the hospital. The nine participants included six females and 3 males.

The first female was a nonclinical leader with 6-10 years of leadership experience and 6-

25 direct reports. The second female was clinical leader with 10+ years of leadership

experience and 1-5 direct reports. The third female was clinical leader with 6-10 years of

leadership experience and 6-25 direct reports. The fourth female was a clinical leader

with 6-10 years of leadership experience and 25+ direct reports. The fifth female was

nonclinical leader with 0.5-5 years of leadership experience and 6-25 direct reports. The

sixth female was a clinical leader with 0.5-5 years of leadership experience and 25+

direct reports. The first male was a nonclinical leader with 10+ years of leadership

experience and 1-5 direct reports. The second male was clinical leader with 10+ years

leadership experience and 25+ direct reports. The third male was a clinical leader with

0.5-5 years of leadership experience and 25+ direct reports. This selection met sample

quota (see Table 1 in chapter 3).

Six workshops, 4 days of practical application, participant journal entries, and

one-to-one semi-structured interviews were conducted to substantiate the validity and

reliability of data gathered through triangulation throughout the study (Rothbauer, 2008).

All workshops were conducted in a medical center conference room. The first workshop

included an orientation to the study and distribution of the participant handouts (see

Appendices I, J, K, and L), copies of the participant journal (see Appendix M) and an

emWave2® device. Workshops 2, 3, 5, and 6 involved facilitated discussions using Appreciative Inquiry (AI) to explore the use of positive emotions, positive leadership, and positive practices to improve accountability and performance outcomes. Workshop 4 involved a facilitated discussion about the practical experiences of the participants over the designated 4-day period. The participants completed journal entries at the conclusion of each workshop and each day of practical application. The six questions used for the semi-structured interviews were used to learn about the participant's experience, insights, concerns, and recommendations.

Results

Being accountable and holding others accountable are complex processes influenced by beliefs, values, norms, rules, enforcement, and outcomes and is heightened by the person-focused perspective. Viewing accountability through a problem-solving lens is comparatively different from seeing through a possibility lens. This approach means that the individual experiences will involve mind-changing challenges that reveal new insights about accountability. During the three weeks of the study, participants encountered opportunities to examine PCA and RCA in theory and practice through discussions, and practice applying PCA in the course of normal work hours. It was important to consider the collective experiences of the participants over the course of the study in search of common patterns.

This qualitative action research study involved the analysis of field notes, participant journal entries, and interview audio-recordings. Field notes were documented during the workshops. The first workshop introduced participants to the action research study, reviewed expectations, and provided instructions on the use of the emWave2®

device (see Appendix C). Four workshops followed the 4-D cycles of appreciative

inquiry, discovery, dream, design, and destiny (see Appendix D). These workshops

included dyad, triad, and group discussions focused on the strengths of PCA and RCA.

Participants engaged in four days of practice using PCA during accountability exchanges

at work. At the conclusion of the practical application period, a workshop was held to

discuss the experiences (see Appendix F). The Participant journal entries were collected

after each workshop and at the conclusion of the practical application period (see

Appendix M). Participants shared many insights and responded with a variety of answers

to questions during the AI workshops, practical application period and workshop, and the

one-to-one semi-structured interviews. At the start and conclusion of each workshop and

throughout the practical application period, the participants performed the two-step Quick

Coherence ® Technique to get into a positive emotional state. These are the two steps

for the Quick Coherence ® Technique: Step one: Heart-Focused Breathing. Focus your

attention in the area of the heart. Imagine your breath is flowing in and out of your heart

or chest area. Breathe a little slower and deeper than usual. Step two: Activate a Positive

Feeling. Make a sincere attempt to experience a regenerative feeling such as appreciation

or care for someone or something in your life. Doing the Quick Coherence ® Technique

while using the emWave2® device for feedback helped to increase each participant's

emotional awareness and level of psychophysiological coherence.

Individual interviews were conducted and focused on learning about the insights,

feelings, risks, and contributions of studying and practicing PCA (see Appendix G). The

researcher transcribed all audio recordings, field notes, and participant journal entries.

Transcripts were named, organized, and stored as primary documents based on the source

and date. The qualitative data analysis software ATLAS.ti version one for Mac was used to organize all primary documents and complete the coding process of all data.

Significant and relevant quotations were extrapolated from the workshop and interview notes, participant journal entries, and audio-recordings (Friese, 2012; Maietta, 2014). The quotations were then analyzed further to explore the different perspectives expressed by the participants and determine the use of positive leadership, positive practices, and positive emotions. Next, using inductive reasoning, the researcher used emic analysis to identify behaviors and beliefs that are meaningful to the participants in the culture of the medical center and in vivo analysis to code ideas expressed by the participants. The inductive analysis led to the identification of new codes.

Additional analysis of the language data was conducted to determine the frequency of occurrences and interdependencies of the deductive codes within each primary document group to identify themes positive leadership, positive practices, and positive emotions. The primary documents included workshop notes, participant journal entries, and interview transcripts. Next, the master code list of both deductive and inductive codes was reviewed and revised to edit, merge, and purge extraneous and redundant entries. This form of data reduction was necessary to manage data into components (Benaquisto, 200b). The results are described using the primary documents from the AI workshops, practical application period and workshop, and interviews. The themes emerged and became clearer at different times during the study and influenced subsequent discussions because of the cyclical process the AR study. This was important because of the dynamic and collaborative nature of action research (Anderson, 2005). The first question guided the discovery of insights related to the first theme about the

holistic and interdependent nature of PCA and RCA. This theme laid the foundation for

three additional themes. Research questions 2-5 were developed to reveal participant

insights and understanding of PCA and RCA based on personal experiences and group

discussions. The results presented for these research questions are organized according

to three themes, they are: (a) create an organizational reset to change attitudes about

accountability, (b) build leadership capacity to use PCA to improve accountability

exchanges, and (c) invest in employees to advance the practice of PCA and RCA.

Research question six was developed to capture the participant's contributions to

advancing the practice of PCA and RCA. The results for this research question,

organized by participant, provide support for themes 2-4. The research questions are

restated along with the results related to each question.

Together, four grand themes, supported by twelve sub-themes, emerged from the

data (see Table 6). All participants agreed on the first theme about the holistic and

interdependent nature of PCA and RCA. The data seem to indicate the need to use both

PCA and RCA together rather than separately to increase the effectiveness of

accountability exchanges. A significant finding by the participants was an increased

understanding in the difference between a positive emotional state and a positive attitude.

Participants reported improved performance when they shifted from just thinking

positively to the experience of being in a positive emotional state. Participants agreed

that the use of positive leadership, positive practices, and positive emotions improved the

quality of accountability exchanges. Participants acknowledged the value and

importance of RCA, including following rules and complying with prescribed standards

and regulations to improve accountability effectiveness. The participants identified three

sub-themes to explain their holistic view, the themes are: (a) balance expectations and

enforcement with inspiration and courage, (b) expect personal and shared accountability,

and (c) use a BDA framework, as described in chapter 2, for accountability exchanges.

Discussions about the holistic nature of PCA and RCA led the participants to examine

and associate the remaining three themes with the holistic perspective.

Table 6

Themes and sub-themes for PCA as a complementary approach to RCA

Themes	Sub-themes
The holistic and interdependent nature of PCA and RCA	• Balance expectations and enforcement with inspiration and courage • Expect personal and shared accountability • Use a BDA framework for accountability exchanges
Create an organizational reset to change beliefs about accountability	• Develop organizational practices for PCA • Create a contagion of positivity • Increase coherence, resiliency, and well-being
Build leadership capacity to use PCA to improve accountability exchanges	• Provide leadership development opportunities • Provide environmental support for leaders • Expect leaders to serve as role models
Invest in employees to advance the practice of PCA and RCA	• Create a productive work environment • Engage employees • Provide learning and development programs for employees

The second theme revealed the need to find ways to create an organizational reset

to change beliefs about accountability by adopting practices that emphasize a positive

instead of negative approach to accountability. The three ideas that supported the

organizational reset were: (a) develop organizational practices for PCA, (b) create a

contagion of positivity, and (c) increase coherence, resiliency, and well-being. The

theme was about building leadership capacity to use PCA to improve accountability

exchanges. Three sub-themes that supported this theme were: (a) provide leadership

development, (b) provide environmental support for leaders, and expect leaders to serve as role models. The fourth theme brought out the idea of investing in employees to increase the use of PCA and RCA, the three supporting sub-themes were: (a) create a productive work environment for PCA and RCA, (b) engage employees, and (c) provide learning and development programs for employees.

RQ1: How do participants perceive the role of person-centered accountability as a complementary approach to regulatory-centered accountability?

Analysis of the data revealed that all participants first perceived the holistic and interdependent nature of PCA and RCA during the Dream workshop visioning process and then expanded on the concept during subsequent discussions, journal entries, and interviews. Participants recognized the need to balance enforcement of standards and rules with inspiring employees and co-workers to take ownership for achieving results. Three participants suggested that both personal and shared accountability was necessary. Finally, all participants described the different ways they created experiences for both PCA and RCA before, during, and after accountability exchanges. These data seem to indicate that the holistic and interdependent nature of PCA and RCA crosses over with the remaining three themes: (a) create an organizational reset to change beliefs about accountability, (b) build leadership capacity to use PCA to improve accountability exchanges, and (c) invest in employees to advance the practice of PCA and RCA.

The holistic and interdependent nature of PCA and RCA. The participants recognized that neither PCA nor RCA exists in isolation as they continued to explore the differences of each approach to accountability. Throughout the study, the participants discussed the interdependency of creating experiences for using PCA and RCA.

Participant 1004 described this holistic perspective while recalling his past accountability successes when he said, "My perfect picture of accountability is similar to a painting of a tree the root system supporting and nourishing staff members and other departments." Another participant added, "At the same time, you have to set clear expectations around what is acceptable and what is not acceptable. Create structure to eliminate lack of clarity or confusion."

The idea of viewing PCA and RCA in a holistic and interdependent manner first emerged during the Dream workshop. Working in groups of three, the participants devised one model per group to convey their vision about using PCA as a complementary approach to RCA to improve outcomes (See Figure 7). Participant 1002 described the vision developed by the first group by saying, "RCA as the elements that are constant, consistent, and reliable side of accountability and PCA enables us to deal with and use RCA effectively." The second group depicted the relationship between RCA and PCA as a DNA helix. As participant 1003 described the diagram, she said, "RCA is the foundation and PCA goes along the pathways that lead to collaboration, love, cooperation, shared efforts, and ultimately outcomes." The third group created a word cloud and identified attributes that are important to using RCA and PCA effectively. In summarizing the word cloud, a participant said, "We depicted a future vision that emphasizes people intermingling, talking, working together positively by sharing stories, learning, and growing." Each vision helped to set the foundation for the three remaining themes: (a) create an organizational reset to change beliefs about accountability, (b) build leadership capacity to use PCA to improve accountability exchanges, and (c) invest in employees. Participant 1001 said, "I think my biggest insight and understanding is that

we put so much emphasis on numbers, metrics, and I think, sometimes as leaders, we can

do better by working with an employee as a whole person, leading by example, and

taking a positive approach to accountability."

Elements of RCA and PCA	DNA Helix	Word Cloud
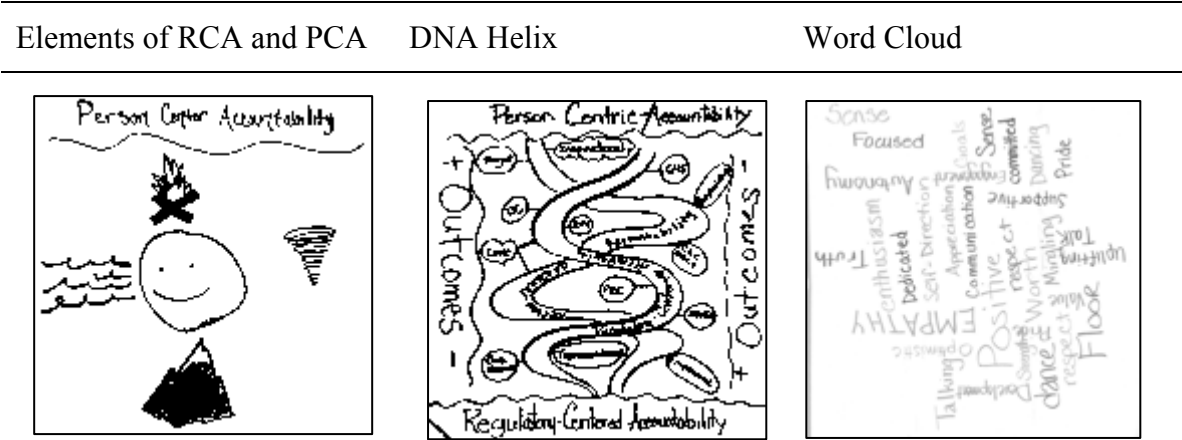
Figure 7. Vision of RCA and PCA.
Each diagram, developed by a group of three participants during the Dream workshop,
represents the vision of the holistic and interdependent nature of PCA and RCA.

Exploration of the holistic and interdependent nature of PCA and RCA continued

during the Destiny workshop. The purpose of the Destiny workshop was to determine

what the future might be like if PCA is used as complementary approach to RCA by

writing statements describing the possible change the participants envision. In AI, these

statements are called possibility statements. The participants gathered in three small

groups of three and each group developed possibility statements to represent their vision

of PCA and RCA (see Figure 8).

Ownership	Future of PCA	Nurture and Change
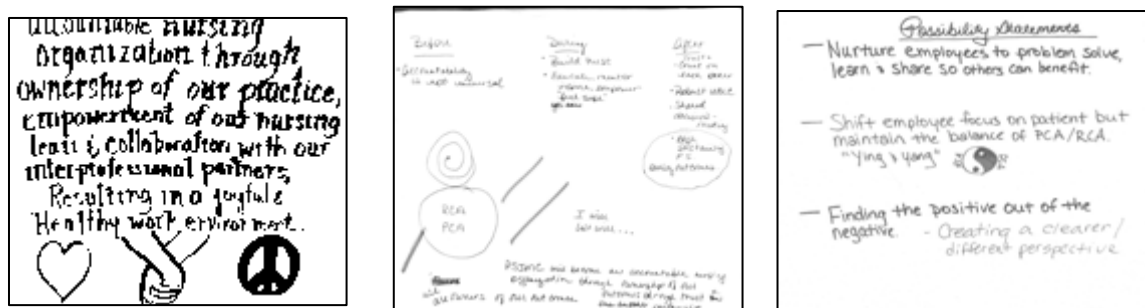
Figure 8. Possibility Statements.
Each diagram, developed by a group of three participants during the Destiny workshop, summarizes a possibility statement about using PCA and RCA to achieve performance outcomes.

The first group developed a possibility statement that emphasized the connection between RCA and PCA and wrote, "[The Medical Center] will be an accountable organization through ownership of our practice, empowerment of our employees, and interdisciplinary collaboration resulting in a joyful and healthy work environment." The benefits of adopting an ownership perspective were discussed following the earlier AI interviews when Participant 1002 recalled, "I let them [employees] identify solutions to their problems that gave them ownership of that solution then they were able to share that information. Gave them ownership and made it work because I didn't give them the answer." Participants recognized the benefit of using positive practices such as idealized influence, inspirational motivation, and empowering employees to take ownership of rules and standards of RCA. While discussing ways to adopt this holistic approach to accountability, Participant 1003 said, "We need to remind our employees that they are each accountable for living the mission, their job, their calling, and to serve all of humanity."

The second group explored the future of PCA and RCA in terms of the current state condition related to accountability practices, what it would be like during the transition to a holistic and integrated approach, and after the introduction to develop their

possibility statement. A member of the group explained, "Before the introduction of PCA, accountability is not universal. During the transition period, there would be efforts to build trust and provide education and mentoring in a way that helps employees feel safe." Developing employees through education and mentoring is part of servant leadership. The group members discussed what could happen after members of the organization adopted the holistic approach to accountability and suggested that an increase in the use of PCA and RCA would help build trust between employees. An increase in trust might lead employees to feel they could share accountability and "…count on each other" and continue to "…use shared decision-making" to accomplish work and "…positive quality outcomes." The positive practices from virtuous organization focused on respect, integrity, and gratitude along with holding employees accountable for outcomes appeared to promote the use of PCA and RCA.

The third group emphasized three ideas about using PCA with RCA to increase shared responsibility to support the concept of ownership of the whole patient experience in their possibility statement. This is important for increasing personal and shared accountability. Idealized influence, a positive leadership practice, appears to be related to encouraging employees to consider their actions in relationship to delivering consistent quality experiences to patients. The group members first identified the importance of nurturing and empowering employees to work together to solve problems, learn from one another, and share insights so others can benefit. Next, the group members described the importance keeping a balance between PCA and RCA as "the yin and yang of accountability." One participant cautioned the others about thinking of PCA and RCA as a perfect balance by saying, "It is important to recognize the PCA and RCA are not an

equal 50-50 split. It is not the same; however, you cannot have one without the other."

In response to this statement, the group members added the following comment, "Finding

a clearer or different perspective to find the positive out of negatives and change

perspectives and then you can change outcomes."

Understanding why PCA is needed to supplement RCA was explained by

Participant 1002 when he said, "PCA has to drive RCA. PCA is a tool to help you better

handle RCA." He also made this point, "Understanding what's behind the RCA - what

led us to this rule and what are we gaining. The PCA was behind or the lack of complete

PCA led to the RCA." Participant 1007 used the perspective of the patient to describe the

holistic nature of PCA and RCA by saying, "I think it should be opposite PCA with a

complementary approach to RCA. In healthcare today, patients have choices. They do

not have to come to us. How do we make them want to choose us?" Regulatory-centered

accountability uses recognition and rewards to communicate about a healthcare

organization's performance. Participant 1007 said, "What does all the prestigious awards

and trophies mean to a patient? They aren't tangible. They know how they feel while

they are here receiving treatment." Rules and regulations are necessary to set standards

to provide excellent quality; however, as Participant 1007 asked "…if we were focused

on PCA, wouldn't everyone be providing the best care possible to our patients?"

Participants described the need to adopt the BDA framework to support a holistic

approach to accountability. They discussed what they would have to do to bring about

the envisioned change by balancing the use of enforcement with inspiration. Several

participants said it worth the time and effort it takes to identify positive practices to

enhance the use of PCA and RCA. One participant said, "It is important to set clear

expectations around what is acceptable and what is not acceptable and to create structure to eliminate lack of clarity or confusion." Another participant focused on learning after an accountability exchange, "It may take more time to learn where we had a great outcome, what made such a great outcome, and how can we repeat that." Using the BDA framework for accountability exchanges may support an organizational reset.

The participants connected their understanding of the holistic nature of PCA and RCA to the theme: create an organizational reset to change beliefs about accountability. Participant 1005 said, "I find it difficult to get the mindset or organizational reset started. Every situation you have to look at from a different angle. What can I do in this situation differently for different outcomes?" While discussing the holistic nature, Participant 1002 brought up the idea of creating an organizational reset when he said, "This is an organizational reset by focusing on personal encounters, patients, going the extra mile with RCA (productivity, collections) in mind, but complementing, not regulating." Participant 1008 said, "I think PCA and RCA go hand and hand. You have to have the commitment, be courageous, and hold people accountable." Participant 1002 clarified the importance of balancing both approaches by saying, "You have to have RCA to understand PCA because RCA gives PCA context."

The idea of adopting the holistic and interdependent nature of PCA and RCA provided a basis for the participants to connect the positive practices, positive leadership, and positive emotions of PCA with the concrete and tangible practices of rules, standards, enforcement, and rewards. Participants supported and clarified the meaning of a holistic perspective throughout the study activities. The participants' insights revealed the following sub-themes: (a) balance expectations and enforcement with inspiration and

courage, (b) expect personal and shared accountability, and (c) use a BDA framework for accountability exchanges. These discussions helped to lay the foundation for the remaining three themes.

RQ2: What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive practices and increase accountability effectiveness?

RQ3: What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive leadership practices and increase accountability effectiveness?

Analysis of the data for these two research questions revealed that all participants gained insights into positive practices and positive leadership when in a positive emotional state. These insights indicate that being able to sustain a positive emotional statement is valuable in dealing with the stressors related to accountability and improves the ability to apply PCA practices while conducting accountability exchanges. The results of the workshop discussions, participant journal entries, and interviews are related to three themes: (a) create an organizational reset to change beliefs about accountability, (b) build leadership capacity to use PCA to improve accountability exchanges, and (c) invest in employees to advance the use of PCA and RCA.

Create an organizational reset to change beliefs about accountability. Creating an organizational reset depends on the individual and collective ability to attain and sustain positive emotional states. Changing the way the organizational members approach accountability by using positive emotional states appears to be valuable in influencing the decisions and actions of others. Participant 1008 said, "Your view or

point may be much easier received when in a positive emotional state. When I am positive, I am simultaneously calm and this calmness can be spread to others, especially when a situation is stressful to the other person." Another participant described how he shifted from negative to positive emotions while being challenged by a group of executive leaders during a presentation. "When challenged by one of the executives, I felt the stress, took a deep breath, and maintained my calm." Participant 1007 summarized the impact of positive emotions by saying, "It is easier to increase my focus on the issue at hand instead of thinking about the next task or problem." Participant 1002 explained the value of shifting from negative and sustaining positive emotional states when he said, "The organizational reset will allow PCA to be really more effective." Participant comments revealed the importance of changing current organizational practices to de-emphasize the negativity often associated with RCA and focus on the positivity associated with PCA.

Leaders need to be ready for accountability exchanges at any time by practicing heart rhythm coherence training techniques to sustain positive emotional states. High coherence is important to overcome the negativity and improve the quality of accountability exchanges. Participant 1004 wrote, "It think it is crucial if I know I am in a negative emotional state is to step back, analyze, and focus on the positives." As each participant learned, creating and sustaining a positive emotional state takes practice. Participant 1006 wrote in her journal, "Creating a positive emotional state requires a lot of focus. Deep breathing seems to help on focusing on my heart center snaps me back into high coherence." The decision to approach or avoid an accountability exchange depends on the leader's ability to shift into a positive emotional state. This perspective is

reinforced by Participant 1007 when he said, "It was hard at first to speak with her because I was upset, so I guess my emotions made me want to avoid, but holding myself accountable, I had to engage."

Participants shared insights about using positive emotions for in different accountability circumstances. Participant 1005 said, "Over the course of the last few weeks, the positive emotions helped me to learn by preparing for the accountability exchanges, getting focused and knowing what I wanted to say and accomplish." Participant 1002 gave some thought to the challenges of deciding what to do in different situations and said, "There are different types of accountability exchanges; I recognize there are times when accountability will happen on the fly. For instance, walking down the hall, I might observe something where I need to hold another person accountable or maybe it is a situation where I am not being accountable." Another participant added, "Yes, maybe we don't have the luxury of time to stop and shift to a positive emotional state, but I think this is like anything else and the more you practice the better you are able to make the shift to focus and centeredness."

Participant insights support the three sub-themes for the organizational reset. First, the need to build organizational practices for PCA by using a BDA framework for accountability exchanges and considering different accountability types based on multiple factors. Second, being in a positive emotional state increases the ability to remain calm, clear, and confident and reduce the stress response to accountability demands supports the create a contagion of positivity theme. Third, the participants related the use of heart rhythm coherence exercises as a way to increase coherence, resiliency, and well-being.

Build leadership capacity to use PCA to improve accountability exchanges.

Helping leaders become more competent, agile, and flexible may increase the capacity to role model PCA practices. An increased awareness of the gap between knowing positive practices and positive leadership and being able to apply the right practices triggered thinking about leadership development. Providing leadership development opportunities helps to increase individual capacity for effective performance may help close the gap. As leaders become more competent in the use of positive leadership, positive practices and positive emotions their capacity for using PCA with RCA may improve.

Knowing that the long-standing practices of RCA are well embedded into the current practices and changing leadership practices will be difficult, Participant 1005 suggested, "To apply PCA need to be courageous, brave, and consistent." Getting into a positive emotional state changed the approach and outcome for Participant 1001 when she faced with a difficult situation with a disruptive employee. She recalled the situation, "My initial instinct was to pull her in and write her up. Then I thought about letting it go…maybe now that she vented, she feels better. I decided to confront her, but did the Quick Coherence ® Technique steps before I did so because I was pretty upset." By getting into a positive emotional state, she was able to think clearly and select positive practices to turn around the situation. "The conversation went surprisingly well I thought…we had an open discussion and she hugged me afterward." In the end, Participant 1001 took a risk, broke away from the standard practice of writing up an employee, and found a way to use positive leadership to change the outcome. Participant 1008 described the value of being inquisitive, accepting, receptive, and eager after doing

the Quick Coherence ® Technique by saying, "These emotions make change possible and leads to a sense of empowerment, especially in the face of adversity."

In the following example, Participant 1002 described how he identified different practices in addition to doing the Quick Coherence ® Technique to prepare for an accountability exchange by using the lists of positive practices found in the participant guidebook. "After getting into the green with my emWave2®, I used the participant guidebook to select positive leadership and positive practices and found it very helpful and uplifting to prepare in advance of the exchange." In some cases, he used the guide to review after the accountability exchange. "Once you read a little bit some of the attributes or practices listed in the guide they seem easy once you understand them; however, this seems to happen more retrospectively than in the moment."

Being centered and focused emerged as a critical leadership practice, especially when it comes to using positive emotions to influence individual and organizational change. Participant 1009 said, "The delivery of the message is almost more important than the message itself. Approaching a subject with a light heart and open mind will allow your audience to feel like they can fully participate without consequence." He described the outcome of an accountability exchange by saying, "The emotions affected the exchange very positively, and there was much better engagement." Participant1007, "I feel more calm, rational, and genuine. It is easier to increase my focus on the issue at hand instead of thinking about the next task or problem." The results seem to indicate the importance of helping leaders learn to use positive emotions to help close the gap between knowing and action.

Invest in employees to advance the practice of PCA & RCA. It is important for leaders to take time to listen to the needs and concerns of an employee before responding or taking action to increase accountability. Understanding the individual and the situation is one way to invest employees. Participants reported being able to focus on selecting positive practices such as listening to understand while interacting with employees was easier when in a positive emotional state. Participant 1006 was able to focus on the positive practices of people orientation, trust, and respect when faced with a challenging situation. "Being coherent or in the green, made me a better listener and I decided not to rush the interaction. Sometimes better things unfold when given enough time versus always rushing around." Positive emotions appear to help leaders find creative solutions and resolve issues when faced with different challenges. Participant 1001 faced a couple different challenges. At first, she found it difficult to build relationships and come across authentically because she manages employees in multiple geographic locations. "There are many times when I receive feedback about an error, or something that when wrong, or something that went right. I can't give the feedback right away because the person is at a different location." After getting into a positive emotional state, she reviewed the positive practice of empowering employees and developed a plan for the remote location. "I focused on creating team accountability so that staff members feel confident enough to problem solve without involving a leader and without fear of getting in trouble."

The participants found that positive emotions enhanced people orientation and trust, essential leadership skills. Participant 1001 discussed the importance "…of caring for employees and building relationships in a way that they understand the meaning and

purpose of the work they are doing and feel valued for doing so." By using the emWave2® device during the practical application period, Participant 1008 described his experience of achieving calmness and clarity before engaging in an accountability exchange by saying, "The emWave2® was a gentle reminder to deep breathe and think positively." Another participant said, "I was upset and annoyed before conversation, but I hooked up to my emWave to calm myself before speaking with the employee. During the conversation, I felt empathy for her."

All participants agreed in the importance of recognizing employees by listening and seeking to understand their viewpoint and needs to increase the effectiveness of accountability exchanges. Participant 1001 said, "I was happy to acknowledge something good and positive; excited to praise my employee." Participant 1006 expanded on this theme when she said, "Doing the Quick Coherence ® Technique in preparation for the meeting made me a better listener and I decided not to rush the interaction." Participant 1003 said, "During my accountability encounter, I went into the experience with mostly fear of content, but also fear of not asking the right question."

Creating a productive work environment by engaging employees appears to influencing employee performance. Participant 1001 said, "PCA can help to improve employee engagement scores." She underscored some of the ways leaders influence employees when she said, "It is necessary for us to understand the importance of caring for employees and building relationships in a way that they understand the meaning and purpose of the work they are doing and feel valued for doing so." Participant 1003 shared her perspective in this way, "If I am in a positive emotional state, I am more likely to be engaged in what I need to do, more likely to find the joy in the process." The

participant input seemed to focus creating a positive work environment to encourage and motivate employees to be accountable.

RQ4: What insights can participants, who are not in a sustained positive emotional state, provide about efforts to apply positive practices and increase accountability effectiveness?

RQ5: What insights can participants, who are not in a sustained positive emotional state, provide about efforts to apply positive leadership practices and increase accountability effectiveness?

Analysis of data for research for questions 4 and 5 revealed the same unfavorable impact of being in a negative emotional state on being able to select positive practices and positive leadership behaviors before, during, and after accountability exchanges. All participants shared personal stories about feeling limited in their ability to shift from a negative to a positive emotional state. All participants agreed in the importance of doing something to shift from a negative emotional state to a positive emotional state.

Create an organizational reset to change beliefs about accountability. Negative emotional states appear to create a negative emotional contagion in different organizational conditions. Participant 1002 said, "Emotions can make or break the encounter." Participant 1002 reminded others of this by saying, "It is easier to think of the negative emotional state because when you are negative, you can feel the blame, you can feel yourself closing down, and the trust goes away, you make bad decisions - it's almost instant." Reducing blame and changing old habits is necessary to create a contagion of positivity and develop organizational practices for using PCA with RCA.

Using heart rhythm coherence training such as the Quick Coherence ® Technique appears to improve accountability exchange experience. Participant 1002 experienced the use of techniques to get into a positive emotional state as a way to become more effective and described how he "…turned a neutral experience into a positive one and was able to use clear communication and set expectations from both sides." Participant 1002 said, "We probably need to come up with a recovery tool when you are in these difficult situations. If you practice the Quick Coherence ® Technique you get much better at getting into a sustained state of physiological coherence." Participant 1006 offered an idea for an organizational practice for refocusing negative emotions when she said, "Refocusing is important along with physically changing my environment such as getting up to walk around, or calling a friend to talk about something other than the negative emotional situation at work." Participant 1009 added, "You may approach situations differently when in a negative state because you are not able to think as clearly." Participant 1002 reinforced the idea of getting coherent to overcome the detrimental impact of negative emotions when faced with challenges with unexpected change by saying, "Use the Quick Coherence ® Technique to overcome negative emotions, control responses to changing situations."

Build leadership capacity to use PCA to improve accountability exchanges. Increasing self-awareness appears to be an important part of building leadership capacity, especially when trying to overcome negative emotions by shifting to a positive emotional state. Participant 1002 said, "But, after thinking about it and going through this study, I am now paying more attention and I am seeing fantastic outcomes because I am using

positive emotions. It has made me think about how things would have been worse if I stayed with my negative emotions."

The data seem to indicate that the inability to sustain a positive emotional state, minimize the effects of stress, and select the right practices may be contributing to the challenge of using PCA for accountability exchanges. Participant 1006 described how she attempted to stay in state of high coherence while having an evaluation discussion with an employee. She reported, "I held emWave2® under my desk and kept checking to see my level of coherence. I found it frustrating because I was in low coherence." After a less-than-successful attempt to use PCA during an accountability exchange, another participant decided to do the Quick Coherence ® Technique and evaluate what he could have done differently. He said, "I put the emWave2® on and re-read the practices to determine what I could have done better."

Negative emotions limit the leader's ability to choose positive practices because his or her judgment may be clouded. Participant 1009 said, "You may approach situations differently when in a negative state you are not able to think as clearly." The inability to think clearly has a crossover effect and leads to more negative emotions as described by Participant 1005, "As those emotions are negative it is easy to withdraw from the process and stay in the negative." When one person is in a negative emotional state, it may cause the other person to shift to a negative emotional state. This limitation seems more important when a leader is striving to connect with an employee and be inspirational.

All participants indicated the need to find ways to overcome stressors and negative emotions because of the undesirable affects. As leaders learn to shift from a

negative emotional state to a positive emotional state during accountability exchanges, he or she may influence employees to change their behavior as well. These insights seemed to indicate the need to provide leadership development opportunities and provide environmental support for leaders to help build leadership capacity.

Despite efforts to sustain a positive emotional state, negative emotions limited leadership capacity and decreased the effectiveness of accountability exchanges. Participant 1001 described how her negative emotions influenced her staff members by saying, "When I walk into the office and in a negative emotional state, it sets the tone I just don't think about how my emotional state affects them. If I want my team to be accountable, then I have to be on my A-game." In cases where the intention of the accountability exchange discussion was to address a performance issues, and if negative emotions prevailed, the risk of failure increased. Participant 1003 shared these insights: "As a leader, you need the capacity to deal with conflict productively. If we have a bad situation, we shouldn't cover it up, we need to acknowledge hurt feelings and negative emotions rather and then come up with a solution."

Invest in employees to advance the practice of PCA and RCA. Creating a positive environment for employees by reducing stress and negative emotions and increasing the use of positive emotions is a way to invest in employees. The inability of a leader to overcome negative emotions appears to be a hindrance to the employee's ability to follow the practices of both PCA and RCA. The of stress decreased productivity of the leader and employee. Participant 1005 recognized this problem, "The emotions (both mine and the other party) were a hindrance to coming to a common understanding/agreement. Despite trying to maintain fairness to all employees the overall

experience was bad!" Participant 1004 added to the discussion by expressing his concern about how a leader in a negative emotional unable is unable to create a productive work environment, "This is difficult because if I am negative, how can I expect my staff to be positive? I think one effort if you are in negative emotional state is to feed off others."

The inability to get into a state of coherence in difficult or emotionally charged situations became evident in discussions about negative emotions and the impact on employees. Participant 1003 described how the downward spiral caused by negative emotions limit her ability to select positive practices by saying, "When in a negative emotional state, the process can be exhausting both physically and emotionally. When I am in a negative emotional state, I neglect my employees, find myself in a state of avoidance or hurried through the decision-making process." Participant 1002 shared a similar perspective when he said, "My negative emotions made me react and institute 'Band-Aid' solutions to problems because I failed to listen to what my employees had to say." Participant 1002 described how his negative emotional state limited his ability to influence his employees by saying, "When I am in a negative emotional state, I quickly judged an employee negatively due to previous encounters." After shifting to a positive emotional state, he recognized his role in investing in employees by engaging them in the greater purpose of their work by saying, "It became easier and more clear that my purpose is to inspire employees in a way that helps them understand the steps of PCA and RCA." Negative emotions take a toll personally and organizationally and hinder the leader's ability to focus on the needs of his or her employees.

RQ6: How do the participants in this AR study perceive their contribution to advancing the practice of PCA as a complementary approach to RCA?

When asked to describe his or her contributions to advancing the practice of PCA and RCA during the one-to-one interview, each participant suggested practical ideas to support the use of PCA and RCA. Recommendations to create an organizational reset were focused on developing organizational practices and creating change through a contagion of positivity. To build leadership capacity, the participants emphasized the importance of leaders serving as role models and suggested ways to provide support and development opportunities for leaders. Ideas to invest in employees focused on developing and engaging employees and creating a productive work environment. These ideas evolved out of the idea of the holistic and interdependent nature of PCA and RCA, therefore, the participants did not specify contributions related to this theme.

Create an organizational reset to change beliefs about accountability.
Participant 1003 proposed the idea of dedicating organizational development experts within the organization to build the organization capacity for PCA in support of the organization reset and said, "I think every industry needs a large OD [organization development] team as well as the time, tools, and knowledge to change the organization." She supported the idea by adding, "We have so many broken teams, lack the knowledge and skills, and don't have enough time to really get into the core of making PCA work."

Participants shared several practical ideas for creating an organizational reset. Participant 1005 reinforced the idea of using the BDA framework to give context to accountability exchanges by saying, "…just by looking through the PCA practices, preparing for and then engaging in the discussion, and then identifying the lessons learned, it made a difference." Participant 1002 recognized the value of focusing on making improvements in his department and said, "I wanted to participate in the study for

my department because I always looked to make improvements." Participant 1009 shared insights about a practical approach to increase the use of PCA and RCA practices. He suggested taking small steps to get ready for an audit process by saying, "We can prepare for a site visit about 60 days in advance by using PCA practices to evaluate our current performance and ensure we are doing the mandated practices on a daily basis instead of waiting for the auditors to arrive."

Participant 1002 added the idea of creating an "accountability bar" or place for leaders and employees to receive coaching and assistance in using both PCA and RCA, he said, "The accountability bar offers tips, tools, ideas, solutions, and coaching opportunities related to accountability." Participant 1005 suggested creating a practice forum where leaders can gather to discuss and reflect openly on the challenges of using PCA and RCA to achieve goals and performance outcomes. Participant 1006 added the idea of creating a community of learning that is similar to the action research workshops is a way to enhance the organizational reset and increase the overall well-being of the leaders and employees. She said, "This [action research workshops] felt like we formed a community of learning. I love that idea and believe I can thrive if given the same opportunity at work." Participant 1003 added, "Our leaders don't have the structure or the formula. If we don't give them the step-by-step instructions, this won't work."

Participant 1002 described the importance of creating a contagion of positivity by leading change by saying, "Since I am being asked to lead change in our organization, I can't think of a better tool or process than PCA and RCA. This seems like a grassroots effort. I see myself as an organizational instrument to make positive change. He added the importance of influencing change by his actions when he said, "Contributing to the

advancement of PCA is not only going to make me better, but I am driving change and making our organization better." Participant 1003 suggested identifying person to champion efforts to create an organizational reset the organization by saying, "You need to have a passionate person leading the efforts to bring PCA into an organization to help break ineffective patterns. If you don't have a passionate person leading this then you are just going through the motions." Similarly, Participant 1006 suggested enlisting others to get others to adopt the practice of PCA by saying, "Change requires bravery and it requires support from all levels i.e., everyone is on the same page."

Participant 1009 recognized the value of getting into a state of coherence and said, "Integrating the HeartMath practices in our preparation to create those small steps." Participant 1001 reinforced the importance of practicing heart rhythm coherence training exercises to balance the focus on goals and metrics with the positive emotions of empathy and care to improve accountability exchanges. He said, "Yes, they need to make sure to his goals and metrics to keep our business running, but what a cool thing it would be to balance that with genuine empathy, care, and accountability. Participant 1009 suggested the importance by able to get into a positive emotional state as a way to influence leaders and employees adopt PCA by using. This participant said, "Hopefully this [using the emWave2®] becomes infectious and other leaders start adopting the practices along with our staff members…and turn this into an infection and spread it to others."

Build leadership capacity to use PCA for accountability exchanges. Participant 1002 contributed three ideas for strategies to build leadership capacity. First, it is important for leaders to move beyond being knowledgeable about the positive leadership and positive practices and become skilled at selecting and using the practices. He shared

this story about how he prepared for one his accountability exchanges, "Used the Participant Guide as a resource for selecting Positive Leadership and Positive Practices. Found it very helpful and uplifting to prepare in advance of the exchange." Participant 1005 made the connection between practices she had learned in previous leadership development programs and the PCA practices by saying, "I think this project has been a good continuation of things we've done before." She described how being in the study helped her learn ways to improve accountability exchanges by saying, "Over the course of the last few weeks, it helped me to learn my preparing for the accountability exchanges, getting focused and knowing what I wanted to say and accomplish." Participant 1006 recognized the value of using the positive leadership practice of listening to understand the ideas of others before adding her thoughts and said, "I was most effective in contributing when I would listen first and then build on what others had to say. I found this to be especially true with the more experienced leaders. It seemed their stories came easier as did their connections to the positive leadership and positive practices." She expressed her enthusiasm about leading PCA by saying, "I can't wait until I am the PCA guru."

Providing differentiated development for clinical and nonclinical areas and for experienced and new leaders is an important consideration when designing leadership development programs for PCA. Participant 1001 recognized the different challenges faced by leaders with responsibility for indirect patient care. She said, "I think there are different difficulties and circumstances and each comes with its own set of difficulties." In both nonclinical and clinical areas, leaders are responsible for achieving financial goals and quality measures such as turn-around times and reduction of errors. In clinical

areas, the meaning behind the goals is clearer because leaders and employees interact directly with patients and family members. In nonclinical areas, the meaning behind the goals is not as clear because of the limited interactions with the patients and family members. Participant 1003 expanded on the idea of providing differentiated leadership development for new leaders by saying, "When we promote our managers, we are taking them away from something they are very competent at and then throw them into a role and expect to figure it out without giving them anything. We must give our managers and leaders time to grow appropriately."

Participant 1002 suggested creating easy-to-follow learning plans and strategies to support leaders at different levels when he said, "We must make this easy. Simplify and make it progressive. Failure to this could diminish or limit the opportunity for people to embrace." Providing support for leaders by offering convenient ways to learn and practice using PCA captures the essence of another contribution by Participant 1002. "We have to use different media - videos, blogs, and other ways to integrate this [PCA] into our leadership practices."

Participant 1003 shared a personal perspective about how acting as a role model leader for PCA by saying, "Exhibiting your best day ever face – project positivity, even on the worst day – is a way to create a cascade of positive behavior." She explained further and said, " If somebody looks up to me and says, 'Hey, you are my mentor' and if I am not centered and don't have PCA ability I may be steering them in the wrong direction." Participant 1006 delved into details about role modeling leadership behaviors by saying, "PCA and RCA are natural and depends on leaders who model strong morals, ethics, and integrity." Participant 1007, while reflecting on being a part of this study,

described the value of being a role modeling personal accountability by sharing this insight: "I always feel motivated, inspired, and empowered when I leave these sessions and want to show my employees." Being personally accountable helps to create a climate of mutual support and encourages collaboration because employees get a clear picture of the expected behaviors. This participant described her beliefs about personal accountability in this way, "If I am going to hold others accountable I am first accountable for my actions and how I react to situations of accountability."

Dealing with conflict, especially in cases involving poor performers, presents a barrier to the successful use of PCA. Participant 1007 described how she avoids conflict, "I try not to be confrontational and am concerned about others respond and so I avoid doing anything. This doesn't help make me a more accountable leader." Participant 1007 once again referenced personal accountability and said, "We have to be personally accountable for every choice, action, and words we speak. I want value-added conversations and encounters with my employees." Structuring conversations to address the lapse in performance and keep the employee engaged is a way to add value, as she reflected: "If I am always on them because they aren't doing this or doing that they tend to become dis-engaged and tune me out honestly. If I recognize them for a job well done, and tell them I appreciate what you are doing or have done they feel valued and want to do a good job." The following excerpt from her interview makes clearer this approach to redirect poor behavior in a positive way.

> PCA is a choice. Each moment we choose how we are going to react to stimulus
> around us. How we react creates the world around us. For example, I hear an
> employee took a 45-minute lunch, leaving their teammate short. I have a choice.

I can do nothing and chalk it up to the person in having a bad day. I can

discipline the employee by writing them up no questions ask. On the other hand,

I can pull the employee in and say I heard you were running late from lunch is

everything ok? Well since all is ok when you are late it puts your team in this

bind and this patient wasn't registered and this person's lunch was skipped etc.

How would you feel if you were that patient or other team member?

Invest in employees to advance the use of PCA and RCA. Leaders are

responsible for coaching and developing employees, an important aspect of investing in

employees that surfaced during discussions about Participant 1008's contributions.

Using PCA practices during a few annual performance evaluation discussions enabled

Participant 1008 to coach and develop a few employees. She described this coaching

strategy by saying, "Now, when I am evaluating my employees, I've been creating

learning moments." She recognized the importance of creating on-the-job development

opportunities by educating lead nurses in some of the positive leadership practices such

as providing resources to empower and develop others. She said, "I am including the

lead nurses in all of this to create higher and more visible accountability conditions."

After conducting a few performance evaluation discussions, Participant 1009 recognized

the value of identifying and connecting the strengths of the employee to job

responsibilities to help the employee improve performance, "Recognizing their strengths

and making sure each employee fits in the areas of their job where they will excel and

their strengths will be optimized."

To invest in employees, Participant 1003 said, "PCA and RCA need to be

delivered to all employees, not just the leadership team." Participant 1003 described the

lack of knowledge at skills at the unit or department level as a barrier to integrating PCA with current accountability practices and said, "We lack the knowledge and skills, and don't have enough time to really get into the core of making PCA work. Most units or departments don't even know why they are negative or broken and they say it is because everyone else is." It is important for leaders to build on individual and professional strengths as way to encourage employees to act responsible and be accountable for individual, team, and organization performance. Participant 1005 described an approach she used during the practical application period that focused on strengths of her team members. "When huddling with my staff, I noticed their emotional cues and used that to leverage their problem solving skills to come up with a new approach for onboarding new members of the residency program."

Participant 1007 described the value in getting the front-line staff members engaged in learning about PCA so they can incorporate it into the delivery of patient care, "I would like to see my team members try and be more focused before they speak to one another or to patients. They are building relationships and I don't know if they understand how others perceive them in certain situations." She emphasized the importance of helping employees understand the impact of their behaviors and focus on making choices that help achieve the performance outcomes. Over the course of the study, Participant 1006 explored practical ways to invest in employees by collaborating to find answers to daily issues. She shared the following approach that she used with a few members of her team. "In each my conversations this past week, I spent time engaging them by asking questions and then coming to a conclusion together." Then she

added, "If every conversation included this focus and they took responsibility for how they affect others, I think it will make a difference."

Participant 1004 raised the importance of praising employees, rewarding them for their efforts, and "…finding out how employees want to be recognized." He further explained the importance of recognition as an employee motivator by saying, "Recognition is about being noticed because as a human being we want the attention. Employees say, 'Read my motives, appreciate me, and make me the center of the focus.'" He suggested that employees may feel encouraged by different forms of recognition and become more accountable for fulfilling their work responsibilities when he said, "I am always trying to praise and reward my staff. I believe I am pushing people every day to better themselves, which in turn helps to better their peers, patients, and the organization." He related the benefits of team outings with employee recognition by saying, "I see more email communication and see them talk to each other more during the day. The staff members are more vocal to management as they have in increased sense of pride and determination to carry through with things discussed at the outings."

Participant 1006, while recalling her experiences from the study, brought up the positive benefits of coming from a position of trust by connecting with employees and said, "My contribution to the study is identifying the importance of being able to ingratiate yourself to the staff members." Participant 1004 discussed ideas about trust throughout the duration of the study and proposed "…trust is the foundation for both RCA and PCA. I have to be able to trust that my employees are going to do what they say they are going to do." Participant 1004 had surfaced the challenge of building

trusting relationships earlier in the study when he said, "You have to be trusted and step out and trust others through positive action and accountability."

Participant 1008 provided insights drawn from her experiences of working directly with caregivers and being close to patients and families. "As clinical leader who still takes care of patients, I am a front-line caregiver while I am managing my unit. I interview patients, I round on patients and learn what they really want and need. This helps me bring the intimate, everyday patient perspective to my role as a manager." The insights led to an increased understanding of accountability and healthcare and supported investing in employees with an emphasis on ways to create a productive work.

Participant 1005 described empowering employees to make decisions about department processes as a way to invest in employees. She plans to introduce the PCA practices and ideas as part of developing a shared governance structure by saying, "My vision, my goal, my dream is to have a shared governance structure in the department. I would like to bring this thinking to the staff and get their perspective on PCA." The following revealed Participant 1007's commitment and strategy to challenge and empower her staff members to integrate PCA into typical work situations: "I want my staff to focus on what they can do in every situation. I am going to challenge my staff when they come to me with problems to think about things in PCA kind of way."

All participants in this study brought up concerns at different times about the difficulty of knowing how and when to hold others accountable. Participant 1008 described the concern in this way: "This study opened up my eyes and made me realize that I am not always holding people accountable. I am not holding people 100% accountable and understand why we are not holding people accountable." She believes

that in a productive work environment that employees should be able to hold one another accountable and explained it this way, "I was concerned that staff members may not want to hold each other accountable. I introduced a process to help them hold one another accountable. They have to hold each other accountable by doing report [an activity that happens at shift change] and assessing the other shift's performance."

Participant 1009 mused on accountability in a general sense and said, "In a perfect world, we would not need RCA. If everyone would be accountable, the rules are not needed. But the reality is we need accountability because we each have different views and values." Then she described the conditions surrounding accountability in healthcare based on her experiences by saying, "I've been here for ten years, and I think everyone is more aware of the quality and satisfaction outcomes and this makes it easier for employees to support the accountability demands." She described the increased awareness of other factors that influence perceptions about the inherent difficulties associated with accountability, by saying, "Unfortunately, the regulators, because of reimbursements, drive us. We are driven by RCA - not reimbursed for LOS [length-of-stay] and readmission. We still do the right thing for the patient."

Throughout the study, it was obvious the participants continued to learn and explore different ways to use positive leadership, positive practices, and positive emotions to improve the quality and effectiveness of accountability exchanges. The participant's efforts to be accountable and hold others accountable relative led to formation of specific ideas to improve the use of PCA and RCA. From a practical point of view, each participant increases his or her self-awareness and developed a deeper understanding about the use of PCA and RCA

Evaluation of Findings

An action research approach based on appreciative inquiry (AI) was utilized to guide this qualitative study. The nature of this collaborative study facilitated the researcher's efforts to prompt learning and engage the participants. Participants newer to leadership roles felt encouraged by the experienced leaders to share insights, ask questions, and challenge assumptions. Since the participants volunteered to be a part of the study, they were deeply committed and eager to contribute to the three-week long study. Serving as co-researchers in this action research, the participants were guided through a series of discussions that involved brainstorming, prioritizing, and analyzing ideas for PCA (Coghlan, 2011). The AI approach enhanced the positive focus of PCA and encouraged an examination of past and current positive experiences (Boyd & Bright, 2007). The participants engaged in self-directed practice during and outside the workshops and used the emWave2® device to measure their positive emotional state and improve their ability to shift from low coherence to high coherence. Participants had an opportunity to practice applying positive leadership, positive practices, and positive emotions to actual accountability exchanges while at work. Recording experiences and insights in a participant journal provided an opportunity for each participant to reflect on the experiences. The journal entries were collected at the end of workshop and practical application period. The findings were evaluated in an effort to apply the results to the six research questions that guided the study. Deductive and inductive reasoning and analysis was conducted to identify the themes across the various sources of data within the action research study. Triangulation of data from the workshops, journals, and interviews with recent literature, contributed to validity of the results.

Based on the findings described in the previous section, four primary themes and twelve sub-themes resulted from the appreciative inquiry (AI) workshops, the practical application period and workshop, and the one-on-one semi-structured interviews. The themes were the common and recurring concepts that emerged from the analysis of the data collected. These themes appeared in participant journal entries, workshop discussions, and interviews. The first theme is the holistic and interdependent nature of PCA and RCA. Three sub-themes that support the holistic and interdependent nature of PCA and RCA are: (a) balance expectations and enforcement with inspiration and courage, (b) personal and shared accountability, and (c) use a BDA framework for accountability exchanges. The second theme is focused on finding ways to create an organizational reset to change beliefs about accountability. The three sub-themes that support the organizational reset are: (a) develop organizational practices for PCA, (b) create a contagion of positivity, and (c) increase coherence, resiliency, and well-being. The third theme is build leadership capacity to use PCA to improve accountability exchanges. Three sub-themes that support build leadership capacity to use PCA to improve accountability exchanges are (a) provide leadership development, (b) provide support for leaders, and (c) expect leaders to serve as role models. The fourth theme is, invest in employees. The three supporting ideas are (a) create a productive work environment, (b) engage employees, and (c) provide learning and development programs for employees (see Table 13). This section is organized by the four primary themes.

The holistic and interdependent nature of PCA and RCA. Both approaches to accountability, person-centered and regulatory-centered, are needed to improve accountability and achiever performance outcomes (Mansouri & Rowney, 2013). The

holistic and interdependent nature of PCA and RCA surfaced during the study and the analysis uncovered three sub-themes that clarified the implications of viewing accountability holistically. The sub-themes, affirmed by the participants, are: (a) balance expectations and enforcement with inspiration and courage, (b) expect personal and shared accountability, and (c) use a BDA framework for accountability exchanges.

From the participant's perspective, trying balance expectations and enforcement with inspiration and courage is essential to leverage the value of both PCA and RCA. Setting expectations and enforcing the performance standards prescribed by the hospital's leadership, professional organizations, or regulating bodies are core concepts that support improved accountability (Bovens, 2010). Inspiring others to be accountable is a complex process that requires the leader to be sensitive to the needs and values of the person (Ferris, Munyon, Basik, & Buckley, 2008). In the accountability-performance relationship, the leader and employee engage in negotiating, assessing, and justifying behaviors and outcomes (Erdogan, Sparrowe, Liden, & Dunegan, 2004). Courage within the context of accountability exchanges, a viewpoint shared by all participants, enhances the integration RCA and PCA. Courage is needed to be persistent and stay the course throughout the accountability exchange. The leader and employee each are responsible for maintaining self-control and making multiple decisions during accountability exchanges leading to increased levels of tension and stress (Royle & Fox, 2011). Earlier studies support the courage as a critical factor in overcoming the negative influence of tension and stress and choose positive behaviors (Hannah, Avolio, & May, 2011).

Accountability, as a social exchange, evolved as participants explored being accountable to self, co-workers, leaders, and external agencies. As in most organizations,

accountability in healthcare is more than completing tasks and assignments. Personal and shared accountability are vital to improve outcomes and achieve success (Picket, 2014). Personal accountability is defined as taking responsibility for following through on commitments, make course corrections, and recognizing one's own gaps in performance, and making adjustments, and explaining one's actions to others (Wood & Winston, 2005). Participants suggested the importance of engaging in discussions with others to increase shared accountability. Accountability transcends individual or departmental responsibilities and involves sharing accountability with other persons or departments (Anderson, 2009; Robinson, 2009).

Adopting practices to create positive accountability experiences using the BDA framework for accountability exchanges was identified as a vital part of integrating PCA to complement RCA. In order to achieve this, leaders and employees must understand the frameworks for each PCA and RCA. The use of positive emotions supports the use of positive practices to improve the experience by increasing engagement and learning during each phase of accountability exchanges (Cravens, Oliver, & Stewart, 2010; Farndale & Kelliher, 2013). Facing the probability of being asked to account for one's actions and performance outcomes, as is the case with RCA, are positively related as antecedents to accountability exchanges (Erdogan, Sparrowe, Liden, & Dunegan, 2004).

Create an organizational reset to change beliefs about accountability. As participants increased their collective understanding of PCA and RCA, the need to overcome the negative perceptions associated with the emphasis on compliance and enforcement of RCA led to ideas about creating an organizational reset to change beliefs about accountability. To achieve an organizational reset, there must be an intentional

change from the negativity associated with an overemphasis on RCA to one that emphasizes positivity and PCA. Participant discussions about an organizational reset revealed the three sub-themes described below.

The first sub-theme of building organizational practices to change beliefs about PCA was reinforced by the improvements in the accountability exchange quality experienced by the participants during the practical application period. The first organizational practice developed when several participants followed these three steps: (a) shift to a positive emotional state, (b) prepare for the exchange by selecting positive practices based on the situational needs, and (c) identify and share lessons learned after the completing the exchange. This process is important because of the variability in state affectivity, individual needs, and prevailing beliefs and attitudes (Podsakoff, Whiting, Podsakoff, & Blume, 2011). The second organizational practice focused on being personally accountable and holding others accountable for actions and outcomes. Adopting this idea is supported by earlier research on felt accountability and accountability for others (Royle & Hall, 2012). The third organizational practice places an emphasis on compassion by forgiving others for their mistakes and re-focusing efforts on possibilities instead of faultfinding within the department and between departments as a way to improve conditions for accountability. An earlier study links forgiveness and collaboration to the function of trust, a factor in increased accountability (Ammeter, Douglas, Ferris, & Goka, 2004). These organizational practice ideas support the recommendation of developing organizational practices for the use of PCA as part of creating an organizational reset (Cravens, Oliver, & Stewart, 2010; Linkins, Niemiec, Gillham, & Mayerson, 2015).

Second, data indicated the need to create a contagion of positivity to create an organizational reset. One idea to support a contagion of positivity, identified by the participants, is to find lasting solutions rather than blaming others and focusing on the causes of the problems. This is consistent with O'Connor, Kotze, & Wright (2011) recommendation to find a better balance between blame and accountability to improve performance outcomes. The participants proposed a grassroots approach to create a contagion of positivity to initiate the needed organizational change. Making change at the grassroots level depends on engaging individuals strategically to tap into their knowledge and passions to gain support and facilitate the use of PCA and RCA (Lester & Kezar, 2011; Perry, 2014). A contagion of positivity encompasses the use of the PCA practices, especially positive emotions and creates a positive effect at the individual, group, and organizational levels (Dasborough, Ashkanasy, Tee, & Tse, 2009).

Third, the participants recognized the need to increase coherence, resiliency, and well-being to create an organizational reset to change beliefs about PCA. Participants described the challenges in shifting from a negative emotional state to a positive emotional state quickly and in different situations. Almost all of the participants said that making an emotional shift is necessary to being able to use PCA practices, yet difficult to do so depending on one's perceptions about the importance of the exchange and potential consequences. Negative emotions limit cooperative behavior during accountability exchange experiences (Polman & Kim, 2013). Reframing negative emotions and thoughts through a positivity lens underlies important dimensions of PCA practices (Fiorentino, 2012). Hands-on experience using the emWave2® gave the participants feedback about their emotional states as measured by coherence levels while practicing

heart rhythm coherence training techniques and/or engaging in accountability exchanges. This finding is a key factor in individual capacity to self-regulate emotions by increasing psychophysiological coherence levels (McCraty & Shaffer, 2015). Participants reported an increased ability to remain open-minded and centered during challenges, a widely studied factor in building resiliency (Waugh, Fredrickson, & Taylor, 2008). These findings are aligned with research on well-being (Csikszentmihalyi, 2009).

   Build leadership capacity to use PCA for accountability exchanges. Participants identified the need to build leadership capacity for integrating PCA with RCA, specifically when it comes to accountability exchanges. Three sub-themes were revealed over the course of discussions and during the individual interviews. The first theme is to provide leadership development. The participants recognized the challenge of helping leaders with different competency levels develop and suggested the need to identify formal and informal development opportunities. It is important to incorporate formal and informal leadership development opportunities into daily work (O'Connell, 2014). The participants noted the following example of blended formal and informal learning during the study. Participants described using the emWave2® device while doing heart rhythm coherence training technique called the Quick Coherence ® Technique. Heart rhythm coherence training helps to increase self-awareness about sustaining positive emotional states (Edwards, 2014, McCraty & Shaffer, 2015). In order to support ongoing learning, leaders need to engage in learning discussions similar to the ones held during the study. This generative and reflective approach to learning is supported by creating learning communities to develop leaders within the organization (London, Sobel-Lojeski, & Reilly, 2012; O'Connell, 2014).

The leadership development strategies related specifically to positive leadership and positive practices became a primary focus for the participants. The participants suggested using the Participant Guide, which included lists of positive leadership and positive practices, as a tool to help identify specific practices in preparation for accountability exchanges. All participants described the utility of using the lists by sharing experiences about increased self-awareness prompted by reading and then applying the practices. The participants reported using several positive leadership practices from authentic, transformational, and ethical leadership practices listed in the PG. Specifically, participants described the value of internalized moral perspective and relational transparency support transparency, and honesty, from authentic leadership practices to ensure leaders are personally accountability and role model the desired behaviors including being transparent and honest (Avolio & Bass, 2004). All participants referenced several transformational and authentic leadership practices as being used or desirable to use to inspire and motivate employees and increase the emphasis on PCA. Transformational leadership training has been shown to improve the leader's ability to coach poor performers (Arthur & Hardy, 2014). There is a linkage between positive emotions and the leader's ability to select positive leadership and positive practices to enact effective accountability exchanges (Kaplan, Cortina, Ruark, LaPort, & Nicolaides, 2013). These ideas are consistent with earlier research on positive leadership and positive practices (Avey, Avolio, & Luthans, 2010; Dinh, Lord, Gardner, Meuser, Liden, & Hu, 2013).

The second sub-theme revealed the importance of supporting leaders by providing social-emotional support, giving access to information, and having executive leaders to

lead by example. Several participants recognized the benefit to employees of being understood and respected during accountability exchanges and suggested that same benefit for leaders. Since the behaviors required for effective leadership of PCA and RCA are naturally complex, leaders need to be supported by their superiors (Byrne et al., 2014). The participants identified the need to establish a process for sharing information about changes to policies, processes, or objectives so leaders are able to answer questions and influence employees favorably. Lastly, the participants expressed concerned that superiors or peers may not apply the positive practices during interactions with one another. In particular, adopting PCA and RCA at all levels of leadership and integrating PCA and RCA into organizational practices help support leaders. Creating a stable work environment and tools to apply PCA are essential to ensure the use of positive leadership and positive practices (Collins & Jackson, 2015).

The third sub-theme, expect leaders to serve as role models, is an integral part of all four themes and is an essential component of building leadership capacity. Although role modeling desired behaviors has been discussed in this organization, the participants expressed concern about the need to formalize learning and development that emphasizes practical ways to be a role model. Providing learning opportunities for leaders practice and gain mastery of positive leadership, positive practices, and positive emotions supports the expectation that all leaders must serve as a role model (Santos, Caetano, & Tavares, 2015).

Invest in employees to advance the use of PCA and RCA. Participants added the idea of investing in employees as the final theme. Investing in employees encompassed a strong orientation to the needs of employees. The participants' insights related to

investing in employees revealed ideas to support these three sub-themes: (a) create a productive work environment to support PCA and RCA, (b) engage employees, and (c) provide learning and development programs for employees. Together, these ideas form the basis for the theme invest in employees to advance the use of PCA and RCA.

Participant discussions about investing in employees evolved after the practical experiences in applying PCA to accountability exchanges revealed the importance of creating a productive work environment for PCA and RCA, the first sub-theme. A productive work environment involves collaboration with employees to help align performance with the professional standards prescribed by the organization and associations (Anderson, 2009; Cravens, Oliver, & Stewart, 2010). Structuring accountability exchanges around positive practices such as setting clear expectations, recognizing employee efforts, and involving employees in decision-making proved useful to the participants during the practical application period. Participants recognized the importance of sharing information and providing translations when things do not make sense as a way to limit negative behaviors. Practices aimed at encouraging positive behaviors related to PCA, especially when an employee is reactive or defensive, may lead to an increase in positive behaviors (Joosten, van Dijke, Van Hiel, & De Cremer, 2014).

Engaging employees, the second sub-theme, came up during discussions and the interviews as an essential part of investing in employees. Engaging employees, as seen through appreciative inquiry lens, by focusing on their individual strengths was highlighted as an important construct. Participants suggested emphasizing what went well rather than focusing on what didn't work during challenging accountability exchanges as a way to help employees feel hopeful and engaged. Using praise and

gratitude to recognize employees by with praise and gratitude and treating employees with respect are examples of additional appreciative behaviors discussed during the study (Stocker, Jacobshagen, Krings, Pfister, & Semmer, 2013). In this organization, employees want to do work that is meaningful and connected to improving the patient's experience. Positive practices create a sense of hope, optimism, and self-efficacy to go beyond compliance and draw out the best in employees (Biswas & Bhatnagar, 2013).

Developing and encouraging employees to learn and grow is foundational to advance the use of PCA and RCA. Comments by the study participants revealed the importance of making learning a preferred organizational practice by introducing informal and formal learning strategies at all levels of the organization, especially at the employee level. The participants emphasized the importance of creating learning and development programs that align thinking and language to an appreciative or strength-based strategy. Recognizing and developing individual strengths through formal and informal learning and development strategies has the potential to be a valuable investment in employees (Linkins, Niemiec, Gillham, & Mayerson, 2015).

It is important to provide development opportunities to employees to learn how to use positive practices to reinforce adherence to the standards identified by RCA. Opportunities to coach and give feedback to employees seemed to be present during each phase of different accountability exchanges. The participants described ways to create learning moments based on real examples from specific accountability exchanges. Identifying opportunities to use feedback for in the moment learning has been shown to Learning programs need to include ways to increase employees understanding of the rationale behind rules, regulations, and standards behind RCA to help increase job skills.

There is a strong linkage between employees who have improved their job skills specific to accountability practices and achievement of outcomes (Younger et al., 2013).

Summary

The purpose of this qualitative action research study was to examine PCA as a complementary approach to RCA with participants at a Midwest regional medical center. The findings for this study, based on the researcher's analysis of the data, indicate an increased understanding of how PCA complements RCA to improve performance outcomes. The findings in the data could be summarized by the four themes and twelve sub-themes that emerged. Because of this study, the participants are using PCA practices in their work and personal lives.

Chapter 5: Implications, Recommendations, and Conclusions

Organizations have sought ways to improve accountability at the leadership and employee level by focusing on standards being set and enforced by regulatory bodies and professional associations. Lack of understanding or focus on how a person-centered accountability (PCA) could complement regulatory-centered accountability (RCA) to improve performance outcomes has resulted in continued gaps in accountability practices (Anderson, 2009). Accountability exchanges are non-linear and vary in time, specificity, visibility, and lucidity. Organizational politics, interpersonal relationships, and personal beliefs add complexity to the variable nature of accountability exchanges (Goodman, Evans, & Carson, 2011; Verhezen, 2010). Increased stress, exasperated by negative emotions, takes a toll on relationships, performance, and the well-being of leaders and employees (Polman & Kim, 2013). Most studies on accountability seem to focus more answering to another person or party and less so on personal accountability. Participants in this study acknowledged the abundance of research on positive practices, positive leadership, and positive emotions and realized the weak connection to accountability.

The purpose of this qualitative action research study was to explore PCA as a complementary approach to RCA. The need for increased understanding at the practical level as a way to improve accountability practices has been cited in the literature (Goodman, Evans, & Carson, 2011; Steinbauer, Renn, Taylor, & Njoroge, 2014). The use of positive leadership, positive practices, and positive emotions before, during, and after accountability exchanges was examined over the course of the three-week study. The study included six workshops, a four-day practical application period, participant journal entries, and one-on-one semi-structured interviews. As an action research study,

the participants acted as co-researchers to answer six research questions (Bradbury-Huang, 2010). Shared learning and exploration of PCA and RCA helped participants increase understanding and offer practical ideas for other leaders to consider. The researcher collected, transcribed, and analyzed data collected from workshop notes, participant journal entries, and interviews.

The study did include some limitations. Briefly stated, these limitations were in the following areas. First, the PCA framework is not proposed to discount previously existing theories or practices related to leadership and accountability, but to incorporate and build on them as suggested by other relevant studies (Frink et al, 2008; Avolio, Avey, & Quisenberry, 2010). Second, the participants received general training to learn how to use the emWave2® device while doing a heart rhythm coherence training exercise and then were asked to practice during the workshops and the practical application period to apply PCA to accountability exchanges as they came up during the course regular work. The training did not allow adequate time to gain mastery or learn additional heart rhythm coherence training techniques. Third, the participants were from one healthcare organization. It is likely that other healthcare and non-healthcare organizations could add to the understanding and practice of PCA. Finally, most of the participants who volunteered to participate in the study seemed to be open-minded about trying a different approach to accountability. Non-volunteers may not have had the same level of interest and willingness to incorporate practices that emphasize a positive approach.

The following section presents the implications related to each of the six research questions. The first research question was: How do participants perceive the role of person-centered accountability as a complementary approach to regulatory-centered

accountability? All nine participants indicated that PCA and RCA share a holistic and interdependent relationship. Research questions 2-3 were focused on insights about the use of positive practices and positive leadership when in a positive emotional state. Research questions 4-5 were focused on insights about the use of positive practices and positive leadership when in a negative emotional state. The last research question was: How do the participants in this AR study perceive their contribution to advancing the practice of PCA as a complementary approach to RCA? The study participants shared new insights and affirmed existing practices related to accountability within the healthcare setting. The study findings revealed four themes and twelve sub-themes to increase understanding about PCA as a complementary approach to RCA. The implications of these themes and sub-themes follow.

This chapter presents the implications related to each of the six research questions. This chapter includes recommendations for practical application and future studies, and limitations to the results and evaluations of the findings related to the purpose, current literature, and significance of the study. The closing section summarizes the key points in terms of applying a framework for using PCA to complement RCA and improve performance outcomes.

Implications

The objective of this qualitative action research was to explore PCA as a complementary approach to RCA. This objective was approached using three strategies. First, the workshops were based on the appreciative inquiry (AI) to examine a PCA model based on positive leadership, positive practices, and positive emotions. Second, the participants used an emWave2®, a portable handheld biofeedback device that is used

to record and calculate beat-to-beat changes in heart rate or heart rate variability (HRV) to increase self-regulation of positive emotions and measure psychophysiological coherence (Lemaire, Wallace, Lewin, de Grood, & Schaefer, 2011; Institute of HeartMath, 2014). Third, the participants engaged in a practical application period to apply positive leadership and positive practices while in a positive emotional state to actual accountability exchanges while at work.

The results of this study lead to several implications relevant to understanding PCA as a complementary approach to RCA, particularly within the context of a healthcare setting. Although researchers have previously considered many elements common to each RCA and PCA in and out of healthcare settings, limited exploration had occurred specifically from a holistic and integrated perspective (Anderson, 2009; Tetlock, Vieider, Patil, & Grant, 2013). Extensive scholarly research on positive practices (Mills, Fleck, & Kozikowski, 2013), positive leadership (Dinh et al., 2014), and positive emotions (McCraty & Shaffer, 2015; Vidyarthi, Anand, & Liden, 2013) has laid a foundation for changing perspectives on accountability. The foundation supports ideas related to changing organizational beliefs about accountability, building leadership capacity to use PCA, and investing in employees to improve the practice of both PCA and RCA. The study led to an expanded understanding of the complementary relationship of PCA and RCA in the context of accountability exchanges.

Implications associated with research question one. The first research question addressed how participants perceived the role of person-centered accountability as a complementary approach to regulatory-centered accountability. The results of this research question revealed this primary theme: the holistic and interdependent nature of

PCA and RCA. Khatri, Brown, and Hicks (2009) linked the use of person-focused

practices with the directive approach of RCA. Participant insights surfaced three sub-

themes: (a) balance expectation and enforcement with inspiration and courage, (b)

personal and shared accountability, and (c) use BDA framework for accountability

exchanges. All participants in this study perceived an overall understanding of the

holistic relationship of PCA and RCA in achieving performance outcomes in medical

center work.

The significance of the finding about the holistic and interdependent nature of

PCA and RCA revealed the dynamics nature of externally imposed accountability

expectations and the socioemotional needs of employees. The emphasis of PCA is on

positive behaviors and emotions to inspire employees and encourage leaders to act on

personal beliefs about accountability. The PCA approach lacks the definitiveness and

clarity of RCA. While RCA provides a way to track and evaluate performance, the

approach lacks attention on the leader's role in holding employees accountable in a way

that goes beyond setting expectations and enforcing rules and standards. There is a link

between the leader's ability to influence an employee's performance if there is evidence

of fair and equitable treatment when it comes to accountability (Steinbauer, Renn, Taylor,

& Njoroge, 2014). Consequently, the first implication relates to combining PCA and

RCA and may provide a way for leaders and employees to make the most of the rules,

regulations, and standards to guide performance decisions while applying a variety of

PCA practices to inspire and motivate employees to achieve the performance outcomes.

The second implication relating to being personally accountable and supporting

others to be accountable came up during discussions and interviews as a way to optimize

the use of PCA and RCA. Employees perceive an increase in personal accountability for outcomes when the leader uses monitoring and feedback behaviors (Mero, Guidice, & Werner, 2012). Supportive accountability involves providing human support through social presence, goal setting, trustworthiness, and reciprocity (Mohr, Cuijpers, & Lehman, 2011). A holistic approach to accountability depends on the relationship between personal needs and being personally accountable (Mero, Guidice, & Werner, 2012).

The third implication is to identify leadership development opportunities and specific processes for following the BDA framework for accountability exchanges. Without leadership development for following a specified process based on the BDA framework for holistic accountability exchanges, leaders may not have the knowledge to improve performance outcomes using RCA and PCA. A study by O'Connell (2014) suggests that providing leadership development that connects performance to outcomes is a way to address the complexity and diversity of skills needed to improve accountability practices. Taking time to prepare for an accountability exchange enables the leader to consider the social, emotional, and performance needs of the employee. Earlier research suggested the value of integrating of justice, social exchange, and affect for accountability exchanges to improve clarity and understanding of the accountability expectations and reduce blame (Colquitt et al., 2013).

Implications associated with research questions two and three. Findings associated with participants' insights about efforts to apply positive practices and leadership to increase accountability effectiveness while in a sustained positive emotional state suggest the importance of incorporating the use of the emWave2® device to

improve leadership competence in using PCA and RCA. Throughout the course of the study, the participants used the emWave2® device while self-generating positive emotions to monitor and receive feedback about their emotional state (McCraty, 2015). The emWave2® device uses a pulse monitor to measure the beat-to-beat changes of the heart, or heart-rate-variability (HRV), to measure the coherence level. The device displays a pulsing light that turns red to indicate low coherence, blue to indicate medium coherence, and green to indicate high coherence. Initially, all participants found it easy to get into high coherence by following the Quick Coherence ® Technique steps of (a) breathing deeply and (b) focusing on the area around the heart while recalling positive emotional experiences (McCraty, 2010). As their focus shifted to thoughts about work or other things, their coherence levels decreased and they needed to recall additional positive emotional memories. One implication is that improved self-awareness enabled the participants to recall and select positive practices to conduct effective accountability exchanges. Self-awareness is a well-documented element of emotional intelligence (Boyatzis, Smith, Van Oosten, & Woolford, 2013).

The second implication relates to the leader's ability to foster learning and provide emotional support to the employee throughout each accountability exchange. Using positive practices such as compassionate support, optimism, and courage enabled several participants to become more aware of the interdependent nature positive emotions and focus on the employee (Karakas & Sarigollu, 2013; McCraty & Childre, 2010). To reinforce the focus on learning and support, organizations may change from a punitive approach to accountability to one based on positivity and employee engagement. Another implication that resulted from the research findings is that leaders are more

effective at using positive practices and positive leadership when they have access to descriptions of the practices and take time to prepare for accountability exchanges. Creating a portable guide with descriptions of positive practices and suggestions for use may help leaders become more effective at using PCA for accountability exchanges. The fourth implication identified during the study is related to a sense of well-being after self-generating a positive emotional state while using the emWave2® device. One study considered the impact of coherence exercises using the emWave2® device and suggested a possible relationship to well-being (Edwards, 2014). Another study demonstrated that feelings of well-being help to improve leadership capabilities (Zellars, Hochwarter, Lanivich, Perrewé, & Ferris, 2011).

Implications associated with research questions four and five. The fourth and fifth research questions shifted the focus from positive to negative emotional states and asked about the participant insights about efforts to apply positive practices and positive leadership to increase accountability effectiveness. All participants agreed that being in a negative emotional state was frustrating and limited the ability to shift to a positive emotional state.

The first implication from this finding demonstrates that applying positive leadership and positive practices when in a negative emotional state was difficult and creates a barrier to effective accountability exchanges.. Negative emotions limited the ability to think clearly and share helpful information with employees during the accountability exchanges (Bradley et el. 2010). The second implication resulting from participant experiences while in negative emotional state indicates that negative emotions limit a leader's ability to be constructive in guiding employees and may increase

destructive leadership behaviors (Collins & Jackson, 2015). The opposite has been

shown to be true in a study about achieving collective coherence using sustained positive

emotional states (Morris, 2010). Leaders and employees could improve the ability to

minimize negative emotional states and increase positive emotional states by using

organizational resources to develop and teach coherence-building exercises, including the

use of the emWave2® device, focused on the use of PCA and RCA for accountability

exchanges.

Implications associated with research question six. Each participant shared his

or her perceived contribution to advancing the practice of PCA as a complementary

approach to RCA and shared ideas while being interviewed and during the workshop

discussions. The first implication resulting from the participant contributions is to create

PCA-focused learning, coaching, and mentoring programs for both leaders and

employees. The second implication has to do with transformational change to influence

individual and organizational beliefs about accountability and shift from the compliance

driven approach to a more holistic approach that uses both PCA and RCA. The third

implication is to focus on developing leaders and investing in employees to create a

healthy and vibrant organization based on care, appreciation, and respect to improve

accountability practices and achieve performance outcomes.

Recommendations

This study examined the role of PCA as a complementary approach to RCA

through the experiences of healthcare leaders in an action research study. The research

findings provide a basis for multiple suggestions for the practical application of PCA and

RCA. The recommendations are organized by these three themes: (a) create an

organizational reset, (b) build leadership capacity, and (c) invest in employees. Additionally, future four research suggestions that may be useful for positive organizational scholarship and/or accountability research are provided.

It is recommended that healthcare leaders identify strategies to create an organizational reset to change beliefs about accountability. Given the complexities and unrelenting demands found in healthcare, determining ways to create the needed changes determining suitable solutions to facilitate deep transformational learning (Younger et al., 2013). One solution is to formulate action-learning strategies that can be integrated into existing practices such as daily huddles and other team meetings, annual educational events, and committee meetings. It would be interesting for an organization to adopt ideas gleaned from the tipping point theory (Younger et al., 2013) to influence change through grassroots efforts by engaging front-line employees and leaders as champions of the changes associated with the integrated use of PCA and RCA. Identifying innovative ways to increase awareness and practice of PCA and RCA such as creating an accountability bar where leaders and employees can meet with an accountability coach, connect to an emWave2® device, and share stories about accountability experiences with others.

It is important to sustain change over the course of time to ensure organizational reset efforts help improve accountability. One way to sustain change is to establish a learning community with regular discussion groups that focus on discovery of how to use these positive practices and positive leadership is a way to keep the ideas in the forefront of thinking and practice. Another way to support long-term change is to motivate employees and leaders by establishing a recognition program for those who achieve a

level of performance or meet a standard of performance. Lastly, as proposed by one participant, leaders could incorporate PCA practices into the preparation processes in advance of accreditation site visits to ensure all leaders and employees comply with the mandated standards.

The findings of this study demonstrated that building leadership capacity is essential to increase the use of PCA. Thus, the first recommendation for building leadership capacity is to use an approach similar to the design of the action research study to introduce PCA as a complementary approach to RCA to leaders across the organization. By following the structure of workshops, practical application period, and incorporate the use of the emWave2® device, the leaders may gain additional insights that will bolster leadership capacity. In addition to adopting an action research approach to learning, it is necessary to develop differentiated learning strategies to help develop leaders based on their experience and needs rather than one-size fits all approach. To address the day-to-day needs of leaders, creating a pocket-sized handbook listing positive leadership, positive practices, and exercises to build and sustain positive emotional states would be a useful tool for leaders.

Leaders can learn ways to adapt exercises and practices such as broaden-and-build and loving-kindness meditation (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008) and heart rhythm coherence training exercises (Bradley et al, 2010; Edwards, 2014; McCraty & Shaffer, 2015) to develop and build leadership capacity for using positive emotional states to improve the quality of accountability exchanges. One innovative idea using technology is to develop an application to use with smart devices that tracks

accountability successes, integrates emWave2® device, and provides tips and ideas for using PCA to leverage strengths and address issues.

The third set of recommendations is focused on ideas to invest in employees by creating a productive work environment. By creating a work positive work environment that is focused on productive behaviors and strong interpersonal relationships, employees would flourish and be more committed to using PCA and RCA (Kaplan, Cortina, Ruark, LaPort, & Nicolaides, 2013). Leaders need to focus on rekindling the passion employees once had by creating a context for work that nourishes cooperation and well-being by recognizing employees for the value they bring to patients and others (Rego, Ribeiro, Cunha, & Jesuino, 2011). Finally, it is important for leaders to establish formal and informal learning and development programs related to the specific to the needs of employees to ensure have ongoing opportunities to grow and improve.

Recommendations for future research on the use of PCA as a complementary approach to RCA include the following three suggestions:

The first recommendation for further research is to develop a survey instrument to measure the use and impact of positive leadership, positive practices, and positive emotions on accountability on performance outcomes. The inability to quantify the use of specific positive practices, positive leadership, and positive emotions in the context of accountability leaves a notable gap in this study. The development and validation of such a survey instrument is needed to support future research to generalize findings related to PCA (Ferrance, 2000).

The second recommendation for further research is to conduct a longitudinal study with a bigger sample to track progress, look for patterns of change, and analyze

causal relationships within an organization that has implemented PCA with RCA. A

long-term study is important because of the limitations of a three-week study with a very

small sample. A longitudinal study that identifies continuous measurements to assess the

social changes related to using PCA and RCA within a healthcare organization could be

of great benefit to many in developing a comprehensive approach to improve

performance outcomes (Chassin, Loeb, Schmaltz, & Wachter, 2010; Ruspini, 2003).

The third recommendation for future research is to repeat the action research

study in additional organizations, in and out of healthcare and compare results (Miller &

Brewer, 2003). Conducting the same study in other healthcare organizations as well as

non-healthcare organizations would provide a variety of different perspectives. It is

possible that this study was unique because the participants shared similar experiences.

The fourth and final recommendation for future research is to apply a more

rigorous process for using the emWave2® to enhance accountability practices. Using the

software program to track and analyze levels of coherence and positive emotions during

specified phases of different accountability exchanges could lead to further insights about

the use and effectiveness of positive leadership and positive practices. This form of

triangulation could provide deeper insights about the effectiveness PCA as

complementary approach to RCA.

Conclusion

The purpose of this qualitative action research study was to explore PCA as a

complementary approach to RCA to improve performance outcomes. The study took

place over a three-week period. Six workshops, a four-day practical application period,

and semi-structured interviews were conducted with nine leaders from clinical and

nonclinical areas of the medical center. Each participant wrote a journal entry at the conclusion of each workshop and at the end of each day during the practical application period. Data collected from the workshop notes, participant journal entries, and interviews were analyzed and organized into themes. The data was gathered and analyzed to attempt to answer six research questions.

Careful analysis of study data indicated that PCA is complementary to RCA and has a favorable impact on improving performance outcomes through holistic accountability exchanges. All participants reported that creating results by using person-centered practices with regulatory- or compliance-based practices to improve accountability. The findings provided participants' perceptions about using PCA as a complementary approach to RCA. Participants focused on applying positive leadership and positive practices along with using the emWave2® device to create a positive emotional state by following the Quick Coherence ® Technique steps. Participants appreciated and valued the action learning approach because of the emphasis on practical application and the opportunity to explore, learn, and generate new ideas about the use of PCA and RCA.

References

Abreu, B. C. (2011). Accentuate the positive: Reflections on empathic Interpersonal Interactions. *American Journal of Occupational Therapy*, *65*(6), 623–634. doi:10.5014/ajot.2011.656002

Adams, M. (2010). The practical primacy of questions in action learning. In Boshyk, Yury & Dilworth, Lex (Ed.), *Action Learning and Its Applications, Present and Future* (pp. 1–11). Palgrave Macmillan Publishers.

Adams, C. A., & McNicholas, P. (2007). Making a difference: Sustainability reporting, accountability and organisational change. *Accounting, Auditing & Accountability Journal*, *20*(3), 382–402. doi:10.1108/09513570710748553

Adelman, C. (1993). Kurt Lewin and the origins of action research. *Educational Action Research*, *1*(1), 37–41.

Akrivou, K., & Bradbury-Huang, H. (2011). Executive catalysts: Predicting sustainable organizational performance amid complex demands. *The Leadership Quarterly*, *22*, 995–1009. doi:10.1016/j.leaqua.2011.07.019

Algoe, S. B., & Fredrickson, B. L. (2011). Emotional fitness and the movement of affective science from lab to field. *The American Psychologist*, *66*(1), 35–42. doi:10.1037/a0021720

Aluwihare-Samaranayake, D. (2012). Ethics in qualitative research: A view of the participants' and researchers' world from a critical standpoint. *International Institute for Qualitative Methodology*, *11*(2), 64–81.

Ammeter, Anthony P, Douglas, Ceasar, Ferris, Gerald R., & Goka H. (2004). A social relationship conceptualization of trust and accountability in organizations. *Human Resource Management Review*, *14*(1), 47–65. doi:10.1016/j.hrmr.2004.02.003

Amundsen, S., & Martinsen, Ø. L. (2014). Empowering leadership: Construct clarification, conceptualization, and validation of a new scale. *The Leadership Quarterly*, *25*(3), 487–511. doi:10.1016/j.leaqua.2013.11.009

Anderson, J. (2009). Illusions of accountability. *Administrative Theory & Praxis*, *31*(3), 322–339. doi:10.2753/ATP1084-1806310302

Andersson, T., & Liff, R. (2012). Multiprofessional cooperation and accountability pressures. *Public Management Review*, *14*(6), 835–855. doi:http://dx.doi.org/10.1080/14719037.2011.650053

Antonakis, J., Ashkanasy, N. M., & Dasborough, M. T. (2009). Does leadership need emotional intelligence? *The Leadership Quarterly*, *20*(2), 247–261. doi:10.1016/j.leaqua.2009.01.006

Argyris, Chris & Schön, D. A. (1996). *Organizational Learning II*. Addison-Wesley Publishing Company.

Arthaud-Day, M. L., Rode, J. C., & Turnley, W. H. (2012). Direct and contextual effects of individual values on organizational citizenship behavior in teams. *The Journal of Applied Psychology*, *97*(4), 792–807. doi:10.1037/a0027352

Alexander Arthur, C., & Hardy, L. (2014). Transformational leadership: A quasi-experimental study. *Leadership & Organization Development Journal*, *35*(1), 38–53. doi:10.1108/LODJ-03-2012-0033

Avey, J. B., Wernsing, T. S., & Mhatre, K. H. (2011). A longitudinal analysis of positive psychological constructs and emotions on stress, anxiety, and well-being. *Journal of Leadership & Organizational Studies*, *18*(2), 216–228. doi:10.1177/1548051810397368

Avey, James B, Luthans, F., Smith, R. M., & Palmer, N. F. (2010). Impact of positive psychological capital on employee well-being over time. *Journal of Occupational Health Psychology*, *15*(1), 17–28. doi:10.1037/a0016998

Avey, James B., Avolio, B. J., & Luthans, F. (2011). Experimentally analyzing the impact of leader positivity on follower positivity and performance. *The Leadership Quarterly*, *22*, 282–294. doi:10.1016/j.leaqua.2011.02.004

Avolio, B. J., Bass, B. M. (2004). *Multifactor Leadership Questionnaire*.

Avolio, B. J., Avey, J. B., & Quisenberry, D. (2010). Estimating return on leadership development investment. *The Leadership Quarterly*, *21*(4), 633–644. doi:10.1016/j.leaqua.2010.06.006

Ayres, L. (2008). Semi-structured interview. In Lisa M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods* (pp. 811–812). Thousand Oaks, CA: Sage Publications. doi:http://dx.doi.org/10.4135/9781412963909.n420

Bagozzi, R. P., Sekerka, L. E., & Hill, V. (2010). Hierarchical motive structures and their role in moral choices. *Journal of Business Ethics*, *90*(S4), 461–486. doi:10.1007/s10551-010-0601-3

Barrett, Frank J., Fry, Ronald, E. (2012). Appreciative inquiry: A positive approach to building cooperative capacity. Taos Institute.

Barsky, A., Kaplan, S. A., & Beal, D. J. (2010). Just feelings? The role of affect in the formation of organizational fairness judgments. *Journal of Management*, *37*(1), 248–279. doi:10.1177/0149206310376325

Bass, B. M. (1990). Leadership: Learning to share the vision. *Organizational Dynamics*, *3*(Winter), 19–31. doi:10.1016/0090-2616(90)90061-S

Becker, T. E., Ullrich, J., & van Dick, R. (2013). Within-person variation in affective commitment to teams: Where it comes from and why it matters. *Human Resource Management Review*, *23*(2), 131–147. doi:10.1016/j.hrmr.2012.07.006

Beheshtifar, Malikeh; Ali-Nezhad, Hasan; Nekoie-Moghadam, M. (2012). Investigation of perceived organizational support on employees' attitudes toward work. *Institute of Interdisciplinary Business Research*, *4*(8), 432–443.

Béliveau, J. (2013). Middle managers' role in transferring person-centered management and care. *The Service Industries Journal*, *33*(13-14), 1345–1362. doi:10.1080/02642069.2013.815738

Benaquisto, L. (2008). –a-- Codes and coding. In L. M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods Methodology* (pp. 517–522). doi:10.4135/9781412963909

Benaquisto, L. (2008). –b-- Coding frame. In L. M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods Validity* (pp. 910–911).

Bernerth, J. B., Walker, H. J., Walter, F., & Hirschfeld, R. R. (2011). A study of workplace justice differences during times of change: It's not all about me. *The Journal of Applied Behavioral Science*, *47*(3), 336–359. doi:10.1177/0021886311404929

Bianchi, C. (2010). Improving performance and fostering accountability in the public sector through system dynamics modeling: From an "external" to an "internal" perspective. *Systems Research and Behavioral Science System Research*, *384*, 361–385. doi:10.1002/sres

Biron, M., & Bamberger, P. (2010). The impact of structural empowerment on individual well-being and performance: Taking agent preferences, self-efficacy and operational constraints into account. *Human Relations*, *63*(2), 163–191. doi:10.1177/0018726709337039

Biswas, S. & Bhatnagar, J. (2013). Mediator analysis of employee engagement: Role of perceived organizational support, organizational commitment, and job satisfaction. *Vikalpa*, *38*(1), 27–41.

Bloomberg, L. D. & Volpe, M. (2008). *Completing your qualitative dissertation: A roadmap from beginning to end*. Thousand Oaks, CA: Sage Publications.

Boudrias, J.-S., Brunet, L., Morin, A. J. S., Savoie, A., Plunier, P., & Cacciatore, G. (2010). Empowering employees: The moderating role of perceived organisational climate and justice. *Canadian Journal of Behavioural Science*, *42*(4), 201–211. doi:10.1037/a0020465

Bovens, M. (2010). Two concepts of accountability: accountability as a virtue and as a mechanism. *West European Politics*, *33*(5), 946–967. doi:10.1080/01402382.2010.486119

Boyatzis, R. E., Smith, M. L., Van Oosten, E., & Woolford, L. (2013). Developing resonant leaders through emotional intelligence, vision and coaching. *Organizational Dynamics*, *In Press*. doi:10.1016/j.orgdyn.2012.12.003

Boyd, N. M., & Bright, D. S. (2007). Appreciative inquiry as a mode of action research for community psychology. *Journal of Community Psychology*, *35*(8), 1019–1036. doi:10.1002/jcop.20208

Bradbury-Huang, H. (2010). What is good action research? : Why the resurgent interest? *Action Research, 8*(1), 93-109. Doi:10.1177/1476750310362435

Bradley, R. T. (2007). The psychophysiology of intuition: A quantum-holographic theory of nonlocal communication. *World Futures*, *63*(2), 61–97. doi:10.1080/02604020601123148

Bradley, R. T., McCraty, R., Atkinson, M., Tomasino, D., Daugherty, A., & Arguelles, L. (2010). Emotion self-regulation, psychophysiological coherence, and test anxiety: results from an experiment using electrophysiological measures. *Applied Psychophysiology and Biofeedback*, *35*(4), 261–83. doi:10.1007/s10484-010-9134-x

Breaux, D. M., Munyon, T. P., Hochwarter, W. A., & Ferris, G. R. (2009). Politics as a moderator of the accountability--job satisfaction relationship: Evidence across three studies. *Journal of Management*, *35*(2), 307–326. doi:10.1177/0149206308318621

Breaux, D. M., Perrewé, P. L., Hall, A. T., Frink, D. D., & Hochwarter, W. A. (2008). Time to try a little tenderness? The detrimental effects of accountability when coupled with abusive supervision. *Journal of Leadership & Organizational Studies*, *15*(2), 111–122. doi:10.1177/1548051808321787

Brewer, J. (2003). Comparative analysis. In Robert L. Miller, & John D. Brewer (Eds.), *The A-Z of Social Research.* (pp. 33-35). London, England: SAGE Publications, Ltd. doi: http://dx.doi.org.proxy1.ncu.edu/10.4135/9780857020024.n13

Bright, D. S., Cameron, K. S., & Caza, A. (2006). The amplifying and buffering effects of virtuousness in downsized organizations. *Journal of Business Ethics*, *64*(3), 249–269. doi:10.1007/s10551-005-5904-4

Bright, D. S., Cooperrider, D. L., & Galloway, W. B. (2006). Appreciative inquiry in the office of research and development: Improving the collaborative capacity of organization. *Public Performance & Management Review*, *29*(3), 285–306.

Bright, D. S., & Fry, R. E. (2013). Introduction: Building ethical, virtuous organizations. *The Journal of Applied Behavioral Science*, *49*(1), 5–12. doi:10.1177/0021886312473574

Bright, D. S. (2009). Appreciative inquiry and positive organizational scholarship: A philosophy of practice for turbulent times. *OD Practitioner*, *41*(3), 2–8.

Brown, H. (2004). Action research in the classroom: A process that feeds the spirit of the adolescent. *International Institute for Qualitative Methodology*, *3*(1), 25–41.

Brown, M. E., Treviño, L. K., & Harrison, D. A. (2005). Ethical leadership: A social learning perspective for construct development and testing. *Organizational Behavior and Human Decision Processes*, *97*(2), 117–134. doi:10.1016/j.obhdp.2005.03.002

Brownlee, A. L., & Motowidlo, S. J. (2011). Effects of accountability to group members and outcome interdependence on task behavior and interpersonal contextual behavior. *Journal of Organizational Psychology*, *11*(1), 24–35.

Brydon-Miller, M. (2006). A re-examination of the relationship between action research and human subjects review processes. *Action Research*, *4*(1), 117–128. doi:10.1177/1476750306060582

Burns, D. (2013). Systemic action research: Changing system dynamics to support sustainable change. *Action Research*, *12*(1), 3–18. doi:10.1177/1476750313513910

Burke, L. A., & Saks, A. M. (2009). Accountability in training transfer: Adapting Schlenker's model of responsibility to a persistent but solvable problem. *Human Resource Development Review*, *8*(3), 382–402. doi:10.1177/1534484309336732

Burke, T. (2014). Federally facilitated insurance exchanges under the Affordable Care Act: Implications for public health policy and practice. *Public Health Reports (Washington, D.C.: 1974)*, *129*(1), 94–96.

Busseri, M. A., Choma, B. L., & Sadava, S. W. (2011). Subjective temporal trajectories for subjective well-being. *The Journal of Positive Psychology*, 1–15. doi:10.1080/17439760.2011.565784

Busseri, M. A., Sadava, S., Molnar, D., & DeCourville, N. (2009). A person-centered approach to subjective well-being. *Journal of Happiness Studies*, *10*(2), 161–181. doi:10.1007/s10902-007-9072-3

Byrne, A., Dionisi, A. M., Barling, J., Akers, A., Robertson, J., Lys, R., Wylie, J., Dupré, K. (2013). The depleted leader: The influence of leaders' diminished psycholog4cal resources on leadership behaviors. *The Leadership Quarterly, 25*(2), 344-357. doi:10.1016/j.leaqua.2013.09.003

Cacioppo, J. T., Reis, H. T., & Zautra, A. J. (2011). Social resilience: the value of social fitness with an application to the military. *The American Psychologist*, *66*(1), 43–51. doi:10.1037/a0021419

Calabrese, R., Cohen, E., & Miller, D. (2013). Creating a healthy workplace culture using an appreciative inquiry 4-D cycle. *Organization Management Journal*, *10*(3), 196–207. doi:10.1080/15416518.2013.831706

Caldwell, C., & Canuto-Carranco, M. (2010). "Organizational terrorism" and moral choices – exercising voice when the leader is the problem. *Journal of Business Ethics*, *97*(1), 159–171. doi:10.1007/s10551-010-0502-5

Cameron, K., Mora, C., Leutscher, T., & Calarco, M. (2011). Effects of positive practices on organizational effectiveness. *The Journal of Applied Behavioral Science*, *47*(3), 266–308. doi:10.1177/0021886310395514

Cameron, K. S., & Caza, A. (2004). Introduction: Contributions to the discipline of positive organizational scholarship. *American Behavioral Scientist*, *47*(6), 731–739. doi:10.1177/0002764203260207

Cameron, K. (2011). Responsible leadership as virtuous leadership. *Journal of Business Ethics*, *98*(S1), 25–35. doi:10.1007/s10551-011-1023-6

Cameron, K. (2010). Five keys to flourishing in trying times. *Leader to Leader*, *2010*(55), 45–51. doi:10.1002/ltl.401

Campos, B., Shiota, M. N., Keltner, D., Gonzaga, G. C., & Goetz, J. L. (2013). What is shared, what is different? Core relational themes and expressive displays of eight positive emotions. *Cognition and Emotion*, *27*(1), 37–52. doi:http://dx.doi.org/10.1080/02699931.2012.683852

Carbonneau, N., Vallerand, R., & Massicotte, S. (2010). Is the practice of yoga associated with positive outcomes? The role of passion. *The Journal of Positive Psychology*, *5*(6), 452–465. doi:10.1080/17439760.2010.534107

Carmona, S., Donoso, R., & Reckers, P. M. J. (2013). Timing in accountability and trust relationships. *Journal of Business Ethics*, *112*(3), 481–495. doi:10.1007/s10551-012-1273-y

Carsten, M. K., Uhl-Bien, M., West, B. J., Patera, J. L., & McGregor, R. (2010). Exploring social constructions of followership: A qualitative study. *The Leadership Quarterly*, *21*(3), 543–562. doi:10.1016/j.leaqua.2010.03.015

Chahal, H., & Mehta, S. (2011). Antecedents and consequences of organisational citizenship behaviour (OCB): A conceptual framework in reference to health care sector. *Journal of Services Research*, *10*(2).

Chang, C. H. (Daisy), & Johnson, R. E. (2010). Not all leader–member exchanges are created equal: Importance of leader relational identity. *The Leadership Quarterly*, *21*(5), 796–808. doi:10.1016/j.leaqua.2010.07.008

Chassin, M. R., Loeb, J. M., Schmaltz, S. P., & Wachter, R. M. (2010). Accountability measures--using measurement to promote quality improvement. *The New England Journal of Medicine, 363*(7), 683–8. doi:10.1056/NEJMsb1002320

Chen, C. M., & Wang, H. P. (2011). Using emotion recognition technology to assess the effects of different multimedia materials on learning emotion and performance. *Library & Information Science Research, 33*(3), 244–255. doi:10.1016/j.lisr.2010.09.010

Chen, S., Shechter, D., & Chaiken, S. (1996). Getting at the truth or getting along: Accuracy- versus impression-motivated heuristic and systematic processing. *Journal of Personality and Social Psychology*, *71*(2), 262–275. doi:10.1037//0022-3514.71.2.262

Chiasson, M., Germonprez, M., & Mathiassen, L. (2009). Pluralist action research: a review of the information systems literature. *Information Systems Journal*, *19*(1), 31–54. doi:10.1111/j.1365-2575.2008.00297.x

Cho, Y., & Egan, T. M. (2009). Action learning research: A systematic review and conceptual framework. *Human Resource Development Review*, *8*(4), 431–462. doi:10.1177/1534484309345656

Coghlan, D. (2011). Action research: Exploring perspectives on a philosophy of practical knowing. *The Academy of Management Annals*, *5*(1), 53–87. doi:10.1080/19416520.2011.571520

Cohn, M., & Fredrickson, B. (2010). In search of durable positive psychology interventions: Predictors and consequences of long-term positive behavior change. *The Journal of Positive Psychology*, *5*(5), 355–366. doi:10.1080/17439760.2010.508883

Collins, M. E., Block, S. D., Arnold, R. M., & Christakis, N. A. (2009). On the prospects for a blame-free medical culture. *Social Science & Medicine*, *69*(9), 1287–90. doi:10.1016/j.socscimed.2009.08.033

Collins, M. D., & Jackson, C. J. (2015). A process model of self-regulation and leadership: How attentional resource capacity and negative emotions influence constructive and destructive leadership. *The Leadership Quarterly*. doi:10.1016/j.leaqua.2015.02.005

Colquitt, J. A., Scott, B. A., Rodell, J. B., Long, D. M., Zapata, C. P., Conlon, D. E., & Wesson, M. J. (2013). Justice at the millennium, a decade later: a meta-analytic

test of social exchange and affect-based perspectives. *The Journal of Applied Psychology*, *98*(2), 199–236. doi:10.1037/a0031757

Colquitt, J. A.; Scott, B. A., & Rodell, J. B.; Long, D. M.; Zapata, C. P.; Conlon, D. E.; Wesson, M. J. (2009). Procedural justice, interactional justice, and task performance: The mediating role of intrinsic motivation. *Organizational Behavior and Human Decision Processes*, *108*(1), 93–105. doi:10.1016/j.obhdp.2008.08.001

Conger, J. A. (1990). The dark side of leadership. *Organizational Dynamics*, *19*(2), 44–55.

Conger, J. A., & Kanungo, R. N. (1988). The empowerment process: Integrating theory and practice. *The Academy of Management Review*, *13*(3), 471. doi:10.2307/258093

Conklin, T. A., & Hart, R. K. (2009). Appreciative inquiry in management education: Measuring the success of co-created learning. *Organization Management Journal*, *6*(2), 89–104. doi:10.1057/omj.2009.14

Connelly, S., & Ruark, G. (2010). Leadership style and activating potential moderators of the relationships among leader emotional displays and outcomes. *The Leadership Quarterly*, *21*(5), 745–764. doi:10.1016/j.leaqua.2010.07.005

Converse, P. D., Miloslavic, S. A., Lockamy, C. N., Sudduth, M. M., Piccone, K., Pathak, J., & DePaul-Haddock, A. M. (2013). Within-person variability in goal content and goal frame: Amount, patterns, antecedents, and consequences of variation in goal orientation over time. *Human Performance*, *26*(5), 374–389. doi:10.1080/08959285.2013.836524

Cooperrider, D. L. (2012). The concentration effect of strengths. *Organizational Dynamics*, *41*(2), 106–117. doi:10.1016/j.orgdyn.2012.01.004

Côté, S., Lopes, P. N., Salovey, P., & Miners, C. T. H. (2010). Emotional intelligence and leadership emergence in small groups. *The Leadership Quarterly*, *21*(3), 496–508. doi:10.1016/j.leaqua.2010.03.012

Cram, F. (2010). Appreciative inquiry. *MAI Review*, (3), 1–13. Retrieved from http://review.mai.ac.nz

Cravens, K. S., Oliver, E. G., & Stewart, J. S. (2010). Can a positive approach to performance evaluation help accomplish your goals? *Business Horizons*, *53*(3), 269–279. doi:10.1016/j.bushor.2009.09.005

Crisp, R. (2010). A person-centred perspective to counselling in educational and vocational agencies. *Australian Journal of Guidance & Counseling*, *20*(1), 22–30.

Cropanzano, R, Chrobot-Mason, D. , Rupp D. E., Prehar, C. A. (2004). Accountability for corporate injustice. *Human Resource Management Review*, *14*(1), 107–133. doi:10.1016/j.hrmr.2004.02.006

Culbertson, S. S., Fullagar, C. J., & Mills, M. J. (2010). Feeling good and doing great: the relationship between psychological capital and well-being. *Journal of Occupational Health Psychology*, *15*(4), 421–33. doi:10.1037/a0020720

Dahling, J. J., Chau, S. L., & O'Malley, A. (2010). Correlates and consequences of feedback orientation in organizations. *Journal of Management*, *38*(2), 531–546. doi:10.1177/0149206310375467

Dalal, R. S. (2005). A meta-analysis of the relationship between organizational citizenship behavior and counterproductive work behavior. *The Journal of Applied Psychology*, *90*(6), 1241–55. doi:10.1037/0021-9010.90.6.1241

Dansereau, F., Seitz, S. R., Chiu, C.-Y., Shaughnessy, B., & Yammarino, F. J. (2013). What makes leadership, leadership? Using self-expansion theory to integrate traditional and contemporary approaches. *The Leadership Quarterly*, *24*(6), 798–821. doi:10.1016/j.leaqua.2013.10.008

David, M. (2009). Reclaiming the spirit within: A nurse's story of personal transformation. *Pediatric Nursing*, *35*(5), 322–325.

Dawkins, S., Martin, A., Scott, J., & Sanderson, K. (2013). Building on the positives: A psychometric review and critical analysis of the construct of psychological capital. *Journal of Occupational and Organizational Psychology*, *86*(3), 348–370. doi:10.1111/joop.12007

Day, C., Sammons, P., & Gu, Q. (2008). Combining qualitative and quantitative methodologies in research on teachers' lives, work, and effectiveness: From integration to synergy. *Educational Researcher*, *37*(6), 330–342. doi:10.3102/0013189X08324091

De Langhe, B., van Osselaer, S. M. J., & Wierenga, B. (2011). The effects of process and outcome accountability on judgment process and performance. *Organizational Behavior and Human Decision Processes*, *115*(2), 238–252. doi:10.1016/j.obhdp.2011.02.003

De Waal, A., & Sivro, M. (2012). The relation between servant leadership, organizational performance, and the high performance organization framework. *Journal of Leadership & Organizational Studies*, *19*(2), 173–190. doi:10.1177/1548051812439892

De Hoogh, A.H.B. & Den Hartog, D. N. (2008). Ethical Leadership Measure. *PsycTESTS*. doi:10.1037/t11365-000

Den Hartog, D., & De Hoogh, A. (2009). Empowering behaviour and leader fairness and integrity: Studying perceptions of ethical leader behaviour from a levels-of-analysis perspective. *European Journal of Work and Organizational Psychology*, *18*(2), 199–230. doi:10.1080/13594320802362688

Den Hartog, D. N., & Belschak, F. D. (2012). When does transformational leadership enhance employee proactive behavior? The role of autonomy and role breadth self-efficacy. *The Journal of Applied Psychology*, *97*(1), 194–202. doi:10.1037/a0024903

Deshpande, S. P. (2009). A study of ethical decision making by physicians and nurses in hospitals. *Journal of Business Ethics*, *90*(3), 387–397. doi:10.1007/s10551-009-0049-5

Dick, B. (2006). Action research literature 2004-2006: Themes and trends. *Action Research*, *4*(4), 439–458. doi:10.1177/1476750306070105

Dick, B. (2010). Action research literature 2008-2010: Themes and trends. *Action Research*, *9*(2), 122–143. doi:10.1177/1476750310388055

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, *55*(1), 34–43. doi:10.1037//0003-066X.55.1.34

Diener, E., Kesebir, P., & Lucas, R. (2008). Benefits of accounts of well-being— for societies and for psychological science. *Applied Psychology*, *57*(s1), 37–53. doi:10.1111/j.1464-0597.2008.00353.x

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research*, *97*(2), 143–156. doi:10.1007/s11205-009-9493-y

Dinh, J. E., Lord, R. G., Gardner, W. L., Meuser, J. D., Liden, R. C., & Hu, J. (2014). Leadership theory and research in the new millennium: Current theoretical trends and changing perspectives. *The Leadership Quarterly*, *25*(1), 36–62. doi:10.1016/j.leaqua.2013.11.005

Dionne, S. D., Gupta, A., Sotak, K. L., Shirreffs, K. A., Serban, A., Hao, C., Kim, D., Yammarino, F. J. (2013). A 25-year perspective on levels of analysis in leadership research. *The Leadership Quarterly*, 1–30. doi:10.1016/j.leaqua.2013.11.002

Donaldson, S. I. & Ko, la. (2010). Positive organizational psychology, behavior, and scholarship: A review of the emerging literature and evidence base. *The Journal of Positive Psychology*, *5*(3), 177–191. doi:10.1080/17439761003790930

Donato, R. (2003). Action research. *The American Journal of Nursing*, *51*(12), 739–740.

Dubnick, M. (2005). Accountability and the promise of performance. *Public Performance & Management Review*, *28*(3), 376–417.

Dubnick, M. J., & Frederickson, H. G. (2009). Accountable agents: Federal performance measurement and third-party government. *Journal of Public Administration Research and Theory*, *20*(Supplement 1), i143–i159. doi:10.1093/jopart/mup039

Dubnick, Melvin J. & Yang, K. (2011). The pursuit of accountability: Promise, problems, and prospects. In H. Menzel, Donald; White (Ed.), *The State of Public Administration* (pp. 171–186). Armonk, New York: M.E. Sharpe, Inc.

Dykstra Jr., D. I. (2010). Radical constructivism has an answer – but this answer is not an easy one. *Constructivist Foundations*, *6*(10), 22–30.

Edwards, S. D. (2014). Evaluation of heart rhythm coherence feedback training on physiological and psychological variables. *South African Journal of Psychology*, *44*(1), 73–82. doi:10.1177/0081246313516255

Egan, T. M., & Lancaster, C. M. (2005). Comparing appreciative inquiry to action research: OD practitioner perspectives. *Organization Development Journal*, *23*(2), 29–49.

Eisenbeiss, S. A. (2012). Re-thinking ethical leadership: An interdisciplinary integrative approach. *The Leadership Quarterly*, *23*(5), 791–808. doi:10.1016/j.leaqua.2012.03.001

English, L. M. (2013). The impact of an independent inspectorate on penal governance, performance and accountability: Pressure points and conflict "in the pursuit of an ideal of perfection." *Critical Perspectives on Accounting*, *24*(7-8), 532–549. doi:10.1016/j.cpa.2013.08.002

Erdogan, B., & Bauer, T. N. (2010). Differentiated leader-member exchanges: the buffering role of justice climate. *The Journal of Applied Psychology*, *95*(6), 1104–20. doi:10.1037/a0020578

Erdogan, B., Sparrowe, R. T., Liden, R. C., Dunegan, K. J. (2004). Implications of organizational exchanges for accountability theory. *Human Resource Management Review*, *14*(1), 19–45. doi:10.1016/j.hrmr.2004.02.002

Farndale, Elaine; Kelliher, C. (2013). Implementing performance appraisal: Exploring the employee experience. *Human Resource Management*, *52*(6), 879–897. doi:10.1002/hrm.21575

Ferguson, Y. L., & Sheldon, K. M. (2013). Trying to be happier really can work: Two experimental studies. *The Journal of Positive Psychology*, *8*(1), 23–33.

Ferris, G., Munyon, T., Basik, K., & Buckley, M. (2008). The performance evaluation context: Social, emotional, cognitive, political, and relationship components.

Human Resource Management Review, *18*(3), 146–163. doi:10.1016/j.hrmr.2008.07.006

Ferris, Gerald R; Dulebohn, James H.; Frink, Dwight D., George-Falvy, J., James, H., Dwight, D., & Mitchell, Terence R.; Matthews, L. M. (2009). Job and organizational characteristics, accountability, and employee influence. *Journal of Managerial Issues*, *21*(4), 518–533.

Fiorentino, L. H. (2012). Positive perspectives on the profession: Reframing through appreciative inquiry. *Quest*, *64*(4), 209–228. doi:10.1080/00336297.2012.723464

Fisk, G. M., & Friesen, J. P. (2012). Perceptions of leader emotion regulation and LMX as predictors of followers' job satisfaction and organizational citizenship behaviors. *The Leadership Quarterly*, *23*(1), 1–12. doi:10.1016/j.leaqua.2011.11.001

Fitzgerald, S. P., Oliver, C., & Hoxsey, J. C. (2010). Appreciative inquiry as a shadow process. *Journal of Management Inquiry*, *19*(3), 220–233.

Fletcher, M. A., Zuber-Skerritt, O., Bartlett, B., Albertyn, R., & Kearney, J. (2010). Meta-action research on a leadership development program: A process model for life-long learning. *Systemic Practice and Action Research*, *23*(6), 487–507. doi:10.1007/s11213-010-9173-5

Fontenot, S. F. (2014). Affordable Care Act: Lifting the curtain on healthcare costs. *Physician Executive*, *40*(2), 79–83.

Francis, C. A. (2011). The mediating force of "face": Supervisor character and status related to perceived organizational support and work outcomes. *Journal of Leadership & Organizational Studies*, *19*(1), 58–67. doi:10.1177/1548051811410701

Frankel, A. S., Leonard, M. W., & Denham, C. R. (2006). Fair and just culture, team behavior, and leadership engagement: The tools to achieve high reliability. *Health Services Research and Educational Trust*, *41*(4 Part II), 1690–709. doi:10.1111/j.1475-6773.2006.00572.x

Fredrickson, B. L. (2006). Unpacking positive emotions: Investigating the seeds of human flourishing. *The Journal of Positive Psychology*, *1*(2), 57–59. doi:10.1080/17439760500510981

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, *95*(5), 1045–1062. doi:10.1037/a0013262

Fredrickson, B. L., & Losada, M. F. (2005). Positive affect and the complex dynamics of human flourishing. *The American Psychologist*, *60*(7), 678–86. doi:10.1037/0003-066X.60.7.678

Freeman, A. R., McWilliam, C. L., MacKinnon, J. R., DeLuca, S., & Rappolt, S. G. (2009). Health professionals' enactment of their accountability obligations: doing the best they can. *Social Science & Medicine*, *69*(7), 1063–71. doi:10.1016/j.socscimed.2009.07.025

Friese, S. (2012). *Qualitative data analysis with ATLAS.ti*. London: Sage

French, S. (2009). Action research for practising managers. *Journal of Management Development*, *28*(3), 187–204. doi:10.1108/02621710910939596

Frink, D. D., & Ferris, G. R. (1999). The moderating effects of accountability on the conscientiousness-performance relationship. *Journal of Business and Psychology*, *13*(14), 515–524.

Frink, D., & D., Klimoski, R. J. (2004). Advancing accountability theory and practice: Introduction to the human resource management review special edition. *Human Resource Management Review*, *14*(1), 1–17. doi:10.1016/j.hrmr.2004.02.001

Frink, D. D.; Ferris, G. R. (1998). Accountability, impression management, and goal setting in the performance evaluation process. *Human Relations*, *51*(10), 1259–1283. doi:10.1177/001872679805101003

Frink, D. D.; Hall, A. T.; Perryman, A. A.; Ranft, A. L.; Hochwarter, W. A.; Ferris, G. R.; Royle, M. T. (2008). Meso-level theory of accountability in organizations. In J. J. Martocchio (Ed.), *Research in personnel and human resources management* (Vol. 27, pp. 177–245). Bingley: Emerald Group Publishing Ltd.

Froman, L. (2009). Positive psychology in the workplace. *Journal of Adult Development*, *17*(2), 59–69. doi:10.1007/s10804-009-9080-0

Fuqua, D. R., & Newman, J. L. (2006). Moral and ethical issues in human systems. *Consulting Psychology Journal: Practice and Research*, *58*(4), 206–215. doi:10.1037/1065-9293.58.4.206

Gardner, W. L., Cogliser, C. C., Davis, K. M., & Dickens, M. P. (2011). Authentic leadership: A review of the literature and research agenda. *The Leadership Quarterly*, *22*, 1120–1145. doi:10.1016/j.leaqua.2011.09.007

Gardner, W. L., Fischer, D., & Hunt, J. G. (Jerry). (2009). Emotional labor and leadership: A threat to authenticity? *The Leadership Quarterly*, *20*(3), 466–482. doi:10.1016/j.leaqua.2009.03.011

Garland, E. L., Fredrickson, B., Kring, A. M., Johnson, D. P., Meyer, P. S., & Penn, D. L. (2010). Upward spirals of positive emotions counter downward spirals of

negativity: insights from the broaden-and-build theory and affective neuroscience on the treatment of emotion dysfunctions and deficits in psychopathology. *Clinical psychology review*, *30*(7), 849–64. doi:10.1016/j.cpr.2010.03.002

Gavin, J. H., & Mason, R. O. (2004). The virtuous organization: The value of happiness in the workplace. *Organizational Dynamics*, *33*(4), 379–392. doi:10.1016/j.orgdyn.2004.09.005

Gergen, K. J., & Gergen, M. M. (2014). Social constructionism. In Lisa M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods* (pp. 817–821). Thousand Oaks, CA: Sage Publications. doi:http://dx.doi.org/10.4135/9781412963909.n426

Ghosh, C. (2014). Affordable Care Act: Strategies to tame the future. *Physician Executive*, *39*(6), 68–70. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/24354148

Gibbon, J. (2012). Understandings of accountability: an autoethnographic account using metaphor. *Critical Perspectives on Accounting*, *23*(3), 201–212. doi:10.1016/j.cpa.2011.12.005

Given, L. M. (2008). Action research. In Lisa M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods* (pp. 5–8). Thousand Oaks, CA: Sage Publications. doi:http://dx.doi.org/10.4135/9781412963909.n4

Goodman, B. J. M., Evans, W. R., & Carson, C. M. (2011). Organizational politics and stress: Perceived accountability as a coping mechanism. *The Journal of Business Inquiry*, *10*(1), 66–80.

Gooty, J., Connelly, S., Griffith, J., & Gupta, A. (2010). Leadership, affect and emotions: A state of the science review. *The Leadership Quarterly*, *21*(6), 979–1004. doi:10.1016/j.leaqua.2010.10.005

Green, M. C., Visser, P. S., & Tetlock, P. E. (2000). Coping with accountability cross-pressures: Low-effort evasive tactics and high-effort complex compromises. *Personality and Social Psychology Bulletin*, *26*(11), 1380–1391. doi:10.1177/0146167200263006

Greiling, D., & Halachmi, A. (2010). Accountability and governance issues: Introduction. *Public Administration Quarterly*, *34*(4), 442–448. Retrieved from http://search.proquest.com/docview/818745263?accountid=28180

Greiling, D., & Spraul, K. (2010). Accountability and the challenges of information disclosure. *Public Administrative Quarterly*, *34*(3), 338–377.

Guo, K. L. (2010). The entrepreneurial manager in health care organizations. *The Business Review, Cambridge*, *15*(2), 11–19.

Halkos, G., & Bousinakis, D. (2010). The effect of stress and satisfaction on productivity. *International Journal of Productivity and Performance Management*, *59*(5), 415–431. doi:10.1108/17410401011052869

Hall, A. T., Blass, F. R., Ferris, G. R., & Massengale, R. (2004). Leader reputation and accountability in organizations: Implications for dysfunctional leader behavior. *The Leadership Quarterly*, *15*(4), 515–536. doi:10.1016/j.leaqua.2004.05.005

Hall, A. T., Bowen, M. G., Ferris, G. R., Royle, M. T., & Fitzgibbons, D. E. (2007). The accountability lens: A new way to view management issues. *Business Horizons*, *50*(5), 405–413. doi:10.1016/j.bushor.2007.04.005

Hall, A. T., & Ferris, G. R. (2011). Accountability and extra-role behavior. *Employee Responsibilities and Rights Journal*, *23*(2), 131–144. doi:10.1007/s10672-010-9148-9

Hall, A. T., Royle, M. T., Brymer, R. A., Perrewé, P. L., Ferris, G. R., & Hochwarter, W. a. (2006). Relationships between felt accountability as a stressor and strain reactions: the neutralizing role of autonomy across two studies. *Journal of Occupational Health Psychology*, *11*(1), 87–99. doi:10.1037/1076-8998.11.1.87

Hall, A. T., Zinko, R., Perryman, A. A., & Ferris, G. R. (2009). Organizational citizenship behavior and reputation: Mediators in the relationships between accountability and job performance and satisfaction. *Journal of Leadership & Organizational Studies*, *15*(4), 381–392. doi:10.1177/1548051809331504

Hareli, S., & Rafaeli, A. (2008). Emotion cycles: On the social influence of emotion in organizations. *Research in Organizational Behavior*, *28*, 35–59. doi:10.1016/j.riob.2008.04.007

Henderson, D. J., Liden, R. C., Glibkowski, B. C., & Chaudhry, A. (2009). LMX differentiation: A multilevel review and examination of its antecedents and outcomes. *The Leadership Quarterly*, *20*(4), 517–534. doi:10.1016/j.leaqua.2009.04.003

Hernandez, M., Eberly, M. B., Avolio, B. J., & Johnson, M. D. (2011). The loci and mechanisms of leadership: Exploring a more comprehensive view of leadership theory. *The Leadership Quarterly*, *22*(6), 1165–1185. doi:10.1016/j.leaqua.2011.09.009

Herr, K.; Anderson, G. L. (2005). *The action research dissertation: A guide for students and faculty*. Thousand Oaks, CA: Sage Publications.

Hochwarter, W. A., Perrewé, P. L., Hall, A. T., & Ferris, G. R. (2005). Negative affectivity as a moderator of the form and magnitude of the relationship between felt accountability and job tension. *Journal of Organizational Behavior*, *26*(5), 517–534. doi:10.1002/job.324

Hoogervorst, N., Cremer, D., & Dijke, M. (2011). Why leaders not always disapprove of unethical follower behavior: It depends on the leader's self-interest and accountability. *Journal of Business Ethics*, *95*(S1), 29–41. doi:10.1007/s10551-011-0793-1

Hu, J., & Liden, R. C. (2011). Antecedents of team potency and team effectiveness: an examination of goal and process clarity and servant leadership. *The Journal of Applied Psychology*, *96*(4), 851–62. doi:10.1037/a0022465

Huang, L., & Murnighan, J. K. (2010). What's in a name? Subliminally activating trusting behavior. *Organizational Behavior and Human Decision Processes*, *111*(1), 62–70. doi:10.1016/j.obhdp.2009.10.002

Huang, X., Wright, R. P., Chiu, W. C. K., & Wang, C. (2008). Relational schemas as sources of evaluation and misevaluation of leader–member exchanges: Some initial evidence. *The Leadership Quarterly*, *19*(3), 266–282. doi:10.1016/j.leaqua.2008.03.003

Hülsheger, U. R., Alberts, H. J. E. M., Feinholdt, A., & Lang, J. W. B. (2013). Benefits of mindfulness at work: the role of mindfulness in emotion regulation, emotional exhaustion, and job satisfaction. *The Journal of Applied Psychology*, *98*(2), 310–25. doi:10.1037/a0031313

Hunter, E. M., Neubert, M. J., Perry, S. J., Witt, L. A., Penney, L. M., & Weinberger, E. (2013). Servant leaders inspire servant followers: Antecedents and outcomes for employees and the organization. *The Leadership Quarterly*. doi:10.1016/j.leaqua.2012.12.001

Jain, A. K. (2012). Does emotional intelligence predict impression management? *Journal of Organizational Culture, Communications, and Conflict*, *16*(2), 11–25.

James, John (2013). A new, evidence-based estimate of patient harms associated with hospital care. *Journal of Patient Safety, (*(3), 122-128. doi:10.1097/PTS.0b013e3182948a69

Janesick, V. J. (1999). A Journal About Journal Writing as a Qualitative Research Technique: History, Issues, and Reflections. *Qualitative Inquiry*, *5*(4), 505–524. doi:10.1177/107780049900500404

Johansen, T. (2008). "Blaming oneself": Examining the dual accountability role of employees. *Critical Perspectives on Accounting*, *19*(4), 544–571. doi:10.1016/j.cpa.2006.10.002

Johnson, P. D., Shull, A., & Wallace, J. C. (2011). Regulatory focus as a mediator in goal orientation and performance relationships. *Journal of Organizational Behavior*, *32*, 751–766. doi:10.1002/job.701

Jordan, P. J., & Troth, A. (2011). Emotional intelligence and leader member exchange: The relationship with employee turnover intentions and job satisfaction. *Leadership & Organization Development Journal*, *32*(3), 260–280. doi:10.1108/01437731111123915

Jyothibabu, C., Farooq, A., & Pradhan, B. B. (2010). An integrated scale for measuring an organizational learning system. *The Learning Organization*, *17*(4), 303–327. doi:10.1108/09696471011043081

Kacmar, K. M., Bachrach, D. G., Harris, K. J., & Noble, D. (2011). Exploring the role of supervisor trust in the associations between multiple sources of relationship conflict and organizational citizenship behavior. *The Leadership Quarterly*, *23*, 43–54. doi:10.1016/j.leaqua.2011.11.004

Kaiser, R. B., McGinnis, J. L., & Overfield, D. V. (2012). The how and the what of leadership. *Consulting Psychology Journal: Practice and Research*, *64*(2), 119–135. doi:10.1037/a0029331

Kane-Frieder, R. E., Hochwarter, W. A., & Ferris, G. R. (2013). Terms of engagement: Political boundaries of work engagement-work outcomes relationships. *Human Relations*. doi:10.1177/0018726713495068

Kapiriri, L., Norheim, O. F., & Martin, D. K. (2009). Fairness and accountability for reasonableness. Do the views of priority setting decision makers differ across health systems and levels of decision making? *Social Science & Medicine*, *68*(4), 766–73. doi:10.1016/j.socscimed.2008.11.011

Kaplan, S., Cortina, J., Ruark, G., LaPort, K., & Nicolaides, V. (2014). The role of organizational leaders in employee emotion management: A theoretical model. *Leadership Quarterly*, *25*(3), 563–580. doi:10.1016/j.leaqua.2013.11.015

Karakas, F. (2009). New paradigms in organization development: Positivity, spirituality , and complexity. *Organization Development Journal*, *27*(1), 11–26.

Karakas, F., & Sarigollu, E. (2013). The role of leadership in creating virtuous and compassionate organizations: narratives of benevolent leadership in an Anatolian tiger. *Journal of Business Ethics*, *113*(4), 663–678. doi:10.1007/s10551-013-1691-5

Kaufman, N. S. (2011). A practical roadmap for the perilous journey from a culture of entitlement to a culture of accountability. *Journal of Healthcare Management / American College of Healthcare Executives*, *56*(5), 299–304.

Kellis, Dana S; Rumberger, J. S. (2010). Healthcare reform and the hospital industry: what can we expect? *Journal of Healthcare Management / American College of Healthcare Executives*, *55*(4), 283–96; discussion 296–7. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/20812528

Kelloway, E. K., & Barling, J. (2010). Leadership development as an intervention in occupational health psychology. *Work & Stress*, *24*(3), 260–279. doi:10.1080/02678373.2010.518441

Kelloway, E. K., Weigand, H., McKee, M. C., & Das, H. (2012). Positive leadership and employee well-being. *Journal of Leadership & Organizational Studies*, *20*(1), 107–117. doi:10.1177/1548051812465892

Kelley, K. M., & Bisel, R. S. (2014). Leaders' narrative sensemaking during LMX role negotiations: Explaining how leaders make sense of who to trust and when. *The Leadership Quarterly*, *25*(3), 433–448. doi:10.1016/j.leaqua.2013.10.011

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, *73*(3), 539–48. doi:10.1037/0022-006X.73.3.539

Khan, K. S., Bawani, S. A. A., & Aziz, A. (2013). Bridging the gap of knowledge and action: A case for participatory action research (PAR). *Action Research*, *11*(2), 157–175. doi:10.1177/1476750313477158

Khatri, Naresh; Brown, G. D., & Hicks, L. L. (2009). From a blame culture to a just culture in health care. *Health Care Management Review*, *34*(4), 312–322.

Kilduff, M., Chiaburu, D. S., & Menges, J. I. (2010). Strategic use of emotional intelligence in organizational settings: Exploring the dark side. *Research in Organizational Behavior*, *30*, 129–152. doi:10.1016/j.riob.2010.10.002

Kim, T. Y., & Kim, M. (2012). Leaders' moral competence and employee outcomes: The effects of psychological empowerment and person-supervisor fit. *Journal of Business Ethics*, *112*(1), 155–166. doi:10.1007/s10551-012-1238-1

Kinicki, A. J., Jacobson, K. J. L., Galvin, B. M., & Prussia, G. E. (2011). A multilevel systems model of leadership. *Journal of Leadership & Organizational Studies*, *18*(2), 133–149. doi:10.1177/1548051811399445

Kirschenbaum, H., & Jourdan, A. (2005). The current status of Carl Rogers and the person-centered approach. *Psychotherapy: Theory, Research, Practice, Training*, *42*(1), 37–51. doi:10.1037/0033-3204.42.1.37

Klein, K. J., Knight, A. P., Ziegert, J. C., Lim, B. C., & Saltz, J. L. (2011). When team members' values differ: The moderating role of team leadership. *Organizational Behavior and Human Decision Processes*, *114*(1), 25–36. doi:10.1016/j.obhdp.2010.08.004

Kohles, J. C., Bligh, M. C., & Carsten, M. K. (2012). A follower-centric approach to the vision integration process. *The Leadership Quarterly*, *23*(3), 476–487. doi:10.1016/j.leaqua.2011.12.002

Kohn, Linda T.; Corrigan, Janet M.; Donaldson, M. S. (Ed.). (2000). *To err is human: Building a safer health system*. Washington, DC: National Academies Press. Retrieved from http://site.ebrary.com/lib/ncent/Doc?id=10038653&ppg=190

Konczak, L. J., Stelly, D. J., & Trusty, M. L. (2000). Defining and Measuring Empowering Leader Behaviors: Development of an Upward Feedback Instrument. *Educational and Psychological Measurement*, *60*(2), 301–313. doi:10.1177/00131640021970420

Koning, L. F., & Van Kleef, G. A. (2015). How leaders' emotional displays shape followers' organizational citizenship behavior. *The Leadership Quarterly*, 1–13. doi:10.1016/j.leaqua.2015.03.001

Koshy, E., Koshy, V., & Waterman H. (2010). What is Action Research? *Action Research in Healthcare. Sage Publications.* http://www.sagepub.com/upm-data/36584_01_Koshy_et_al_Ch_01.pdf

Künzle, B., Kolbe, M., & Grote, G. (2010). Ensuring patient safety through effective leadership behaviour: A literature review. *Safety Science*, *48*(1), 1–17. doi:10.1016/j.ssci.2009.06.004

Laird, M. D., Perryman, A. A., Hochwarter, W. A., Ferris, G. R., & Zinko, R. (2009). The moderating effects of personal reputation on accountability-strain relationships. *Journal of Occupational Health Psychology*, *14*(1), 70–83. doi:10.1037/a0012567

Lalonde, C. & Roux-Dufort, C. (2010). Crisis management in institutional healthcare settings: From punitive to emancipatory solutions. *Organization Development Journal*, *28*(1), 19–36.

Lanivich, S. E., Brees, J. R., Hochwarter, W. A., & Ferris, G. R. (2010). P-E fit as moderator of the accountability – employee reactions relationships: Convergent results across two samples. *Journal of Vocational Behavior*, *77*(3), 425–436. doi:10.1016/j.jvb.2010.05.004

Lemaire, J. B., Wallace, J. E., Lewin, A. M., de Grood, J., & Schaefer, J. P. (2011). The effect of a biofeedback-based stress management tool on physician stress: a randomized controlled clinical trial. *Open Medicine : A Peer-Reviewed, Independent, Open-Access Journal*, *5*(4), e154–63. Retrieved from http://www.openmedicine.ca/article/view/459/429

Lengnick-Hall, C. A., Beck, T. E., & Lengnick-Hall, M. L. (2011). Developing a capacity for organizational resilience through strategic human resource management. *Human Resource Management Review*, *21*(3), 243–255. doi:10.1016/j.hrmr.2010.07.001

Lerner, J. S., Li, Y., Valdesolo, P., & Kassam, K. S. (2015). Emotion and decision making. *Annual Review of Psychology*, *66*(1), 799–823. doi:10.1146/annurev-psych-010213-115043

Lerner, J. S., & Tetlock, P. E. (1999). Accounting for the effects of accountability. *Psychological bulletin*, *125*(2), 255–75. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/10087938

Lerner, J. S., & Keltner, D. (2000). Beyond valence: Toward a model of emotion-specific influences on judgment and choice. *Cognition & Emotion*, *14*(4), 473–493.

Lerner, J. S.; Tetlock, P. E. (1994). Accountability and social cognition. In *Encyclopedia of Human Behavior, Volume 1*.

Lester, J., & Kezar, A. J. (2012). Understanding the formation, functions, and challenges of grassroots leadership teams. *Innovative Higher Education*, *37*(2), 105–124. doi:10.1007/s10755-011-9191-y

Levin, M. (2012). Academic integrity in action research. *Action Research*, *10*(2), 133–149. doi:10.1177/1476750312445034

Lewins, A., & Silver, C. (2007). Using software in qualitative research. London, England: SAGE Publications, Ltd. doi: http://dx.doi.org.proxy1.ncu.edu/10.4135/9780857025012

Linden, T. C., Jackson, C., Rutledge, S., Nath, C., & Lof, L. N. (2010). The heart of Grinnell: A community-wide rural health wellness initiative: a pilot observational study and a prospective study design. *Alternative Therapies in Health and Medicine*, *16*(4), 46–9.

Linkins, M., Niemiec, R. M., Gillham, J., & Mayerson, D. (2014). Through the lens of strength: A framework for educating the heart. *The Journal of Positive Psychology*, (December 2014), 1–5. doi:10.1080/17439760.2014.888581

Liu, W., Friedman, R., & Hong, Y.-Y. (2012). Culture and accountability in negotiation: Recognizing the importance of in-group relations. *Organizational Behavior and Human Decision Processes*, *117*(1), 221–234. doi:10.1016/j.obhdp.2011.11.001

Liu, Y., Wang, Z., & Lü, W. (2013). Resilience and affect balance as mediators between trait emotional intelligence and life satisfaction. *Personality and Individual Differences*, *In Press*.

Lowe, K. B., Kroeck, K. G., & Sivasubramaniam, N. (1996). Effectiveness correlates of transformational and transactional leadership: A meta-analytic review of the MLQ literature. *The Leadership Quarterly*, *7*(3), 385–425. doi:10.1016/S1048-9843(96)90027-2

Ludema, J. D., & Fry, R. E. (2008). The practice of appreciative inquiry. In P. Reason & H. Bradbury (Eds.), *The SAGE Handbook of Action Research* (pp. 280–297). doi:http://dx.doi.org/10.4135/9781848607934.d27

Luthans, F. (2002a). Positive organizational behavior: Developing and managing psychological strengths. *Academy of Management Executive*, *16*(1), 57–72. doi:10.5465/AME.2002.6640181

Luthans, F. (2002b). The need for and meaning of positive organizational behavior. *Journal of Organizational Behavior*, *23*(6), 695–706. doi:10.1002/job.165

Luthans, F., & Avolio, B. J. (2009). The "point" of positive organizational behavior. *Journal of Organizational Behavior*, *30*(2), 291–307. doi:10.1002/job.589

Luthans, F., Avolio, B. J., Avey, J. B., & Norman, S. M. (2007). Positive Psychological Capital: Measurement and Relationship With Performance and Satisfaction. *Personnel Psychology*, *60*(3), 541–572. doi:10.1111/j.1744-6570.2007.00083.x

Luthans, F., Norman, S. M., Avolio, B. J., & Avey, J. B. (2008). The mediating role of psychological capital in the supportive organizational climate — employee performance relationship. *Journal of Organizational Behavior*, *238*(August 2005), 219–238. doi:10.1002/job

Luthans, F., Youssef, C. M., Sweetman, D. S., & Harms, P. D. (2012). Meeting the Leadership Challenge of Employee Well-Being Through Relationship PsyCap and Health PsyCap. *Journal of Leadership & Organizational Studies*, *20*(1), 118–133. doi:10.1177/1548051812465893

Magill, Shelley S, M.D., PhD., Edwards, J. R., M.Stat, Bamberg, W., M.D., Beldavs, Z. G., M.S., Dumyati, G., M.D., Kainer, Marion A, MB, B.S., M.P.H., …Fridkin, S. K., M.D. (2014). Multistate point-prevalence survey of health care-associated infections. *The New England Journal of Medicine, 370*(13), 1198-208. Retrieved from http://search.proquest.com.proxy1.ncu.edu/docview/1510827878?accountid=28180

Mahsud, R., Yukl, G., & Prussia, G. (2010). Leader empathy, ethical leadership, and relations-oriented behaviors as antecedents of leader-member exchange quality. *Journal of Managerial Psychology*, *25*(6), 561–577. doi:10.1108/02683941011056932

Maietta, C. R. C. (2014). Computer-assisted data analysis. In Lisa M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods* (pp. 104–109). Thousand Oaks, CA: Sage Publications. doi:http://dx.doi.org/10.4135/9781412963909.n56

Malik, S. H. (2012). A study of relationship between leader behaviors and subordinate job expectancies: A path-goal approach. *Pakistan Journal of Commerce and Social Sciences*, *6*(2), 357–371.

Malina, D. (2013). Performance anxiety — what can health care learn from K – 12 education? *The New England Journal of Medicine*, *369*(13), 1268–1272.

Mansouri, M., & Rowney, J. I. A. (2013). The dilemma of accountability for professionals: A challenge for mainstream management theories. *Journal of Business Ethics*, *123*(1), 45–56. doi:10.1007/s10551-013-1788-x

Manz, C. C., Manz, K. P., & Adams, S. B. (2011). Sustainable performance with values-based shared leadership: A case study of a virtuous organization. *Canadian Journal of Administrative Sciences*, *28*, 284–296. doi:10.1002/CJAS.184

Markman, K. D., & Tetlock, P. E. (2000). Accountability and close-call counterfactuals: The loser who nearly won and the winner who nearly lost. *Personality and Social Psychology Bulletin*, *26*(10), 1213–1224. doi:10.1177/0146167200262004

Maksimović, J. (2012). Researcher-practitioner's role in action research. *Andragoška Spoznanja: The Andraogogic Perspectives*, *2*, 54–65.

Martí, J., & Villasante, T. R. (2009). Quality in action research: Reflections for second-order inquiry. *Systemic Practice and Action Research*, *22*(5), 383–396. doi:10.1007/s11213-009-9136-x

Marx, L. M., & Squintani, F. (2009). Individual accountability in teams. *Journal of Economic Behavior & Organization*, *72*(1), 260–273. doi:10.1016/j.jebo.2009.05.009

Mathieu, J. E., Gilson, L. L., & Ruddy, T. M. (2006). Empowerment and team effectiveness: an empirical test of an integrated model. *The Journal of Applied Psychology*, *91*(1), 97–108. doi:10.1037/0021-9010.91.1.97

Maxwell, Joseph; Mittapalli, K. (2008). Thick description. In Lisa M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods* (p. 881). Thousand Oaks, CA. doi:http://dx.doi.org/10.4135/9781412963909.n458

Mayer, J. D., Salovey, P., & Caruso, D. R. (2008). Emotional intelligence: New ability or eclectic traits? *The American psychologist*, *63*(6), 503–17. doi:10.1037/0003-066X.63.6.503

McCraty, R. & Shaffer, F. (2015). Heart rate variability: New perspectives on physiological mechanisms, assessment of self-regulatory capacity, and health risk. *Global Advances in Health and Medicine*, *4*(1), 46–61. doi:10.7453/gahmj.2014.073

McCraty, R., Atkinson, M., Lipsenthal, L., & Arguelles, L. (2009). New hope for correctional officers: an innovative program for reducing stress and health risks. *Applied Psychophysiology and Biofeedback*, *34*(4), 251–72. doi:10.1007/s10484-009-9087-0

McCraty, R., Atkinson, M., Tomasino, D., & Bradley, R. T. (2009). The coherent heart: Heart-brain interactions, psychophysiological coherence, and the emergence of system-wide order. *Integral Review*, *5*(2), 12–115.

McCraty, R., Atkinson, M., Tomasino, D., & Bradley, R. T. (2009). The coherent heart: Heart-brain interactions, psychophysiological coherence, and the emergence of system-wide order. *Integral Review*, *5*(2), 12–115.

McCraty, R., & Childre, D. (2010). Coherence: bridging personal, social, and global health. *Alternative Therapies in Health and Medicine*, *16*(4), 10–24.

McGrath, R. E. (2014). Character strengths in 75 nations: An update. *The Journal of Positive Psychology*, *10*(1), 41–52. doi:10.1080/17439760.2014.888580

McNaughton Nicholls, C.; Kotecha, M.; & Mills, L. (2014). Observation. In R. Ritchie, J.; Lewis, J.; McNaughton Nicholls, C.; & Ormston, R. (Eds.), *Qualitative research practice: A guide for social science students and researchers* (Second.). London, England: Sage Publications, Ltd.

Mero, N. P., Guidice, R. M., & Werner, S. (2012). A field study of the antecedents and performance consequences of perceived accountability. *Journal of Management*, 1–26. doi:10.1177/0149206312441208

Messerschmidt, D. (2008). Evaluating appreciative inquiry as an organizational transformation tool: An assessment from Nepal. *Human Organization*, *67*(4), 454–468.

Messner, M. (2009). The limits of accountability. *Accounting, Organizations and Society*, *34*(8), 918–938. doi:10.1016/j.aos.2009.07.003

Meyer, J. P., Stanley, L. J., & Vandenberg, R. J. (2013). A person-centered approach to the study of commitment. *Human Resource Management Review*, *23*(2), 190–202. doi:10.1016/j.hrmr.2012.07.007

Meynen, G., & Widdershoven, G. (2011). Emotionality and competence: Changing emotions versus dealing with emotions. *AJOB Neuroscience*, *2*(3), 66–65.

Midgley, G. (2010). Theoretical pluralism in systemic action research. *Systemic Practice and Action Research*, *24*(1), 1–15. doi:10.1007/s11213-010-9176-2

Mills, M. J., Fleck, C. R., & Kozikowski, A. (2013). Positive psychology at work: A conceptual review, state-of-practice assessment, and a look ahead. *The Journal of Positive Psychology*, *8*(2), 37–41.

Mohr, D. C., Cuijpers, P., & Lehman, K. (2011). Supportive accountability: a model for providing human support to enhance adherence to eHealth interventions. *Journal of Medical Internet Research*, *13*(1), e30. doi:10.2196/jmir.1602

Morris, S. M. (2010). Achieving collective coherence: Group effects on heart rate variability coherence and heart rhythm synchronization. *Alternative Therapies*, *16*(4), 62–72.

Moss, S. A., Dowling, N., & Callanan, J. (2009). Towards an integrated model of leadership and self regulation. *The Leadership Quarterly*, *20*(2), 162–176. doi:10.1016/j.leaqua.2009.01.005

Motowildo, S. J., & Borman, Walter C; Schmit, M. J. (1997). A theory of individual differences in task and contextual performance. *Human Performance*, *10*(2), 71–83. doi:doi.org/10.1207/s15327043hup1002_1

Murray, S., Silver, I, Patel, D., Dupuis, M., Hayes, S.M., & Davis, D. (2008). Community group practices in Canada: Are they ready to reform their practice? *Journal of Continuing Education in the Health Professions*, *28*(2), 73–78. doi:10.1002/chp.160

Nakamori, Y., Wierzbicki, A. P., & Zhu, Z. (2011). A theory of knowledge construction systems. *Systems Research and Behavioral Science*, *28*(1), 15–39. doi:10.1002/sres.1046

Newman, M. A., Guy, M. E., & Mastracci, S. H. (2009). Beyond cognition: Affective leadership and emotional labor. *Public Administration Review*, *69*(1), 6–20. doi:10.1111/j.1540-6210.2008.01935.x

Ng, W., Diener, E., Aurora, R., & Harter, J. (2008). Affluence, feelings of stress, and well-being. *Social Indicators Research*, *94*(2), 257–271. doi:10.1007/s11205-008-9422-5

Nielsen, K., & Cleal, B. (2011). Under which conditions do middle managers exhibit transformational leadership behaviors? — An experience sampling method study on the predictors of transformational leadership behaviors. *The Leadership Quarterly*, *22*(2), 344–352. doi:10.1016/j.leaqua.2011.02.009

Norton, L. W. (2010). Flexible leadership: An integrative perspective. *Consulting Psychology Journal: Practice and Research*, *62*(2), 143–150. doi:10.1037/a0019990

Norum, C. K. E. (2008). Appreciative inquiry. In *The SAGE Encyclopedia of Qualitative Research Methods*. Sage Publications. doi:http://dx.doi.org/10.4135/9781412963909.n13

O'Connell, P. K. (2014). A simplified framework for 21st century leader development. *The Leadership Quarterly*, *25*(2), 183-203. doi:10.1016/j.leaqua.2013.06.001

O'Connor, N., Kotze, B., & Wright, M. (2011a). Blame and accountability 2: On being accountable. *Australasian Psychiatry: Bulletin of Royal Australian and New*

Zealand College of Psychiatrists, *19*(2), 119–24. doi:10.3109/10398562.2011.562293

O'Connor, N., Kotze, B., & Wright, M. (2011b). Blame and accountability 1: Understanding blame and blame pathologies. *Australasian Psychiatry: Bulletin of Royal Australian and New Zealand College of Psychiatrists*, *19*(2), 113–8. doi:10.3109/10398562.2011.562296

Oc, B., & Bashshur, M. R. (2013). Followership, leadership and social influence. *The Leadership Quarterly*, *24*(6), 919–934. doi:10.1016/j.leaqua.2013.10.006

O'Donnell, Mark; Yukl, Gary, Taber, T. (2012). Leader behavior and LMX: A constructive replication. *Journal of Managerial Psychology*, *27*(2), 143–154. doi:http://dx.doi.org/10.1108/02683941211199545

Omilion-Hodges, L. M., & Baker, C. R. (2013). Contextualizing LMX within the workgroup: The effects of LMX and justice on relationship quality and resource sharing among peers. *The Leadership Quarterly*, *24*(6), 935–951. doi:10.1016/j.leaqua.2013.10.004

Pace, A. (2010). Unleashing positivity in the workplace. *Training and Development*, *64*(1), 40–44.

Page, K. M., & Vella-Brodrick, D. A. (2009). The "what", "why", and "how" of employee well-being. *Social Indicators Research*, *90*(3), 441–458. doi:10.1007/s11205-008-9270-3

Painter-Morland, M. (2006). Redefining accountability as relational responsiveness. *Journal of Business Ethics*, *66*(1), 89–98. doi:10.1007/s10551-006-9046-0

Pal, J., Medway, D., & Byrom, J. (2011). Deconstructing the notion of blame in corporate failure. *Journal of Business Research*, *64*(10), 1043–1051. doi:10.1016/j.jbusres.2010.11.001

Paolini, S., Crisp, R. J., & McIntyre, K. (2009). Accountability moderates member-to-group generalization: Testing a dual process model of stereotype change. *Journal of Experimental Social Psychology*, *45*(4), 676–685. doi:10.1016/j.jesp.2009.03.005

Parker, S. K., Bindl, U. K., & Strauss, K. (2010). Making things happen: A model of proactive motivation. *Journal of Management*, *36*(4), 827–856. doi:10.1177/0149206310363732

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Pavot, William; Diener, Ed; Colvin C. Randall, Sandvik, E. (1991). Further validation of the satisfaction with life scale: Evidence for the cross-method convergence of well-being measures. *Journal of Personality Assessment*, *57*(1), 149–161.

Peloza, J., White, K., & Shang, J. (2013). Good and guilt-free: The role of self-accountability in influencing preferences for products with ethical attributes. *Journal of Marketing*, *77*(January), 104–119.

Peterson, C., Park, N., Hall, N., & Seligman, M. E. P. (2009). Zest and work. *Journal of Organizational Behavior*, *30,* 161–172. doi:10.1002/job.584

Peterson, C., Ruch, W., Beermann, U., Park, N., & Seligman, M. E. P. (2007). Strengths of character, orientations to happiness, and life satisfaction. *The Journal of Positive Psychology*, *2*(3), 149–156. doi:10.1080/17439760701228938

Peterson, S. J., Walumbwa, F. O., Avolio, B. J., & Hannah, S. T. (2012). The relationship between authentic leadership and follower job performance: The mediating role of follower positivity in extreme contexts. *The Leadership Quarterly*, *23*(3), 502–516. doi:10.1016/j.leaqua.2011.12.004

Pickett, R. B. (2014). Managing the accountability of your staff. *Physician Executive Journal*, *40*(4), 20–22.

Pipe, Teresa Britt; Buchda, Vicki L.; Launder, Susan; Hudak, Barb; Hulvey, Lynne; Karns, Katherine E.; Pendergast, D. (2012). Building personal and professional resources of resilience and agility in the healthcare workplace. *Stress and Health*, *28*(1), 11–22.

Pitesa, M., & Thau, S. (2013). Masters of the universe: How power and accountability influence self-serving decisions under moral hazard. *The Journal of Applied Psychology*, *98*(3), 550–8. doi:10.1037/a0031697

Podsakoff, N. P., Whiting, S. W., Podsakoff, P. M., & Blume, B. D. (2009). Individual- and organizational-level consequences of organizational citizenship behaviors: A meta-analysis. The Journal of Applied Psychology, 94(1), 122–41. doi:10.1037/a0013079

Polman, E., & Kim, S. H. (2013). Effects of anger, disgust, and sadness on sharing with others. *Personality & Social Psychology Bulletin*, *39*(12), 1683–92. doi:10.1177/0146167213500998

Polychroniou, P. V. (2009). Relationship between emotional intelligence and transformational leadership of supervisors: The impact on team effectiveness. *Team Performance Management*, *15*(7/8), 343–356. doi:10.1108/13527590911002122

Quick, J. C., & Wright, T. a. (2011). Character-based leadership, context and consequences. *The Leadership Quarterly*, *22*, 984–988. doi:10.1016/j.leaqua.2011.07.017

Rajah, R., Song, Z., & Arvey, R. D. (2011). Emotionality and leadership: Taking stock of the past decade of research. *The Leadership Quarterly*, *22*(6), 1107–1119. doi:10.1016/j.leaqua.2011.09.006

Randolph, W. A., & Kemery, E. R. (2010). Managerial use of power bases in a model of managerial empowerment practices and employee psychological empowerment. *Journal of Leadership & Organizational Studies*, *18*(1), 95–106. doi:10.1177/1548051810379798

Raub, S., & Robert, C. (2010). Differential effects of empowering leadership on in-role and extra-role employee behaviors: Exploring the role of psychological empowerment and power values. *Human Relations*, *63*(11), 1743–1770. doi:10.1177/0018726710365092

Reed, J. (2007). Research frameworks: Where does AI connect with research. In J. Reed (Ed.), *Appreciative Inquiry* (pp. 44–68). doi:http://dx.doi.org/10.4135/9781412983464.n3

Rego, A., Ribeiro, N., & Cunha, M. P. (2009). Perceptions of organizational virtuousness and happiness as predictors of organizational citizenship behaviors. *Journal of Business Ethics*, *93*(2), 215–235. doi:10.1007/s10551-009-0197-7

Rego, A., Ribeiro, N., Cunha, M. P. E., & Jesuino, J. C. (2011). How happiness mediates the organizational virtuousness and affective commitment relationship. *Journal of Business Research*, *64*(5), 524–532. doi:10.1016/j.jbusres.2010.04.009

Riggio, R., Avolio, B. J., & Sosik, J. J. (2011). The effect of leadership on follower moral identity: Does transformational/transactional style make a difference? *Journal of Leadership & Organizational Studies*, *18*(2), 150–163. doi:10.1177/1548051810396714

Ritchie, Jane, Lewis, Jane, Elam, Gilliam, Tennant, Rosalind, & Rahim, Niluger. (2014). Designing and selecting samples. In R. Ritchie, Jane, Lewis, Jane; McNaughton Nicholls, Carol, & Ormston, Rachel (Ed.), *Qualitative Research Practice* (Second). Thousand Oaks, CA: Sage Publications.

Roberts, J. (2001). Trust and control in Anglo-American systems of corporate governance: The individualizing and socializing effects of processes of accountability. *Human Relations*, *54*(12), 1547–1572. doi:10.1177/00187267015412001

Roberts, John. (2009). No one is perfect: The limits of transparency and an ethic for "intelligent" accountability. *Accounting, Organizations and Society*, *34*(8), 957–970. doi:10.1016/j.aos.2009.04.005

Rolfsen, M. (2011). Co-construction of management concepts: Interpretative viability as opportunity for workplace democracy. *Action Research*, *9*(4), 329–343. doi:10.1177/1476750310397896

Royle, M. T., & Fox, G. (2011). The relationship between psychological strain self-regulation, and informal accountability for others. *International Journal of Management and Marketing Research*, *4*(1), 1–19.

Royle, M. T., & Hall, A. T. (2012). The relationship between McClelland's theory of needs, feeling individually accountable, and informal accountability for others. *International Journal of Management and Marketing Research*, *5*(1), 21–43.

Royle, M Todd; Hochwarter, W. A., & Hall, A. T. (2008). The mediating effect of informal accountability for others. *International Journal of Management and Marketing Research*, *1*(1), 1–23.

Rothbauer, P. (2008). Triangulation. In Lisa M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods* (pp. 893–895). Thousand Oaks, CA: Sage Publications. doi:http://dx.doi.org/10.4135/9781412963909.n468

Rudestam, K. E., Newton, R. R. (2007). *Surviving your dissertation: A comprehensive guide to content and process* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Rushton, C. H.; Adams, M. (2009). Asking ourselves and others the right questions: A vehicle for understanding, resolving, and preventing conflicts between clinicians and patients and families. *AACN Advanced Critical Care*, *20*(3), 295–300.

Ruspini, E. (2003). Longitudinal research. In Robert L. Miller, & John D. Brewer (Eds.), *The A-Z of Social Research.* (pp. 182-188). London, England: SAGE Publications, Ltd. doi: http://dx.doi.org.proxy1.ncu.edu/10.4135/9780857020024.n62

Sadler-Smith, E. (2013). Toward organizational environmental virtuousness. *The Journal of Applied Behavioral Science*, *49*(1), 123–148. doi:10.1177/0021886312471856

Saha, S. K. (2014). Social change research The relationship between appreciative inquiry. *AI Practitioner*, *16*(3), 41–47. doi:10.12781/978-1-907549-20-5-6

Santos, J. P., Caetano, A., & Tavares, S. M. (2015). Is training leaders in functional leadership a useful tool for improving the performance of leadership functions and team effectiveness? *The Leadership Quarterly*, *26*(3), 470–484. doi:10.1016/j.leaqua.2015.02.010

Schillemans, T., Van Twist, M., & Vanhommerig, I. (2013). Innovations in accountability. *Public Performance & Management Review*, *36*(3), 407–435. doi:10.2753/PMR1530-9576360302

Schlenker, B. R., Britt, T. W., Pennington, J., Murphy, R., & Doherty, K. (1994). The triangle model of responsibility. *Psychological Review*, *101*(4), 632–52. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/7984709

Scholl, A. (2010). Radical constructivism in communication science. *Constructivist Foundations*, *6*(1), 51–57.

Schram, T. H. (2006). *Conceptualizing and proposing qualitative research* (2nd ed.). Upper Saddle River, NJ: Pearson Education.

Schueller, S. M., & Seligman, M. E. P. (2010). Pursuit of pleasure, engagement, and meaning: Relationships to subjective and objective measures of well-being. *The Journal of Positive Psychology*, *5*(4), 253–263. doi:10.1080/17439761003794130

Schutte, N. S. (2014). The broaden and build process: Positive affect, ratio of positive to negative affect and general self-efficacy. *The Journal of Positive Psychology*, *9*(1), 66–74. doi:10.1080/17439760.2013.841280

Schweiker, W. (1993). Accounting for ourselves: Accounting practice and the discourse of ethics. *Accounting, Organizations and Society*, *18*(2), 231–252.

Schyns, B., & Schilling, J. (2013). How bad are the effects of bad leaders? A meta-analysis of destructive leadership and its outcomes. *The Leadership Quarterly*, *24*(1), 138–158. doi:10.1016/j.leaqua.2012.09.001

Scott, B. A., Colquitt, J. A., Paddock, E. L., & Judge, T. A. (2010). A daily investigation of the role of manager empathy on employee well-being. *Organizational Behavior and Human Decision Processes*, *113*(2), 127–140. doi:10.1016/j.obhdp.2010.08.001

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, *55*(1), 5–14. doi:10.1037//0003-066X.55.1.5

Shank, G. D. (2006). *Qualitative research: A personal skills approach* (2nd ed.). Upper Saddle River, NJ: Pearson Education.

Sheldon, K. M., & Lyubomirsky, S. (2006). How to increase and sustain positive emotion: The effects of expressing gratitude and visualizing best possible selves. *The Journal of Positive Psychology*, *1*(2), 73–82. doi:10.1080/17439760500510676

Shipley, S. D. (2010). Listening: a concept analysis. *Nursing Forum*, *45*(2), 125–34. doi:10.1111/j.1744-6198.2010.00174.x

Shuck, B., & Herd, A. M. (2012). Employee engagement and leadership: exploring the convergence of two frameworks and implications for leadership development in HRD. *Human Resource Development Review*, *11*(2), 156–181. doi:10.1177/1534484312438211

Shuck, B., & Reio, T. G. (2013). Employee and well-being: A moderation model and implications for practice. *Journal of Leadership & Organizational Studies*, *In-press*, 1–16. doi:10.1177/1548051813494240

Siegel-Jacobs, Karen; Yates, F. J. (1996). Effects of procedural and outcome accountability on judgment quality. *Organizational Behavior and Human Decision Processes*, *65*(1), 1–17.

Smith, C. A., Haynes, K. N., Lazarus, R. S., & Pope, L. K. (1993). In search of the "hot" cognitions: attributions, appraisals, and their relation to emotion. *Journal of Personality and Social Psychology*, *65*(5), 916–29. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/8246115

Smith-Sullivan, K. (2008). Diaries and Journals. In *The SAGE Encyclopedia of Qualitative Research Methods* (pp. 214–216).

Snoeren, M. M., Niessen, T. J., & Abma, T. A. (2011). Engagement enacted: Essentials of initiating an action research project. *Action Research*, *10*(2), 189–204. doi:10.1177/1476750311426620

Sorensen, E. E., Seebeck, E. D., Scherb, C. a, Specht, J. P., & Loes, J. L. (2009). The relationship between RN job satisfaction and accountability. *Western Journal of Nursing Research*, *31*(7), 872–88. doi:10.1177/0193945909340567

Spreitzer, G., & Cameron, K. (2012). Applying a POS lens to bring out the best in organizations. *Organizational Dynamics*, *41*(2), 85–88. doi:10.1016/j.orgdyn.2012.01.001

Spreitzer, G. M. (1995). Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of Management Journal*, *38*(5), 1442–1465.

Spreitzer, G. M. (2006). Leading to grow and growing to lead: Leadership development lessons from positive organizational studies. *Organizational Dynamics*, *35*(4), 305–315. doi:10.1016/j.orgdyn.2006.08.005

Spreitzer, G., Porath, C. L., & Gibson, C. B. (2012). Toward human sustainability. *Organizational Dynamics*, *41*(2), 155–162. doi:10.1016/j.orgdyn.2012.01.009

Spencer, Liz; Ritchie, Jane; Ormston, Rachel; O'Connor, William; Barnard, M. (2014). Analysis: Principles and processes. In Ritchie, Jane, Lewis, Jane; McNaughton, Nicholls, Carol McNaughton, & Ormston, Nilufer (Ed.), *Qualitative Research Practice* (Second). Thousand Oaks, CA: Sage Publications.

Steinbauer, R., Renn, R. W., Taylor, R. R., & Njoroge, P. K. (2014). Ethical leadership and followers' moral judgment: The role of followers perceived accountability and self-leadership. *Journal of Business Ethics*, *120*, 381–392. doi:10.1007/s10551-013-1662-x

Stephens, J., Barton, J., & Haslett, T. (2009). Action research: Its history and relationship to scientific methodology. *Systemic Practice and Action Research*, *22*(6), 463–474. doi:10.1007/s11213-009-9147-7

Stringer, E. T. (2007). *Action research* (Third Edition). Sage Publications.

Stocker, D., Jacobshagen, N., Krings, R., Pfister, I. B., Semmer, N. K., & Scherer, K. R. (2014). Appreciative leadership and employee well-being in everyday. *German Journal of Research in Human Resource Management*, *28*(1-2), 73–95. doi:10.1688/ZfP-2014-01-Stocker

Sze, J. A., Gyurak, A., Yuan, J. W., & Levenson, R. W. (2010). Coherence between emotional experience and physiology: does body awareness training have an impact? *Emotion*, *10*(6), 803–14. doi:10.1037/a0020146

Tamuz, M., Franchois, K. E., & Thomas, E. J. (2011). What's past is prologue: Organizational learning from a serious patient injury. *Safety Science*, *49*(1), 75–82. doi:10.1016/j.ssci.2010.06.005

Terry, K. (2010). Do you hold staff accountable for safety? *Hospitals and Health Networks*, *84*(2), 34–38.

Tetlock, P. E. (1983). Accountability and complexity of thought. *Journal of Personality and Social Psychology*, *45*(1), 74–83. doi:10.1037//0022-3514.45.1.74

Tetlock, P. E., Vieider, F. M., Patil, S. V, & Grant, A. M. (2013). Accountability and ideology: When left looks right and right looks left. *Organizational Behavior and Human Decision Processes*, *122*, 22–35.

Thiel, C., Griffith, J., & Connelly, S. (2013). Leader-follower interpersonal management: Management stress by person-focused and emotion-focused emotion management. *Journal of Leadership & Organizational Studies*. doi:10.1177/1548051813515754

Tiller, W. A.; McCraty, R.; Atkinson, M. (1996). Cardiac coherence: A new, noninvasive measure of autonomic nervous system order. *Alternative Therapies in Health and Medicine*, *2*(1), 52–65.

Toegel, Ginka; Kilduff, Martin; Anand, N. (2013). Emotion helping by managers: An emergent understanding of discrepant role expectations and outcomes. *Academy of Management Journal*, *56*(2), 334–357.

Uhl-Bien, M., Riggio, R. E., Lowe, K. B., & Carsten, M. K. (2014). Followership theory: A review and research agenda. *The Leadership Quarterly*, *25*(1), 83–104. doi:10.1016/j.leaqua.2013.11.007

Ungerleider, J. D., & Ungerleider, R. M. (2011). Improved quality and outcomes through congruent leadership, teamwork and life choices. *Progress in Pediatric Cardiology*, *32*(2), 75–83. doi:10.1016/j.ppedcard.2011.10.004

Vallerand, R. J., Blanchard, C., Mageau, G. A, Koestner, R., Ratelle, C., Leonard, M., Gagne, M., Marsolais, J. (2003). Les passions de l'ame: on obsessive and harmonious passion. *Journal of Personality and Social Psychology*, *85*(4), 756–67. doi:10.1037/0022-3514.85.4.756

Van Knippenberg, D. (2011). Embodying who we are: Leader group prototypicality and leadership effectiveness. *The Leadership Quarterly*, *22*, 1078–1091. doi:10.1016/j.leaqua.2011.09.004

Verhezen, P. (2010). Giving voice in a culture of silence. From a culture of compliance to a culture of integrity. *Journal of Business Ethics*, *96*(2), 187–206. doi:10.1007/s10551-010-0458-5

Vianello, M., Galliani, E. M., & Haidt, J. (2010). Elevation at work: The effects of leaders' moral excellence. *The Journal of Positive Psychology*, *5*(5), 390–411. doi:10.1080/17439760.2010.516764

Visser, V. A., van Knippenberg, D., van Kleef, G. A., & Wisse, B. (2013). How leader displays of happiness and sadness influence follower performance: Emotional contagion and creative versus analytical performance. *Leadership Quarterly*, *24*(1), 172–188. doi:10.1016/j.leaqua.2012.09.003

Vitasari, P., Wahab, M. N. A., Herawan, T., & Sinnadurai, S. K. (2011). Psychophysiological treatment in reduced anxiety with biofeedback training for university students. Procedia - Social and Behavioral Sciences, 30, 629-633. doi:10.1016/j.sbspro.2011.10.122

Vogelgesang, G. R., & Lester, P. B. (2009). Transparency: How leaders can get results by laying it on the line. Organizational Dynamics, 38(4), 252–260. doi:10.1016/j.orgdyn.2009.07.003

Wachter, Robert M., Pronovost, Peter J., MD, P. (2009). Balancing "no blame" with accountability in patient safety. *The New England Journal of Medicine*, *361*(14), 1401–1406.

Waldman, D. A., Balthazard, P. A., & Peterson, S. J. (2011). Social cognitive neuroscience and leadership. *The Leadership Quarterly*, *22*(6), 1092–1106. doi:10.1016/j.leaqua.2011.09.005

Wallace, J. C., Johnson, P. D., Mathe, K., & Paul, J. (2011). Structural and psychological empowerment climates, performance, and the moderating role of shared felt accountability: A managerial perspective. *The Journal of Applied Psychology*. doi:10.1037/a0022227

Wallis, S. E. (2010). Appreciating the unpredictable: A case study on questions. *Organization Development Journal*, *28*, 73–88.

Walter, F., & Scheibe, S. (2013). A literature review and emotion-based model of age and leadership: New directions for the trait approach. *The Leadership Quarterly*, *24*(6), 882–901. doi:10.1016/j.leaqua.2013.10.003

Walumbwa, F. O., Avolio, B. J., Gardner, W. L., Wernsing, T. S., & Peterson, S. J. (2007). Authentic leadership: Development and validation of a theory-based measure? *Journal of Management*, *34*(1), 89–126. doi:10.1177/0149206307308913

Walumbwa, Fred O, Cropanzano, R., & Goldman, B. M. (2011). How leader-member exchanges influences effective work behaviors: Social exchange and internal-external efficacy perspectives. *Personnel Psychology*, *64*(3), 739–770.

Walumbwa, Fred O, Luthans, F., Avey, J. B., & Oke, A. (2011). Authentically leading groups: The mediating role of collective psychological capital and trust. *Journal of Organizational Behavior*, *32*(November 2008), 4–24. doi:10.1002/job

Walumbwa, Fred O., Mayer, D. M., Wang, P., Wang, H., Workman, K., & Christensen, A. L. (2011). Linking ethical leadership to employee performance: The roles of leader–member exchange, self-efficacy, and organizational identification. *Organizational Behavior and Human Decision Processes*, *115*(2), 204–213. doi:10.1016/j.obhdp.2010.11.002

Wang, X.-H. F., & Howell, J. M. (2010). Exploring the dual-level effects of transformational leadership on followers. *The Journal of Applied Psychology*, *95*(6), 1134 –1144. doi:10.1037/a0020754

Wang, H., Sui, Y., Luthans, F., Wang, D., & Wu, Y. (2014). Impact of authentic leadership on performance: Role of followers ' positive psychological capital and relational processes. *Journal of Organizational Behavior*, *35*, 5–21. doi:10.1002/job.1850

Waugh, C. E., Fredrickson, B. L., & Taylor, S. F. (2008). Adapting to life's slings and arrows: Individual differences in resilience when recovering from an anticipated threat. *Journal of Research in Personality*, *42*(4), 1031–1046. doi:10.1016/j.jrp.2008.02.005

Weiss, H. M., & Rupp, D. E. (2011). Envisioning a person-centric work psychology. *Industrial and Organizational Psychology*, *4*(1), 138–143. doi:10.1111/j.1754-9434.2010.01313.x

Werhane, P. H., Hartman, L. P., Moberg, D., Englehardt, E., Pritchard, M., & Parmar, B. (2011). Social constructivism, mental models, and problems of obedience. *Journal of Business Ethics*, *100*, 103–118. doi:10.1007/s10551-011-0767-3

Wesner, M. S. (2010). Organizational learning: The enduring influence of organization development. *Organization Development Journal*, *28*(3), 41–45.

Whitman, M. V, Halbesleben, J. R. B., & Holmes, O. I. (2012). Abusive supervision and feedback avoidance: The mediating role of emotional exhaustion. *Journal of Organizational Behavior*. doi:10.1002/job

Whitney, D. (2010). Appreciative inquiry: creating spiritual resonance in the workplace. *Journal of Management, Spirituality & Religion*, *7*(1), 73–88. doi:10.1080/14766080903497656

Wood, J.A., & Winston, B. E. (2005). Toward a new understanding of leader accountability: Defining a critical construct. *Journal of Leadership & Organizational Studies*, *11*(3), 84–94. doi:10.1177/107179190501100307

Wood, James A., & Winston, B. E. (2007). Development of three scales to measure leader accountability. *Leadership & Organization Development Journal*, *28*(2), 167–185. doi:10.1108/01437730710726859

Wright, T. A., & Huang, C. (2012). The many benefits of employee well-being in organizational research. *Journal of Organizational Behavior*, *33*, 1188–1192. doi:10.1002/job

Yip, J., & Raelin, J. A. (2011). Threshold concepts and modalities for teaching leadership practice. *Management Learning*, *43*(3), 333–354. doi:10.1177/1350507611422476

Younger, J., Sorensen, R., Cleemann, C., Younger, A., Freed, A., & Moller, S. (2013). Accelerating strategic change through action learning. *Strategic HR Review*, *12*(4), 177–184. doi:10.1108/SHR-02-2013-0013

Yukl, G. (2009). Leading organizational learning: Reflections on theory and research. *The Leadership Quarterly*, *20*(1), 49–53. doi:10.1016/j.leaqua.2008.11.006

Yukl, G., O'Donnell, M., & Taber, T. (2009). Influence of leader behaviors on the leader-member exchange relationship. *Journal of Managerial Psychology*, *24*(4), 289–299. doi:10.1108/02683940910952697

Zaldivar, E. J. (2014). Authenticity and accountability: Key to an appreciative stance to adaptable leadership. *AI Practitioner*, *16*(1), 9–20. doi:10.121781/978-1-907549-18-2-2

Zamahani, M., Ahmadi, A. A., Sarlak, M. A., & Shekari, H. (2013). Virtuous organization: A structural equation modeling approach. *Management Science Letters*, *3*(2), 647–654. doi:10.5267/j.msl.2012.12.004

Zellars, K. L., Hochwarter, W. A., Lanivich, S. E., Perrewé, P. L., & Ferris, G. R. (2011). Accountability for others, perceived resources, and well being: Convergent

restricted non-linear results in two samples. *Journal of Occupational and Organizational Psychology*, *84*(1), 95–115. doi:10.1348/2044-8325.002004

Zhang, X., Walumbwa, F. O., Aryee, S., & Chen, Z. X. (George). (2013). Ethical leadership, employee citizenship and work withdrawal behaviors: Examining mediating and moderating processes. *The Leadership Quarterly*, *24*(1), 284–297. doi:10.1016/j.leaqua.2012.11.008

Zohar, A. H., Cloninger, C. R., & McCraty, R. (2013). Personality and heart rate variability: Exploring pathways from personality to cardiac coherence and health. *Open Journal of Social Sciences*, *01*(06), 32–39. doi:10.4236/jss.2013.16007

Zuber-Skerritt, Ortrun; Perry, C. (2002). Action research within organisations and university thesis writing. *The Learning Organization*, *9*(4), 171–179. http://emeraldinsight.com/0969-6774.htm.

Appendixes

Appendix A: Questions and Prompts

Group Discussions

Orientation Workshop

OW.1 Invite each participant to introduce him or herself by telling about how his or her leadership experiences and knowledge will help shape data collection.

Appreciative Inquiry, Discover (D1)

D1.1 Can you share one story, something you were involved with, which best illustrates what happens when you are in a positive accountability exchange? What was it about you that promoted such a positive exchange? What was it about the other person that promoted such a positive exchange?

D1.2 What was the most appreciative quotable quote heard during the interview?

D1.3 What was the most compelling story that came out of the interview? What details or examples did the interview share?

D1.4 What was the most life-giving moment of the interview for you as a listener?

D1.5 What three themes stood out most for you during the interview?

D1.6 What would happen with accountability if we focused on appreciating more often rather than depreciating or taking things apart?

Appreciative Inquiry, Dream (D2)

D2.1 Imagine that tonight you fall into a deep relaxing sleep and you do not wake until 2020. When you awake, you see that a miracle has occurred. Major changes have taken place and your organization has become everything you ever hoped it could be in terms of positive, person-centered accountability. You can truly say, without reservation, that this is the organization of your dreams. What is going on around you? What's happening that is new and different? What do you see in terms of purpose, values, systems, people, and ways of working?

D2.2 How are our accountability practices and processes designed to help each employee experience success?

D2.3 What are the most compelling actionable ideas and how might we put them into use to improve performance outcomes?

Group Discussions (continued)

Appreciative Inquiry, Design (D3)

D3.1   What are the preferred behaviors of leaders needed to use PCA effectively to complement RCA and improve performance outcomes?

D3.2   What are the preferred practices needed for the organization to use PCA effectively to complement RCA and improve performance outcomes?

D3.3   What are the internal and external relationships needed to use PCA effectively to complement RCA and improve performance outcomes?

Appreciative Inquiry, Destiny (D4)

D4.1   What will we actually do to bring about the change we envision with PCA?

D4.2   How will we track and encourage our progress?

Practical Application Debrief

PA.1   If I had followed each of you during the practice of PCA during your regular workday, what would I have seen you doing?

PA.2   How did you feel when you used PCA to support the use of RCA?

PA.3   What did others say or do when you used one or more elements of PCA?

PA.4   What happened when you used one or more elements of PCA?

PA.5   What would you like to see happen?

Participant Journal Entries

PJ.1   What insights did you learn about using positive practices and positive leadership to increase accountability effectiveness?

PJ.2   What emotions did you experience?

PJ.3   How did the emotions affect the experience?

Semi-Structured Interview

SSI.1 What insights and understanding have you learned about the practice of PCA?

SSI.2 How do you feel about the use of emotions, positive and negative, when applying positive practices and positive leadership practices to increase accountability effectiveness?

SSI.3 What problems, risks, or difficulties do you have in applying positive practices, positive leadership, and/or positive emotions to increase accountability effectiveness?

SSI.4 What do you think of PCA as a complementary approach to RCA?

SSI.5 How do you perceive your contributions to advancing the practice of PCA as a complementary approach to RCA?

SSI.6 Has being involved in this project changed you, and if so, in what ways?

Question Identifier Key

OW Orientation Workshop

D1 Discovery

D2 Dream

D3 Design

D4 Destiny

PA Practical Application

PJ Participant Journal Entries

SSI Semi-structured Interviews

Appendix B: Orientation Workshop Information Sheet

Thanks for agreeing to participate in this action research project at ████████████ Medical Center in ██████ Illinois. This project has been designed as a dissertation research project for an Ed.D. in Organizational Leadership from the School of Education at Northcentral University. The study is focused on increasing understanding about how person-centered accountability (PCA), an approach to accountability that emphasizes positive practices, positive leadership, and positive emotions, complements regulatory-centered accountability (RCA) to improve performance outcomes. The study is unique in its focus on adopting an appreciative approach to accountability in a practical setting.

Orientation Workshop Agenda

Time	Topic
9:00-9:30	Welcome and check-in Research project overview
9:30-10:00	Summary of a PCA and RCA 　　Accountability Exchange 　　Leader Accountability 　　Elements of PCA and RCA 　　PCA: Positive Practices, Positive Leadership, and Positive Emotions
10:00-10:45	Self-generating positive emotional states 　　Positive versus negative emotional states 　　Quick Coherence ® Technique 　　How to use the emWave2®
10:45-11:30	Appreciative Inquiry: 4-D cycles and activities 　　Four-D Cycle 　　Paradigm Shift 　　Conducting AI interviews 　　Engaging in AI conversations 　　Collecting and analyzing data
11:30-11:45	Practical Application 　　Applying PCA during work 　　Journal entries
11:45-12:00	Questions and answers

Appendix C: Orientation Workshop Guide

Orientation Workshop

Set the Stage

Welcome   Duration: 5 minutes

Objective: Acknowledge individual differences and the value of each participant's knowledge and experience to ensure each participant engages from a similar base and contributes during the AR activities (Reed, 2007).

Extend a warm greeting of appreciation to each participant and invite him or her to engage in the collaborative action research (AR) project focused on examining how person-centered accountability (PCA) complements regulatory-centered accountability (RCA) to improve performance outcomes.

Share this quote:

"Individuals have within themselves vast resources for self understanding and for altering their self-concepts, basic attitudes, and self-directed behavior; these resources can be tapped if a definable growth-promoting climate can be provided."

(Carl Rogers, 1980, p. 115)

Introductions   Duration: 20 minutes

Invite each participant to introduce him or herself by telling about how his or her leadership experiences and knowledge will help shape data collection.

Appreciative Inquiry

Describe Action Research   Duration: 5 minutes

Cycle 1: Orientation Workshop and Appreciative Inquiry Sessions
Cycle 2: Practical Applications and Debriefing Session
Cycle 3: Appreciative Inquiry Sessions and Semi-Structured Interviews

Describe Schedule, Activities, & Responsibilities   Duration: 5 minutes

Day(s)	Date(s)	Time	Activity	Responsibilities
Mon	2/16	9:00-12:00	Orientation Workshop	Participate /Journal Entry
Wed	2/18	9:00-11:00	Discovery Workshop	Participate /Journal Entry
Fri	2/20	9:00-11:00	Dream Workshop	Participate /Journal Entry
Mon-Thurs	2/23-26	9:00-11:00	Practical Application	Practice/Journal Entry
Fri	2/27	9:00-11:00	Practical App Workshop	Participate /Journal Entry
Mon	3/2	9:00-11:00	Design Workshop	Participate /Journal Entry
Wed	3/4	9:00-11:00	Destiny Workshop	Participate /Journal Entry
Fri	3/5	8:30-5:00	Interviews	Participate

Study Overview   Duration: 10 minutes

Title: Exploring Person-Centered Accountability as a Complementary Approach to Regulatory Centered Accountability: An Action Research Study
Problem Statement: The specific problem addressed by this study is the lack of understanding about how PCA complements RCA to improve performance outcomes.

Purpose Statement: The purpose of this qualitative action research study is to explore PCA as a complementary approach to RCA.

Research Questions
1. How do participants perceive the role of PCA as a complementary approach to RCA?
2. What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive practices and increase accountability effectiveness?
3. What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive leadership and increase accountability effectiveness?
4. What insights can participants, who are in a sustained negative emotional state, provide about efforts to apply positive practices and increase accountability effectiveness?
5. What insights can participants, who are in a sustained positive emotional state, provide about efforts to apply positive leadership and increase accountability effectiveness?
6. How do participants in this action research study perceive their contribution to advancing the practice of PCA as a complementary approach to RCA?

Describe Data Collection and Analysis Processes   Duration: 5 minutes

- Participant Journals
- Researcher Field Notes
- Notes from AI Discussions and Debrief
- Nominal Group Technique
- Affinity Sort
- Provocative Propositions

Introduction to Accountability

Accountability Exchange   Duration: 10 minutes

BEFORE (Antecedents)	DURING (Action)	AFTER (Consequences)
Cues	Events	Performance outcomes
Conditions	Knowledge, skill, and ability	Feedback
Mechanisms	Task performance	Reports and updates
Information	Judgment	Evaluation
Expectations	Decision-making	Reward
Obligations	Choice-making	Recognition
Emotions	Interrelationships	Personal gain
Empowerment	Interdependencies	Stress
Attitude	Surveillance	Blame
Motives	Monitoring	Failure
Influence	Observations	Punishment

Accountability Models   Duration: 15 minutes

Person-Centered Accountability: PCA is an approach to accountability that emphasizes positive practices, positive leadership, and positive emotions to enhance performance outcomes.
Regulatory-Centered Accountability: RCA is an approach to accountability that emphasizes standards, rules, and laws, control mechanisms, and enforcement and reporting to enhance performance outcomes.

Positive Practices

Virtuous Organization
- Caring
- Forgiveness
- Inspiration
- Meaning
- Integrity, respect, and gratitude
- Compassionate support

Empowering Employees
- Delegation of authority
- Accountability
- Self-directed decision-making
- Information sharing
- Skill development
- Coaching for improved performance

Interpersonal Relationships
- Team player
- Reliability
- Self-directedness
- Commitment to work
- Mutual understanding
- Learning and development
- Friendly attitude
- Ability to influence

Individual Potential
PsyCap
- Hope
- Efficacy
- Resiliency
- Optimism

Character Strengths
- Wisdom and knowledge
- Courage
- Humility
- Justice
- Temperance
- Transcendence

Positive Leadership

Transformational Leadership

- Idealized influence
- Inspirational motivation
- Intellectual stimulation
- Individualized consideration

Authentic Leadership
- Positive psychological capacities
- Positive ethical climate
- Foster greater self-awareness
- Internalized moral perspective
- Balanced processing of information
- Relationship development
- Fostering self-development

Servant Leadership
- Followers first
- Unique relationships
- Invest time
- Resources to develop and empower
- Model and align behavior

Ethical Leadership
- Appropriate conduct
- Trustworthy
- Proactive (less reactive)
- Two-way communication
- Reinforcement
- Decision-making

Positive Emotions

Pleased	Joyful	Enthusiastic
Elated	Eager	Adventurous
Playful	Inquisitive	Curious
Expectant	Accepting	Agreeable
Cheerful	Receptive	Affectionate
Loving	Caring	Appreciative
Kindness	Compassionate	Passionate

Negative Emotions

Afraid	Shy	Cautious
Helpless	Apprehensive	Sad
Hopeless	Depressed	Unhappy
Disappointed	Uncertain	Bewildered
Confused	Perplexed	Surprised
Disgusted	Resentful	Dissatisfied
Angry	Distrustful	Annoyed
Stressed	Furious	Anxious

Emotion Management

Positive Versus Negative Emotional States   Duration: 15 minutes

Coherence and Incoherence
- Incoherent heart rhythm pattern when in a negative emotional state of frustration
- Coherent heart rhythm pattern when in a positive emotional state of appreciation

Quick Coherence ® Technique

Practice the two steps of the Quick Coherence ® Technique to train yourself to create a shift in attention from a negative emotional state to a self-generated positive emotional state. Sustaining a positive emotional state has been found to facilitate the emergence of a psychophysiological coherent state (Childre & Rozman, 2005). Being in a psychophysiological coherent state supports improved thinking clarity, response to stress, and personal effectiveness.

Step one: Heart-Focused Breathing. Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart or chest area. Breathe a little slower and deeper than usual.

Step two: Activate a Positive Feeling. Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life.

emWave2®   Duration: 15 minutes

SET-UP
1. Plug in ear sensor into ear sensor jack.
2. Remove earrings (if applicable)
3. Attach ear sensor to ear lobe
4. Attach lapel clip to collar or shirt so that it won't pull on the ear sensor
5. Avoid sudden movements to ensure an accurate reading from the ear sensor

Get comfortable in a quiet place or with soothing music

GET STARTED
1. Press for 2 seconds on the bottom of the sensor button
2. Ensure pulse is detected as seen by flashing blue pulse indicator light
3. Use the Heart Action Strip as a breath pacer (breathe in as the light rises and breathe out as the light falls – the pacer will adjust to your breathing)
4. Perform the Quick Coherence ® Technique

Observe coherence level (red = low coherence, blue = medium coherence, and green = high coherence)

Challenge Levels
1. Low is the easiest challenge level and the default setting
2. Medium is the second easiest challenging level
3. High is the second most challenging level
4. Highest is the most challenging level

Computer
1. Select the desired level before starting the session
2. Select "Set Default…" and select desired default level

Handheld: To change the Challenge level while in the Setup Mode

Press	Level	Figure
Single ½ second press	2	(b)
Two ½ second presses	3	(c)
Three ½ second presses	4	(d)
Four ½ second presses	1	(a)

Connect

Plug in your emWave2® device to your computer using the USB plug.

Synch emWave2®
1. Plug in your emWave2® device to your computer.
2. Select "Sync emWave2®…" from the file menu
3. Make sure the checkbox "Sync Session Data with Device" is checked.
4. Enable the checkbox "Delete handheld session data after import", if you want to make it automatically delete the sessions off the emWave2® device after it finishes importing.
5. After clicking on the "OK" button, a dialog box should appear and show you a progress bar for the transfer.
6. After the transfer is complete, the dialog allows you to show the details of each session that was transferred and how the sessions were handled.

Next, select "OK" to dismiss the dialog box and the sessions on the emWave2® handheld will be deleted.

Reading Your Results
1. The top left section displays your heart rhythm over time.
2. The bottom left section displays your accumulated coherence for the session.
3. The top right section summarizes the session information, including date, level, start and end times, duration, and achievement.
4. The bottom right section displays your coherence ration for the session.

Appreciative Inquiry

Introduction	Duration: 5 minutes

Appreciative Inquiry is a bold shift in the way we think about and approach organization change. The ultimate paradox of AI is that does not aim to change anything. It aims to uncover and bring forth existing strengths, hopes, and dreams: to amplify the positive core of the organization. In so doing, it transforms people and organizations. With AI, the focus of attention is on the positive potential – the best of what has been, what is, and what might be.

Action research typically focuses on solving problems. This is in contrast to appreciative inquiry's focus on building on the strengths of the organization and the employees. In a similar way, RCA focuses on building controls to avoid or solve problems related to low accountability and PCA focuses on the positive aspects of practices, leadership, and emotions to enhance efforts to improve accountability practices. In this way, the influence of AI expands AR to consider both perspectives.

Appreciative Inquiry Overview	Duration: 5 minutes

*   Appreciative Inquiry (AI) is a strength-based approach to change.
*   Appreciate:
    *   To *value* or admire;
    *   To judge with heightened *understanding*;
    *   To recognize with *gratitude*
*   Inquire:
    *   To *search* into;
    *   *Investigate*;
    *   To seek for information by *questioning*

Paradigm Shift	Duration: 5 minutes

Paradigm #1: Problem Solving
*   Analysis of root causes
*   Analysis of possible solutions
*   Plans of action
*   Basic assumption: organizations are problems to be solved

Paradigm #2: Appreciative Inquiry
*   Envisioning hat might be
*   Dialoguing what should be
*   Innovating what will be
*   Basic assumption: organizations are mysteries to be embraced

Four-D Cycle   Duration: 5 minutes

- Discovery – an extensive, cooperative search to understand the "best of what is and what has been."
- Dream – an energizing exploration of "what might be."
- Design – create a set of Provocative Propositions: statements that describe, "what should be."
- Destiny – through a series of inspired actions that support ongoing learning and innovation or "what will be."

Two Sets of Organizing Assumptions   Duration: 5 minutes

Normal Organizing	Positive Organizing
• People pursue their self-interests	• People sacrifice for the common good
• People pursue external rewards	• People pursue intrinsic satisfaction
• People live in assumptions of exchange	• People live in assumptions of contribution
• People minimize personal costs	• People exceed expectations
• People prefer status quo	• People initiate change
• People lose trust	• People build trust
• People communicate politically	• People communicate authentically
• People see constraints	• People envision possibilities
• People assume hierarchy	• People assume equality
• People compete for scarce resources	• People expand the resource pool

Conducting AI Interviews   Duration: 5 minutes

Purpose: As part of the study you will work in pairs and interview each other to inquire and learn more about PCA as a complementary approach to RCA. Instead of focusing on things that aren't working well, we will find out about your experiences of success so we can increase our understanding of how PCA complements RCA to improve performance outcomes.

Ask AI questions:
- Use the interview questions listed in the Participant Interview Guide
- Take notes and listen for great quotes and stories

Probe further:
- Can you tell me more?
- Why was that important to you?
- How did that affect you?
- What was your contribution?
- How did the organization or team support you?

Warm-Up Interviews   Duration: 10 minutes

Objective: Practice using AI interview method so participants can experience the process and impact.

Instructions: Use the following three foundational questions to interview your partner. Allow 5 minutes per person.

Questions:
Looking at your entire work experience as a leader, remember a time when you felt most alive, most fulfilled, or most excited about your work.
  1. What made it exciting?
  2. Who else was involved?
  3. Describe how you felt about it.

Sharing Results: AI Conversation   Duration: 10 minutes

Instructions: Bring the group back together. Instruct the participants to close their eyes for a moment then notice the increased energy and hope you feel right now.   Next, ask them to respond to the following questions:

Questions:
  1. What is it about the Appreciative Inquiry interview experience that added to your energy level?
  2. What is the root cause of excellence in each of your stories?

Engaging in AI Conversations   Duration: 10 minutes

Guidelines
  • Seek shared understanding
  • Use more inquiry and less advocacy
  • Defer judgment
  • Explore intentions
  • Understand and manage your own emotions and reactions
  • Draw on experiences
  • Build on the ideas of others
  • Stay focused on the topic
  • Hold one conversation at a time
  • Encourage and model reflective thinking

Practical Application

Applying PCA during work   Duration: 10 minutes

Objective: Allow participants to apply PCA to their own professional activities and examine their own beliefs and practices.

Timing: During the course of a normal workday

Guidelines:
- Pay attention to your use of PCA practices during the course of the workday.
- Identify at least one opportunity to enact some aspect of an accountability exchange and then practice generating positive emotions and recording your emotional state using the emWave 2 before the accountability exchange. Record your coherence score.
- Identify the practice or practices you employ during the accountability exchange.
- Identify the phase of the accountability exchange (before, during, or after).

Journal Entries   Duration: 5 minutes

Objective: Gain insights into the participant's personal experiences and emotions related to the exploration of PCA as a complementary approach to RCA.

Instructions: (1) Connect to your emWave and do the Quick Coherence ® Technique. (2) Respond the to the following questions to share your personal experiences and insights about PCA as a complementary approach to RCA.

Questions: What insights did you learn about using positive practices and positive leadership to increase accountability effectiveness? What emotions did you experience? How did the emotions affect the experience?

Workshop Conclusion: Questions and Answers   Duration: 10 minutes

Data Collection: Researcher field notes.

Appendix D: Appreciative Inquiry, Researcher Guide

Discovery Workshop – Week One, Day One

Session Introduction   Duration: 5 minutes

AI Session Purpose: Identify and explore the positive core of PCA as a complementary approach to RCA through positive stories about your related experiences and practices.

Goals:
- Capture and contribute stories to the positive core of accountability for our leaders and our organization.
- Increase our understanding of how PCA complements RCA to improve performance outcomes.
- Generate ideas about individual perceptions and judgments about positive practices, positive leadership, and positive emotions

Establish a Positive Atmosphere   Duration: 5 minutes

Objective: Engage participants in the practice of self-generating a positive emotional state.

Instructions: Perform the Quick Coherence ® Technique to shift to a positive focus while using your emWave2®.

- Step one: Heart-Focused Breathing. Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart or chest area. Breathe a little slower and deeper than usual.
- Step two: Activate a Positive Feeling. Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life.

Reflection: Read the following reflection before starting we break into pairs to do an Appreciative Inquiry interview.

Remember…
What you ask about is what people learn about;
What people learn about is what they know;
What they know is what they can do.
Powerful questions lead to powerful performance.

Discovery: Best of What is and What Has Been – Week One, Day One

AI Interviews (Group Discussion)   Duration: 60 minutes

Objective: Conduct an appreciative interview by focusing on the times when things related to accountability work well and learn what each participant considers as being important, what they expect and want to create accountability success for the promotion of targeted performance behaviors and outcomes.

Instructions: The interview will focus on stories when you or someone else performed at an optimal level while using some aspect of PCA to achieve performance outcomes.

- Follow the "AI Interview Guidelines" provided during the Orientation Workshop.
- Refer to the participant handout listing the Positive Practices, Positive Leadership, and Positive Emotions for examples of behavior.

Conduct the interview: Instruct participants to interview his or her partner for approximately 25 minutes.

Questions:
D1.1   Can you share one story, something you were involved with, which best illustrates what happens when you are in a positive accountability exchange? What was it about you that promoted such a positive exchange? What was it about the other person that promoted such a positive exchange?

Summarize the information: At the conclusion of the interview, please take 5 minutes and summarize the information by writing your answers to the following questions.

Questions:
D1.2   What was the most appreciative quotable quote heard during the interview?
D1.3   What was the most compelling story that came out of the interview? What details or examples did the interview share?
D1.4   What was the most life-giving moment of the interview for you as a listener?
D1.5   What three themes stood out most for you during the interview?

Data Collection: Collect interview worksheets after the discussion.

Sharing Results (Group discussion)   Duration: 40 minutes

Purpose: To learn from out stories and look at our perceptions, judgments, and comprehension about PCA as a complementary approach to RCA.

Flipchart Pages: Prepare five pages in advance to use to record notes.
- Quotable Quotes
- Compelling Stories
- Life-giving moment
- Themes
- Creating Positive Change

AI Conversation: Use the following questions to facilitate a group discussion about the value of creating positive change.

Questions:
D1.6   What would happen with accountability if we focused on appreciating more often rather than depreciating or taking things apart?

            Data Collection: Record participant responses on a Flipchart page.

Participant Journal Entry   Duration: 10 minutes

Objective: Gain insights into the participant's personal experiences and emotions related to the exploration of PCA as a complementary approach to RCA.

Instructions: (1) Connect to your emWave and do the Quick Coherence ® Technique. (2) Respond the to the following questions to share your personal experiences and insights about PCA as a complementary approach to RCA.

Questions:
PJ.1   What insights did you learn about using positive practices and positive leadership to increase accountability effectiveness? What emotions did you experience? How did the emotions affect the experience?

                Data Collection: Collect participant journal entries.
                    Data Collection: Researcher field notes.

Dream Workshop – Week One, Day Two

Session Introduction   Duration: 5 minutes

AI Session Purpose: Identify and explore the positive core of PCA as a complementary approach to RCA through stories about your related experiences and practices.

Goals:
- Capture compelling and inspiration opportunities for the Design phase.

Establish a Positive Atmosphere   Duration: 5 minutes

Objective: Engage participants in the practice of self-generating a positive emotional state.

Instructions: Perform the Quick Coherence ® Technique to shift to a positive focus while using your emWave2®.

- Step one: Heart-Focused Breathing. Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart or chest area. Breathe a little slower and deeper than usual.
- Step two: Activate a Positive Feeling. Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life.

Dream: What Might Be

AI Conversation (Group Discussion)   Duration: 50 minutes

Objective: Envision a compelling picture of the future of PCA as a complementary approach to RCA to improve performance outcomes.

Instructions: Based on the input from the Discovery session, respond to the prompt (D2.1) and question (D2.2) and share ideas, insights, and recommendations to create a vision of the future of PCA as a complementary approach to RCA to improve performance outcomes.

Questions or Prompts:
D2.1   Share your wishes and dreams from the interviews you did on Wednesday. Add any ideas or thoughts about changes or improvements you think will have a major impact on improving understanding about how PCA complements RCA to improve performance outcomes.
D2.2   How are our accountability practices and processes designed to help each employee experience success?

Ideas and Prioritization   Duration: 25 minutes

Objective: Brainstorm, organize and prioritize ideas about how to increase understanding about using PCA as a complementary approach to RCA to improve performance outcomes.

Instructions: Break into groups of 2-3 people and discuss ideas for using PCA as a complementary approach to RCA.

Prompt:
D2.3   Brainstorm a list of opportunities for using PCA as a complementary
             approach to RCA.

Instructions: Ask participants to share opportunities using the Nominal Group Technique (NGT). Brainstorm, sort, and prioritize opportunities for using PCA as a complementary approach to RCA to improve performance outcomes.

- A participant from each group shares one idea for an opportunity and the facilitator records the idea on a Post It Note™.
- Continue around the room until all new ideas for opportunities have been shared and recorded.

Instructions: Ask participants to organize ideas using an Affinity Sort.

- Participants work silently to evaluate and group similar ideas for opportunities.
- Facilitate a discussion to discuss patterns and reasons for moving some ideas into a different group.
- Ask the participants to create a label for each group of opportunities.

Instructions: Ask participants to prioritize using a multivote.

- Distribute five sticky dots to each participant.
- Each participant works individually and places a sticky dot next to the five groups of ideas he or she thinks are best suited to achieve the desired vision.

From The Quality Toolbox, Second Edition, ASQ Quality Press, 2004 by Nancy R. Tauge.

Opportunity Matrix   Duration: 25 minutes

Objective: Create an opportunity matrix and identify future possibilities for an increased understanding of how PCA practices complement RCA practices.

Instructions: Evaluate and refine the opportunities.

- Evaluate each opportunity by impact and ease of implementation using a low-to-high range
- Plot the opportunities in a four-box on a Flipchart page.

Sample Four-Box:
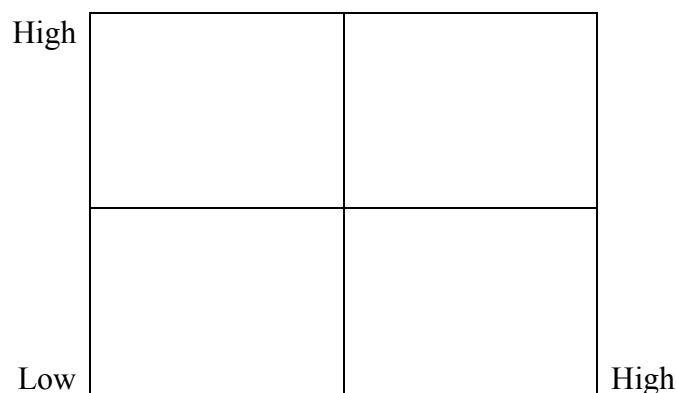
High

Low   High

From The Quality Toolbox, Second Edition, ASQ Quality Press, 2004 by Nancy R. Tauge.

Question:
D2.4   What are the most compelling actionable ideas and how might we put them into use to improve performance outcomes?

    Data Collection: Record output from group discussion on Flipchart pages.

Participant Journal Entry   Duration: 10 minutes

Objective: Gain insights into the participant's personal experiences and emotions related to the exploration of PCA as a complementary approach to RCA.

Instructions: (1) Connect to your emWave and do the Quick Coherence ® Technique. (2) Respond the to the following questions to share your personal experiences and insights about PCA as a complementary approach to RCA.

Questions:
PJ.1   What insights did you learn about using positive practices and positive leadership to increase accountability effectiveness? What emotions did you experience? How did the emotions affect the experience?

                Data Collection: Collect participant journal entries
                  Data Collection: Researcher field notes.

Design Workshop – Week Three, Day One

Session Introduction   Duration: 5 minutes

AI Session Purpose: Identify and explore the positive core of PCA as a complementary approach to RCA through stories about your related experiences and practices.

Goal: Complete the four steps of the Design phase.
- o Select design elements
- o Identify internal and external relationships
- o Identify themes and engage in dialogue
- o Write possibility statements

Establish a Positive Atmosphere   Duration: 5 minutes

Objective: Engage participants in the practice of self-generating a positive emotional state.

Instructions: Perform the Quick Coherence ® Technique to shift to a positive focus while using your emWave2®.

- Step one: Heart-Focused Breathing. Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart or chest area. Breathe a little slower and deeper than usual.
- Step two: Activate a Positive Feeling. Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life.

Share Preliminary Analysis   Duration: 20 minutes

Share Preliminary Analysis: Identify and explore the positive core of PCA as a complementary approach to RCA through stories about your related experiences and practices.

Steps:
- Present Key phrases, quotes, patterns, and themes from emic and in vivo coding process.
- Present deductive analysis using PCA framework.

Design: What Should Be

Social architecture to bring dream to reality   Duration: 20 minutes

Objective: Engage in a group discussion about the preliminary data analysis <u>and</u> the opportunities that emerged during the "dream" phase about what the participants

consider to be important and what they do best in applying elements of PCA.

Instructions: Record group discussion notes on Flipchart paper.

| Select design elements (group discussion) | Duration: 20 minutes |

Objective: Determine design elements needed to create a social architecture to support the dream for using PCA as a complementary approach to RCA to improve performance outcomes.

Instructions: Facilitate a group discussion to answer questions D3.1 and D3.2.

Questions:
D3.1   What are the preferred behaviors of leaders needed to use PCA effectively to complement RCA and improve performance outcomes?
D3.2   What are the preferred practices needed for the organization to use PCA effectively to complement RCA and improve performance outcomes?

| Identify relationships | Duration: 10 minutes |

Objective: Identify relationships that will help build the positive core of using PCA as a complementary approach to RCA to improve performance outcomes.

Instructions: Facilitate a group discussion to answer question D3.3.

Question:
D3.3   What are the internal and external relationships needed to use PCA effectively to complement RCA and improve performance outcomes?

| Identify themes | Duration: 10 minutes |

Objective: Identify themes that support improved understanding of how PCA complements RCA to improve performance outcomes.

Instructions: Facilitate a group discussion and record responses on Flipchart paper. Give consideration to the group discussion up to this point and including the preliminary data analysis, identify the themes that support improved understanding of how PCA complements RCA to improve performance outcomes.

| Write possibility statements | Duration: 40 minutes |

Objective: Translate ideas into possibility statements that describe the normative behaviors and expected performance about how PCA complements RCA to improve performance outcomes.

Instructions: Reframe accountability norms using positive and compelling images. Translate these ideas into provocative propositions for the future (Cooperrider, 2012; Ludema & Fry, 2008).   Remember to consider the phases of accountability exchanges: before, during, and after.

Guidelines: Use the following questions to challenge and test thinking as we develop the possibility statements.

- Is it provocative; that is, does it stretch, challenge, or interrupt thinking about accountability?
- Is it grounded; that is do examples illustrate the ideal as real possibilities in using PCA as a complementary approach to RCA?
- Is it desired; that is if it could be fully actualized, would the organization want it? Do you want it as a preferred future?
- Is it stated in affirmative and bold terms?
- Does it follow organizational standards and beliefs?
- Is it complemented with benchmarking data?
- Is it a high involvement process?
- Is there balanced management of continuity, novelty, and transition?

Data Collection: Record participant responses on a Flipchart page.

Participant Journal Entry   Duration: 10 minutes

Objective: Gain insights into the participant's personal experiences and emotions related to the exploration of PCA as a complementary approach to RCA.

Instructions: (1) Connect to your emWave and do the Quick Coherence ® Technique. (2) Respond the to the following questions to share your personal experiences and insights about PCA as a complementary approach to RCA.

Questions:
PJ.1   What insights did you learn about using positive practices and positive leadership to increase accountability effectiveness? What emotions did you experience? How did the emotions affect the experience?

Data Collection: Collect participant journal entries.
Data Collection: Researcher field notes.

Destiny Workshop – Week Three, Day Two

Session Introduction   Duration: 5 minutes

AI Session Purpose: Identify and explore the positive core of PCA as a complementary approach to RCA through stories about your related experiences and practices.

Goals:
- Align accountability practices with the possibility statements.
- Build an organization culture based on positive psychology as it relates to accountability.

Establish a Positive Atmosphere   Duration: 5 minutes

Objective: Engage participants in the practice of self-generating a positive emotional state.

Instructions: Perform the Quick Coherence ® Technique to shift to a positive focus while using your emWave2®.

- Step one: Heart-Focused Breathing. Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart or chest area. Breathe a little slower and deeper than usual.
- Step two: Activate a Positive Feeling. Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life.

Destiny: What Will Be

Integrating PCA into Business Operations   Duration: 100 minutes

Objective: Move from design to destiny by defining resources for the establishment of PCA in everyday practice, education, and co-construction of PCA as a complementary approach to RCA.

Instructions: Facilitate a group discussion to answer questions D4.1 and D4.2. Identify provocative proposition to work with, during the implementation process, so they could address the needs and aspirations of the leaders and employees. Write down targets, goals, strategies, and/or action items that can achieve the desired provocative proposition.

Questions:
D4.1   What will we actually do to bring about the change we envision with PCA?
D4.2   How will we track and encourage our progress?

Data Collection: Collect participant journal entries.
Data Collection: Researcher field notes

Participant Journal Entry   Duration: 10 minutes

Objective: Gain insights into the participant's personal experiences and emotions related to the exploration of PCA as a complementary approach to RCA.

Instructions: (1) Connect to your emWave and do the Quick Coherence ® Technique. (2) Respond to the following questions to share your personal experiences and insights about PCA as a complementary approach to RCA.

Questions:
PJ.1   What insights did you learn about using positive practices and positive leadership to increase accountability effectiveness? What emotions did you experience? How did the emotions affect the experience?

                  Data Collection: Collect participant journal entries.

Appendix E: Practical Application, Researcher Guide

Practical Application – Week Two (Monday-Thursday)

Practice Applying PCA   Duration: 10 minutes

Objective: Allow participants to apply PCA to their own professional activities and examine their own beliefs and practices.

Timing: During the course of a normal workday

- Pay attention to your use of PCA practices during the course of the workday.
- Identify at least one opportunity to enact some aspect of an accountability exchange and then practice generating positive emotions and recording your emotional state using the emWave 2 before the accountability exchange. Record your coherence score.
- Identify the practice or practices you employ during the accountability exchange.
- Identify the phase of the accountability exchange (before, during, or after).
- Reflect on your experiences at the end of day and enter your insights into your journal.

Participant Journal Entry   Duration: 10 minutes

Objective: Gain insights into the participant's personal experiences and emotions related to the exploration of PCA as a complementary approach to RCA.

Instructions: (1) Connect to your emWave and do the Quick Coherence® Technique. (2) Respond the to the following questions to share your personal experiences and insights about PCA as a complementary approach to RCA.

Questions:
PJ.1   What insights did you learn about using positive practices and positive leadership to increase accountability effectiveness? What emotions did you experience? How did the emotions affect the experience?

Data Collection: Collect participant journal entries.
Data Collection: Researcher field notes.

Appendix F: Practical Application Workshop, Researcher Guide

Practical Application Discussion

Guided Discussion   Duration: 2 hours

Objective: Facilitate a group discussion among participants to review and discuss the practice, experience, and understanding of PCA as a complementary approach to RCA.

Guidelines:

- Challenge existing norms and assumptions.
- Anticipate varied reactions.
- Facilitator must be aware of own intrinsic energy, such as what is going on within my own body, emotional experience, and energy?

Questions:
PD.1   If I had followed each of you during the practice of PCA during your regular workday, what would I have seen you doing?
PD.2   How did you feel when you used PCA to support the use of RCA?
PD.2   What did others say or do when you used one or more elements of PCA?
PD.3   What happened when you used one or more elements of PCA?
PD.4   What would you like to see happen?

Data Collection: Researcher field notes.
Data Collection: Collect participant Practical Application journal entries.

Appendix G: Semi-Structured Interview, Researcher Guide

Semi-Structured Interview Session

One-to-One Interviews   Duration: 30 minutes

Objective: Collect information from each participant about his or her experiences, insights, and ideas about how PCA complements RCA to improve performance outcomes.

Guidelines

- Give each participant an equal opportunity to provide data across the same research constructs.
- Draw out from each participant his or her thinking and rationale for decision-making.
- Follow an inductive method to gather the data.
- Help each participant articulate precepts to contribute to the advancement of how PCA complements RCA to improve performance outcomes.

Questions:
SSI.1   What insights and understanding have you learned about the practice of
SSI.2   PCA?
SSI.2   How do you feel about the use of emotions, positive and negative, when
SSI.3   applying positive practices and positive leadership practices to increase
SSI.4   accountability effectiveness?
            What do you think of PCA as a complementary approach to RCA?
SSI.5   How do you perceive your contributions to advancing the practice of PCA as a complementary approach to RCA?
SSI.6   Has being involved in this project changed you, and if so, in what ways?

Data Collection: Audio record and write participant responses in a notebook.
Data Collection: Researcher field notes.

Appendix H: Time Framework, Activity Schedule, and Responsibilities

Project Start: 02/16/15- Project End: 03/06/15

Day(s)	Date(s)	Time	Activity	Responsibilities
Mon	2/16	9:00-12:00	Orientation Workshop	Participate and Journal Entry
Wed	2/18	9:00-11:00	AI Discovery	Participate and Journal Entry
Fri	2/20	9:00-11:00	AI Dream	Participate and Journal Entry
Mon-Thurs	2/23-26	During work	Practical Application	Practice and Journal Entry
Fri	2/27	9:00-11:00	Debrief	Participate and Journal Entry
Mon	3/2	9:00-11:00	AI Design	Participate and Journal Entry
Wed	3/4	9:00-11:00	AI Destiny	Participate and Journal Entry
Fri	3/6	8:15-8:45am 9:00-9:30am 9:45-10:45am 10:30-11:00am 11:15-11:45am 12:00-12:30pm 12:45-1:15pm 1:30-2:00pm 2:30-3:00pm	Interview, Participant 1 Interview, Participant 2 Interview, Participant 3 Interview, Participant 4 Interview, Participant 5 Interview, Participant 6 Interview, Participant 7 Interview, Participant 8 Interview, Participant 9	Participate

Appendix I: Participant Handout, Positive Practices

Positive Practices
Category: Virtuous Organization (Cameron, Mora, Leutscher, & Calarco, 2011)
Caring: Demonstrate care, interest, and responsibility for one another as friends • Shows interest in others • Thinks of each other as friends • Genuinely cares about others • Responsive to others
Compassionate Support: Demonstrate kindness and compassion to provide support when others are struggling • Helps others who are facing difficulty • Demonstrates care for employees who are struggling • Provides emotional support to others • Shows compassion for others • Builds strong interpersonal relationships • Shows kindness to others • Honors others talents
Forgiveness: Demonstrate forgiveness when others make mistakes and avoid blame • Does not blame others when mistakes are made • Correct errors without placing blame • Forgives mistakes
Inspiration: Strive to inspire one another • Shares enthusiasm with one another • Inspires others • Communicates the good observed in others
Meaning: Emphasize the meaningfulness of work to elevate and renew others • Ensures that employees feel elevated by their work • Ensures that employees feel renewed by the nature of their work • Ensures that employees find profound meaning in their work • Ensures that employees find their work motivating • Ensures that employees see the larger purpose in their work
Respect, integrity, and gratitude: Demonstrate respect and express appreciation for one another and sustain trust and integrity • Treats others with respect • Trusts one another • Demonstrates high integrity • Displays confidence in one another • Shows appreciation for one another • Expresses gratitude to others
Category: Empowering Employees (Amundsen & Martinsen, 2014; Konczak, Stelly, & Trusty, 2000)

Positive Practices
Delegation of authority: Assign authority to make decisions and changes to make improvements • Gives authority to each employee to make decisions that improve work processes and procedures • Gives authority to each employee to make changes necessary to improve things • Delegates authority to employee that is equal to the level of assigned responsibility • Communicates the importance of taking responsibility for work
Accountability for outcomes: Hold employees accountable for assigned work, performance, and results • Holds each employee accountable for assigned work • Holds each employee accountable for performance and results • Holds others in the department accountable for customer satisfaction
Self-directed decision-making: Provide assistance, as needed, to help employee identify solutions to problems and rely on employee to make own decisions about issues related to assigned work • Encourages each employee to arrive at own solution when problems arise, rather than telling the employee what he or she would do • Relies on each employee to make own decisions about issues that affect how work gets done • Encourages each employee to develop own solutions to problems encountered in work
Information sharing: Provide timely and potentially sensitive information on performance measures to employees • Shares information needed to each employee to ensure high quality results • Provides information each employee needs to meet customer expectations • Facilitates goals setting and tracking to enable employees to contribute optimally to organizational performance • Leaders goals and work are visible to employees
Skill development: Provide employee with systematic problem-solving methods and opportunities to learn continuously and develop new skills • Encourages each employee to use systematic problem solving methods • Provides each employee with frequent opportunities to develop new skills • Ensures that continuous learning and skill development are priorities • Recognizes strengths and weaknesses and offers assistance • Provides guidance on ways to improve

Positive Practices
Coaching for improved performance: Encourage risk taking by learning from mistakes, exploring new ideas, and corrective action rather than blame or punishment • Willing to risk employee mistakes, if the employees will learn and develop as a result of the experience • Encourages each employee to try out new ideas even if there is a chance they may not succeed • Focuses on corrective action rather than placing blame on an employee when he or she makes a mistake
Category: Interpersonal Relationships (Huang, Wright, Chiu, & Wang, 2008; Oc & Bashshur, 2013; Ungerleider & Ungerleider, 2011)
Teamwork: Team processes aimed at facilitating team member ability to accept influence from one another, create a culture of trust, and support efforts to complete tasks successfully • Communicates well with peers and others • Has a good character and works well with others • Relates well with others • Cooperates with team members
Reliability: Efficiency and effectiveness of decisions and work • Completes assignments effectively • Achieves set targets • Works efficiently • Completes assignments with little or no guidance
Self-directedness: Leader's perception of an employee's initiatives to make changes at work and in own life. • Is motivated to grow • Develops or adopts innovative approaches to work • Knows how to manage time to learn new things
Commitment to work: The passion one has for work • Is proactive • Assumes personal responsibility • Demonstrates strong work ethic • Demonstrates passion in his or her work
Mutual understanding: Effective communication between leader and employee • Direct communications • Open discussions about differing viewpoints • Seeks to understand both sides of an issue and reach mutual understanding
Learning & development: Opportunities to learn and develop through formal and **informal** methods • Receives career development guidance • Allows time and opportunity for development • Encourages efforts to make improvements

Positive Practices
• Integrates learning into work
Friendly attitude: Show interest and make things easy for others • Makes eye contact and listens empathically • Treats others well • Relies on positive emotions rather than negative emotions • Takes time to engage with others
Ability to influence: Use persuasion, power, information, and social skills • Shares insights and ideas • Works with qualified employees • Feels inspired by other employees • Provides information and tools to help others succeed • Ingratiates oneself with others
Category: Individual Potential (Dawkins, Martin, Scott, & Sanderson, 2013; Luthans, Youssef, Sweetman, & Harms, 2013; Luthans, Youssef, et al., 2007; Peterson, Park, & Seligman, 2006; Peterson, Ruch, Beermann, Park, & Seligman, 2007; Wright & Quick, 2011).
Psychological Capital
Hope: the will and the way • Conceptual foundation: Agency, pathways, and goals • Able to think of many ways to get out of a jam at work • Identify clarify, and pursue the way to success • Perseveres toward goals, and, when necessary, redirects paths to goals
Efficacy: confidence to succeed • Confidently analyzes a long-term problem to find a solution • Strong conviction about abilities to mobilize the motivation, cognitive resources, or courses of action needed to successfully execute a specific task within a given context • Confidently takes on and puts in the necessary effort to succeed at challenging tasks
Resiliency: bouncing back and beyond • Able to recover quickly from a setback at work • Bounces back when faced with persistent problems or adversity to attain success
Optimism: realistic and flexible • Expects the best when things are uncertain at work • Makes a positive attribution about succeeding now and in the future
Health: realistic and flexible • Draws from psychological resources to make healthy lifestyle choices • Follows a self-directed health management program • Exercises regularly, maintains optimal weight, and manages stress
Character Strengths

Positive Practices

Wisdom and knowledge: cognitive strengths that entail the acquisition and use of knowledge
   • Creativity – thinking of novel and productive ways to do things
   • Curiosity – taking an interest in all of ongoing experience
   • Open-mindedness – thinking things through and examining them from all sides
   • Love of learning – mastering new skills, topics, and bodies of knowledge
   • Perspective – being able to provide wise counsel to others

Courage: emotional strengths that involve the exercise of will to accomplish goals in the face of opposition, external or internal
   • Authenticity – speaking the truth and presenting oneself in a genuine way
   • Bravery – not shrinking from threat, challenge, difficulty or pain
   • Persistence – finishing what one starts
   • Zest – approaching life with excitement and energy

Humanity: interpersonal strengths that involve "tending and befriending: others
Kindness – doing favors and deeds for others
   • Love – valuing close relations with others
   • Social intelligence – being aware of the motives and feelings of self and others

Justice: civic strengths that underlie healthy community life
   • Fairness – treating all people the same according to notions of fairness and justice
   • Leadership – organizing group activities and seeing that they happen
   • Teamwork – working well as a member of a group or team

Temperance: strengths that protect against excess
   • Forgiveness – forgiving those who have done wrong
   • Modesty – letting one's accomplishments speak for themselves
   • Prudence – being careful about one's choices; not saying or doing things that might later be regretted
   • Self-regulation – regulating what one feels and does

Transcendence: strengths that forge connections to the larger universe and provide meaning
   • Appreciation of beauty and excellence – noticing and appreciating beauty, excellence, or skilled performance in all domains of life
   • Gratitude – being aware of and thankful for the good things that happen
   • Hope – expecting the best and working to achieve it
   • Humor – liking to laugh and tease; bringing smiles to other people
   • Spirituality – having coherent beliefs about the higher purpose and meaning of life

Appendix J: Participant Handout, Positive Leadership

Positive Leadership
Category: Transformational Leadership (Bass, 1990; Lowe, Kroeck, & Sivasubramaniam, 1996)
Idealized influence: Arouse and inspire employees with a vision of what can be accomplished through extra personal effort. • Works hard and overcomes obstacles • Sacrifices self-interest • Demonstrates success over time. • Establishes trust and builds confidence in others • Talks about most important values and beliefs • Specifies the importance of having a strong sense of purpose • Goes beyond self-interest for the greater good of the group • Acts in ways to build respect • Displays a sense of power and confidence
Inspirational motivation: Serves as a source of inspiration to others through their commitment to employees. • Commits to a mission • Takes risks • Desires to achieve • Articulates, in simple ways, shared goals and mutual understanding of what is right and important • Talks optimistically about the future • Talks enthusiastically about what needs to be accomplished • Articulates a compelling vision of the future • Meets job-related needs of others
Intellectual stimulation: Stimulates employees to view new perspectives, angles, and informational sources. • Questions successful strategies to improve them over time • Encourages others to question their own beliefs, assumptions, and values • Encourages creativity and innovation in solving problems • Develops employees so they can act without the leader's presence or direct involvement • Re-examines critical assumptions to question whether they are appropriate • Seeks differing perspectives when solving problems • Gets others to look at problems from many different angles • Suggests new ways of looking at how to complete assignments
Individualized consideration: Diagnoses, meets, and evaluates the needs of employees. • Promotes continuous people improvement • Recognizes and shares employees' concerns and developmental needs • Treats each employee uniquely • Provides opportunities and creates a culture to support individual growth

Positive Leadership
• Spends time teaching and coaching • Treats others as individuals rather than just a member of a group • Considers an individual as having different needs, abilities, and aspirations from others   Helps others to develop their strengths
Category: Authentic Leadership (Avolio & Bass, 2004) **Dimension, Description, and Behaviors**
Foster greater self-awareness: Demonstrates an understanding of one derives and makes meaning of the world and how that meaning making process impacts the way one views himself or herself over time. • Seeks feedback to improve interactions with employees • Describes accurately how employees view his or her capabilities • Understands his or her strengths and weaknesses • Is aware of the impact he or she has on employees
Internalized moral perspective: Chooses behaviors and makes decisions consistent with internal moral standards and values. • Demonstrates actions that are consistent with beliefs • Makes decisions based on his or her core beliefs • Resists pressures on him or her to do things contrary to his or her beliefs • Is guided in his or her actions by internal moral standards
Balanced processing of information: Makes decisions based on an objective analysis of all relevant data. • Solicits views that challenge his or her deeply held positions. • Listens carefully to different points of view before coming to conclusions. • Analyzes relevant data before making a decision. • Encourages employees to voice opposing points of view
Relationship development (Relational transparency): Presents one's authentic self to promote trust through disclosures, openly sharing information, and expressing one's true feelings while trying to minimize displays of inappropriate emotions. • Says exactly what he or she means • Is willing to admit mistakes when they are made • Shares information openly with employees • Expresses his or her ideas and thoughts clearly to employees
Category: Servant Leadership (Liden, Wayne, Zhao, & Henderson, 2008) **Dimension, Description, and Behavior**
Emotional healing: Shows sensitivity to personal concerns of each employee. • Willing to help an employee with personal problems • Cares about employees' well-being • Takes time to talk to employees on a personal level • Recognizes when an employee is down without asking

Positive Leadership

Create value for the community: Demonstrates a conscious, genuine concern for helping the community.
- Emphasizes the importance of giving back to the community
- Interested in helping people in the community
- Involved in community activities
- Encourages employees to volunteer in the community

Conceptual skills: Possesses the knowledge of the organization and tasks at hand so as to be in a position to effectively support and assist others
- Recognizes when something is going wrong
- Thinks through complex problems effectively
- Understands the organization and goals
- Solves work problems with new or creative ideas

Resources to develop and empower: Encourages and facilitates others in identifying and solving problems and determining when and how to complete tasks
- Gives employees responsibility to make decisions about their job
- Encourages employees to handle important work decisions on their own
- Gives employees the freedom to handle difficult situations the way they feel is best
- Allows employees to make important decisions without consulting a leader first

Helping subordinates grow and succeed: Demonstrates genuine concern for others career growth and development by providing support and mentoring
- Makes employees' career development a priority
- Interested in making sure each employee achieves his or her career goals
- Provides each employee with work experiences that enable the development of new skills
- Knows about each employees' career goals

Putting subordinates first: Uses actions and words to make it clear to others that satisfying their work needs is a priority
- Seems to care more about the success of each employee
- Puts the best interests of each employee ahead of his or her own
- Sacrifices his or her own interests to meet the needs of each employee
- Does whatever it takes to make the job of each employee easier

Behaving ethically: Interacts openly, fairly, and honestly with others
- Holds high ethical standards
- Is always honest
- Does not compromise ethical principles in order to achieve success
- Values honesty more than profits

Category: Ethical Leadership at Work (Kalshoven, Den Hartog, & De Hoogh, 2011)

People orientation: Demonstrates care, respect, and support to employees.
- Is interested in how I feel and how I am doing
- Takes time for personal contact

Positive Leadership
• Pays attention to my personal needs • Takes time to talk about work-related emotion • Is genuinely concerned about my personal development • Sympathizes with me when I have problems • Cares about his/her followers
Morality and Fairness: Treats employees in a way that is right and equal; makes principled and fair choices. • Makes sure his or her actions are always ethical • Means what he or she says, is earnest • Deserves trust, can be believed and relied upon to keep his or her word • Can be trusted to serve the interests of his or her subordinates rather than him or herself • Does not criticize subordinates without good reason • Does not pursue his or her own best interests at the expense of others
Power sharing: Allows employees a say in decision-making and listens to employee's ideas and concerns. • Allows subordinates to influence critical decisions • Seeks advice from subordinates concerning organizational strategy • Will reconsider decisions on the basis of recommendations by those who report to him/her • Delegates challenging responsible to subordinates • Permits me to play a key role in setting my own performance goals
Ethical guidance: Communicates about ethics, explains ethical rules, and promotes and rewards ethical conduct. • Clearly explains integrity related codes of conduct and integrity guidelines • Explains what is expected from employees in terms of behaving with integrity • Ensures that employees follow codes of integrity • Clarifies the likely consequences of possible unethical behavior by myself and my colleagues • Stimulates the discussion of integrity issues among employees • Compliments employees who behave according to the integrity guidelines
Role clarification: Clarifies responsibilities, expectations, and performance goals. • Indicates what the performance expectations of each group member • Explains what is expected of each group member • Explains what is expected of me and my colleagues • Clarifies priorities • Clarifies who is responsible for what
Integrity: Demonstrates consistency in words and deeds and keeps promises. • Keeps his/her promises • Can be trusted to do the things he/she says • Can be relied on to honor his/her commitments • Always keeps his/her words

Appendix K: Participant Handout, Emotions

Emotions (McCraty & Tomasino, 2004)			
Positive Emotional States		**Negative Emotional States**	
Pleased	Agreeable	Afraid	Perplexed
Joyful	Cheerful	Shy	Surprised
Enthusiastic	Receptive	Cautious	Disgusted
Elated	Affectionate	Helpless	Resentful
Eager	Loving*	Apprehensive	Dissatisfied
Adventurous	Caring*	Sad	Intolerant
Playful	Appreciative*	Hopeless	Distrustful
Inquisitive	Kindness*	Depressed	Annoyed
Curious	Compassionate*	Unhappy	Angry
Expectant	Passionate*	Disappointed	Furious
Accepting		Uncertain	Hostile
		Bewildered	Defiant
		Confused	Stress*

Appendix L: Participant Handout: AI Worksheets

Participant # _____	**Date:** _____

Discovery: AI Warm-up Interview   **Duration: 10 minutes**

Objective: Practice using AI interview method so participants can experience the process and impact.

Instructions: Use the following three foundational questions to interview your partner. Allow 5 minutes per person.

Interview Questions:
Looking at your entire work experience as a leader, remember a time when you felt most alive, most fulfilled, or most excited about your work.
- What made it exciting?
- Who else was involved?
- Describe how you felt about it.

Responses:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Participant # _____	Date: _____

Discovery: AI Interviews   **Duration: 20 minutes**

Objective: Discovery of what each participant considers as being important, what they expect and want to create accountability success for the promotion of targeted performance behaviors and outcomes.

Instructions: Use the interview questions as guidelines. Remember; let the interviewee tell his or her story. Take notes and listen for great quotes and stories. Be genuinely curious about his or her experiences, thoughts, and feelings. If the interviewee does want to or cannot answer any of the interview questions, that's okay. Let it go.

Say: This interview will take about 15-20 minutes. The interview will focus on stories when you or someone else performed at an optimal level while using some aspect of PCA.

PCA Topic Areas: *Use handout describing the PCA topics in detail for reference.

Positive Practices	**Positive Leadership**	**Positive Emotions**
• Virtuous organization	• Transformational	• Energize
• Empowering employees	• Authentic	• Calm
• Interpersonal relationships	• Servant	• Appreciate
• Positive organizational behavior	• Ethical	• Gratitude

Questions:
- Tell me about a time when you or others accomplished more by using one or more of the positive practices. What was it about the positive practices that made it work?
- What three wishes do you have for fostering positive practices to improve accountability effectiveness?
- What does positive leadership mean to you? Describe a time when you or someone you know demonstrates positive leadership to improve accountability effectiveness.
- Imagine the perfect painting of positive leadership at work. What does it look like? Where do you picture yourself in it?
- Tell me about an experience you had when you felt energized, calm, appreciated, or thankful while leading others. What did you value most about that experience?

Use these questions to probe further:
- Can you tell me more?
- Why was that important to you?
- How did that affect you?
- What was your contribution?
- How did the organization or team support you?

Answer these questions to summarize the interview:
- What was the most appreciative quotable quote that came out of this interview?
- What was the most compelling story that came out of this interview? What details or examples did the interviewee share?
- What was the most life-giving moment of the interview for you as a listener? In other words, what moved you, gave you energy, and fueled your passion?
- What three themes stood out most for you during the interview?

Appendix M: Participant Handout, Journal Worksheet

Participant # _____	**Date:** _____

Participant Journal Worksheet

Instructions: Please write a response to each question below.

What insights can you provide about efforts to apply positive practices and positive leadership to increase accountability effectiveness when you are in a sustained positive emotional state?

_____

_____

_____

_____

_____

_____

What emotions did you experience?

_____

_____

_____

How did the emotions affect the experience?

_____

_____

_____

_____

Appendix N: Introductory Email Invitation to Possible Study Participants

Dear Leader,

As a former medical center employee, I am conducting a dissertation research project on accountability. I am recruiting 8-14 medical center leaders to participate in the study. Participants will spend approximately 15 hours in workshops, practice, and an interview over the course of 3 weeks. Your participation in this research project is voluntary, and declining to participate will have no negative consequences.

Project Purpose
A primary goal is to gain insights and increase understanding about the use of positive practices, positive leadership, and positive emotions to improve accountability effectiveness. As you know, accountability effectiveness is essential in providing safe quality experiences for your patients, family members, and employees. **Note:** Throughout the study, participants will receive and use an emWave2®, a portable hand-held device to practice the use of positive emotions.

Project Schedule

Week 1 February 16, 18, and 20	Week 2 February 23-27	Week 3 March 2, 4, and 6
Mon, 9:00am-12:00pm Orientation Workshop	**Mon-Thurs, during work** Practical Application	**Mon, 9:00-11:00am** Design Workshop
Wed, 9:00-11:00am Discovery Workshop	**Fri, 9:00-11:00am** Practical Application Workshop	**Wed, 9:00-11:00am** Destiny Workshop
Fri, 9:00-11:00am Dream Workshop		**Fri, 30-minute apt.** One-to-one interview

Eligibility Requirements
The sample selection of 8-14 participants is based on a minimum of 6 months leadership experience, functional responsibilities, having direct employees, and gender. Interested participants will complete and submit the attached Screening Questionnaire.

Action Steps and Dates

Date	Action
1/30/15	Complete "Screening Questionnaire" and email to debbie.stock@att.net
2/2/15	Selected participants receive a confirmation email, including a copy of an Informed Consent Form with an explanation of the potential risks and benefits of participating in this research project.
2/4/15	Attend the optional information session to ask any questions you may have before committing to participate.
2/9/15	Sign Informed Consent Form and email to debbie.stock@att.net
2/16/15	Research project begins.

Thank you for your consideration to participate in the action research project. Please feel free to contact me at 815-690-7292 if you have any questions or if you require additional information.

Kind regards,

Debbie Stock
Doctoral Candidate, Northcentral University

Appendix O: Informed Consent Form

Northcentral University
<u>**CONSENT TO PARTICIPATE IN RESEARCH**</u>

Project Title: "Exploring Person-Centered Accountability as a Complementary Approach to Regulatory-Centered Accountability: An Action Research Study"
Researcher: Mrs. Debra Gayle Stock
Dissertation Chairperson: Dr. Sherry Lowrance

Introduction: You are being asked to take part in a qualitative action research study being conducted by Mrs. Stock for a *dissertation* under the supervision of Dr. Lowrance in the Department of *Education* at Northcentral University of Prescott, Arizona.

Purpose: The purpose of this qualitative action research study is to explore person-centered accountability (PCA) as a complementary approach to regulatory-centered accountability (RCA) with 8-12 healthcare leaders at a Midwest medical center. The focus of the study is to increase understanding about how PCA complements RCA to improve performance outcomes.

Participation Requirements: You have been asked to participate because you are a leader at ████████ Medical Center. The action research study will take place over the course of three weeks. You will be asked to participate in an orientation workshop and five 2-hour action research sessions that involve group discussions. During the second week while in-between the action research sessions, you will be asked to apply PCA while on the job over a 4-day period and respond to questions about your experience by writing in your participant journal. You will be asked to use an emWave2®, a portable emotion management device, at specified times to record and receive feedback about your positive emotional state. The purpose of the recording this information is for your use in assessing your experience of using positive emotions. At the conclusion of the action research, you will be asked to participate in a 30-minute semi-structured interview. You will be asked to answer each question truthfully and may decline to answer any question for any reason. Follow on questions may be asked during the interview to elicit further information.

Procedures: The action research sessions include a 3-hour orientation, four 2-hour appreciative inquiry sessions, and a 2-hour debriefing. The practice sessions occur during work over the course of 4 days during the second week. The semi-structured interview will take approximately 30 minutes and occurs on the last day of the study. During the orientation session you will learn how to use an emWave2®, an emotion management technology device. During the orientation session you will receive a participant journal and an emWave2® to use during the study.

Researcher and participant journal notes from the action research sessions will be transcribed. Notes from the semi-structured interviews will be transcribed and audiotaped. The results of your participation in the action research and practice sessions

and interview will be used to compile information and insights about PCA as a complementary approach to RCA. The results will be triangulated with related literature to provide a set of recommendations for the successful use of PCA and RCA.

Potential Risk: The risks associated with participation in the action research and practice sessions and semi-structured interview will be minimal.

Potential Benefits: The direct benefit of your participation is the inherent opportunity as a practitioner to add to the existing knowledge of what constitutes effective use of PCA as a complementary approach to RCA to improve performance outcomes.

Confidentiality:
Your name will not be referenced in the transcript and in any material generated as a result of this research. There will be a special code assigned to your name during the action research and practice sessions and semi-structured interview to increase confidentiality, which will also increase transferability.

Voluntary Participation: Your participation in the action research and practice sessions and semi-structured interview is voluntary. Even if you decide to participate, you may withdraw from the orientation workshop, action research and practice sessions, and semi-structured interview without penalty, or request confidentiality, at any point during the process. You may also choose to answer specific questions or discuss certain subjects during the action research and practice sessions and semi-structured interview.

Contacts and Questions: If you have any questions about this research project, action research and practice sessions, or semi-structured interview, feel free to contact *Debra G. Stock at (815) 690-7292 or debbie.stock@att.net. For additional questions or concerns, the Dissertation Chairperson can also be contacted: Dr. Sherry Lowrance at (1-888-327-2877 ext. 8014 or 706-521-0694 or slowrance@ncu.edu.*

What if I have questions about my rights as a research participant or complaints?
If you have questions about your rights as a research participant, any complaints about your participation in the research study, or any problems that occurred in the study, please contact the researchers identified in the consent form. Alternatively, if you prefer to talk to someone outside the study team, you can contact Northcentral University's Institutional Review Board at irb@ncu.edu or 1-888-327-2877 ex 8014.

Statement of Consent:
I agree to participate in this action research project including action research and practice sessions and semi-structured interview, and to the use of action research and practice sessions and semi-structured interview notes and findings as described above. My preference regarding the use of my name is as follows:

_____ I agree to be identified by name in any transcript or reference to the information contained in the action research and practice sessions and semi-structured interview notes.

___ I wish to remain anonymous in any transcript or reference to the information contained in the action research and practice sessions and semi-structured interview notes.

___ I don't wish to participate.

_____   _____
Participant's Signature   Date

Appendix P: Pre-Screening Questionnaire

Please answer the following questions to ensure your eligibility to participate in the study.

Question	Response
How many years have you worked in a leadership position?	
What is the functional nature of your department you lead?	☐ Clinical ☐ Nonclinical
How many employees report directly or indirectly to you?	
What is your gender?	☐ Female ☐ Male

Appendix Q: Institutional IRB Approval

<div style="text-align: right">

CERTIFICATE OF APPROVAL
(EXEMPTION)

</div>

January 9, 2015

Dear Ms. Stock,

TITLE OF STUDY: Exploring Person-Centered Accountability as a Complementary Approach to Regulatory-Centered Accountability: An Action Research Study.

This letter is to officially notify you of the **approval of exemption** of this study by the ███████ ███████████████ Institutional Review Board Chairperson.

Date of Exemption: January 9, 2015

Items reviewed:
Protocol
ICF
Survey Materials

You are authorized to conduct this study. The approval of exemption meets the standards identified by 45 CFR Part 46.101(B) via the following category

   (a) "Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (a) research on regular or special education instructional strategies, or (b) research on the effectiveness of or on the comparison among instructional techniques, curricula, or classroom management methods."

This study should be conducted in full accordance with all applicable sections of the IRB Guidelines and you should notify the IRB immediately of any proposed changes. As the Principle Investigator, you should report any unanticipated problems involving risk to the participants or others to the Board.

If you have any questions, please contact ██████████ IRB Coordinator, at ███████████.

Respectfully,

███████ IRB Chairperson/Designee
cc: Clinical Research Operations

This is to certify that the information contained herein is true and correct as reflected in the records of the ████████████ Medical Center Institutional Review Board ███████ WE CERTIFY THAT ██████ IRB IS IN FULL COMPLIANCE WITH GOOD CLINICAL PRACTICES AS DEFINED UNDER THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) REGULATIONS AND THE INTERNATIONAL CONFERENCE ON HARMONISATION 9 (ICH) GUIDELINES

Appendix R: Northcentral University IRB Approval

January 22, 2015

Reference: Debbie Stock
IRB: 2015-01-22-018

Approval Date: **01/13/15**
Continuing Review Due Date: **12/13/15**
Expiration Date: **01/12/2016**

Dear Dr. Sherry Lowrance, Dissertation Chair:

On January 22, 2015, Northcentral University approved Debbie's research project entitled, *Exploring Person-Centered Accountability as a Complementary Approach to Regulatory-Centered Accountability: An Action Research Study.*

As an investigator of human subjects, the student researcher's responsibilities include the following:

1. Report promptly proposed changes in previously approved IRB to your study such as changes to the sampling design, research procedures, consent/assent forms and any other study documents, regardless of how minor the proposed changes might be. (Review the modifications request procedures in the Dissertation Center, under the IRB thread).

2. Please remember that the actual number of participants in the study *cannot* exceed your proposed sample size in the IRB application.

3. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

4. Report to the IRB the study's closing (i.e., completion of data collection and data analysis). *Note the above expiration date of the IRB approval.* It is the researcher's responsibility to report the closing of the study to the IRB before the study's expiration date. (Form is in the Dissertation Center, under the IRB thread).

5. If the study is to continue past the expiration date, student researcher must submit a request for continuing review prior. *Note the above continuing review due date.* It is the researcher's responsibility to obtain re-approval

Appendix S: HeartMath Institute Permission Letter

Dear Sir or Madam at ProQuest,

We are granting Debbie Stock permission to use our copyright and trademark materials in her Dissertation Manuscript entitle: Exploring Person-Centered Accountability as a Complementary Approach to Regulatory- Centered Accountability: An Action Research Study. Debbie has our permission to use The Quick Coherence® Technique and the five images from the emWave Software Tour. This permission is for the specific request for your Dissertation Manuscript you submitted and is not transferrable. Any other uses would need to be requested separately. Please note that this limited permission and it does not include uses outside of the above description.

Please note the limitations of use. Should your Dissertation Manuscript be posted to a different website other than ProQuest, or be sold to the public, or used in any broadcast live or recorded, you may not include The Quick Coherence® Technique and the five images from the emWave Software Tour in this context. You may not give The Quick Coherence® Technique and the five images from the emWave Software Tour in any electronic or hardcopy publications of any kind. Any other uses for The Quick Coherence® Technique and the five images from the emWave Software Tour would need to be requested separately.

Best Regards,

<u>Ryan Dana</u>
Client Care Specialist
Intellectual Property member
HeartMath Institute
ryan@heartmath.org