

**The Struggles Black Women Face in Federally Qualified Community Health Centers  
in South Carolina: A Phenomenological Exploration of Women in Leadership Positions**

By

SHARON BLACK

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## DEDICATION

This work is dedicated to my mom (Annie Sue Lewis). Thank you for always believing in me and for your valuable lessons. You are forever in my heart, and your legacy will live forever. I will always strive to make you proud!

## ABSTRACT

This qualitative interpretive phenomenological study examined the professional lived experiences of Black women who hold leadership positions within Federally Qualified Community Health Centers (FQHCs) in South Carolina. The researcher examined their experiences through the lens of Belenky's (1986) Ways of Knowing framework, focusing on self-expression, voice, and how the participants processed their leadership experiences. In addition, the study draws on Crenshaw's Intersectionality and Black Feminist Post-structuralist theories. The study explores the difficulties, successes, and strategies these women use, focusing on stereotypes, challenges in leadership roles, diversity of experiences, and the importance of voice themes.

The study provides practical suggestions for empowering and assisting Black women leaders in FQHCs through a detailed investigation. These suggestions cover essential topics such as organizational adjustments, networking and mentoring initiatives, and focused professional development programs. The main goals of organizational changes are to provide accountability and open reporting systems to monitor progress and to build an inclusive culture that cherishes diversity and genuine voices. Networking and mentoring programs are suggested as a way to establish an encouraging and growth-oriented environment. Additionally, the importance of specialized professional development programs is highlighted to overcome hidden biases, improve leadership capabilities, and advance cultural competency.

The researcher's findings shed light on the difficulties these women face in leadership positions, their resilience and coping strategies, and the role of different ways of knowing in their experiences. The study highlighted Black women's successes and challenges in leadership roles within selected FQHCs in South Carolina. It emphasized the need to respect and validate the contributions and voices of Black women leaders. In this study, the researcher delves into the

implications, limitations, and recommendations that arise from the research findings. In addition, the study's conclusions and suggestions can be used as a manual by FQHCs and other businesses to create workplaces that value inclusion, diversity, and leadership.

## Contents

Background of the Study .....	1
Statement of the Problem.....	2
<i>Structure and Context of the 23 FQHCs in South Carolina</i> .....	4
History of the Problem: The Debilitating Impact of Marginalization .....	6
Current Status of the Problem: Women and Leadership .....	8
<i>The Health of Black Women</i> .....	9
<i>Black Female Representation in Healthcare Decisions</i> .....	10
Theory and Action Related to the Problem.....	12
<i>Sexism</i> .....	15
<i>Racism</i> .....	15
<i>Classism</i> .....	15
<i>Need for Further Study of the Problem</i> .....	16
Purpose of the Study .....	18
<i>Research Questions</i> .....	18
<i>Theoretical Framework</i> .....	18
<i>Silent Knowledge</i> .....	19
<i>Received Knowledge</i> .....	20
<i>Subjective Knowledge</i> .....	21
<i>Procedural Knowledge</i> .....	22
<i>Constructed Knowledge</i> .....	22
<i>Conceptual Framework</i> .....	23
Approach of the Study .....	27
The Design – Methods and Procedures .....	27
<i>Structure and Contexts of the FQHCs and SCPHCA in South Carolina</i> .....	29
<i>Instrument</i> .....	30
<i>Data Collection</i> .....	30
<i>Data Analysis</i> .....	31
Significance of the Study .....	31
<i>Uniqueness and Compatibility of the Research</i> .....	31
<i>Contribution of Knowledge, Theory, and Practice</i> .....	32
Delimitations and Limitations of the Study .....	32
<i>Findings</i> .....	34
Definitions of Terms .....	34
Summary and Forecast.....	35
Women in Leadership.....	36
<i>Struggles with Women Leadership</i> .....	37
<i>Gender Bias</i> .....	37
<i>Cultural Stereotypes</i> .....	38
<i>Work-Life Balance</i> .....	39
<i>Role Models</i> .....	39
<i>Struggles of Black Women in Leadership Positions</i> .....	40
<i>Microaggressions</i> .....	41
<i>Microassaults</i> .....	42
<i>Microinsults</i> .....	42

<i>Microinvalidations</i> .....	43
<i>Invisible</i> .....	43
<i>Intersectionalism</i> .....	43
Comparing Black and White Experiences for Women in Leadership Positions .....	45
<i>The Role of Bias and Stereotypes</i> .....	45
<i>The Impact of Racial Stereotypes</i> .....	47
Black Women in Leadership in Healthcare .....	48
Contributing Factors for Black Women’s Struggles in Leadership .....	49
Strategies to Address the Barriers in FQHCs for Black Women .....	51
<i>Effective Communication</i> .....	52
<i>Sponsorship and Mentorship</i> .....	52
Policies and Equity for Black Female Leaders .....	54
<i>Advocacy to Promote Equity for Black Female Leaders in the Medical Field</i> .....	56
<i>Leadership and Equity</i> .....	57
<i>Diversify Hiring and Promotion Committees</i> .....	58
<i>Increase Visibility and Recognition</i> .....	58
<i>Address unconscious bias</i> .....	59
Institutional Theory .....	59
<i>Understanding Black Women’s Leadership Challenges through Institutional Theory</i> .....	61
<i>Gender and Race in FQHCs</i> .....	61
<i>Structural Barriers to the Advancement of Black Women Leaders in the FQHCs</i> .....	62
Transformational Leadership .....	64
<i>Transformational Leadership and Black Women in Leadership</i> .....	65
<i>Transformational Leadership Pillars</i> .....	66
Theoretical Framework .....	68
<i>Women’s Ways of Knowing</i> .....	68
<i>Black Feminist Post-Structuralist</i> .....	69
Crenshaw’s Intersectionality .....	71
Summary .....	73
Research Design .....	75
Research Purpose .....	76
Research Design .....	77
Nature of Phenomenological Research .....	78
Research Plan .....	78
Selection and Description of Site .....	78
<i>Selection and Description of Population</i> .....	80
<i>Selection and Description of Sample</i> .....	80
Data Collection .....	83
<i>Appropriateness of the Technique</i> .....	84
<i>Development of Reliable/Valid/Trustworthy Materials/Instrument(s)</i> .....	84
Data Analysis .....	84
<i>Nature of Thematic Analysis</i> .....	85
<i>Procedure</i> .....	85
<i>Application to the Data</i> .....	86
<i>Validity/Trustworthiness/Triangulation</i> .....	86
<i>Role of the Researcher</i> .....	86



<i>Qualifications</i> .....	86
<i>Biases</i> .....	86
<i>Responsibilities</i> .....	87
<i>Timeline</i> .....	87
<i>Time Span</i> .....	88
<i>Chronology of Events and Procedures</i> .....	88
<i>Coherency of Design</i> .....	88
<i>Validity/Trustworthiness</i> .....	88
<i>Pilot Study or Validation</i> .....	89
<i>Triangulation</i> .....	89
<i>Limitations</i> .....	89
Forecast Chapter Four .....	90
Presentation and Summary of Data.....	92
<i>Descriptive Data about Site(s)</i> .....	92
<i>Descriptive Data about the Sample</i> .....	92
Demographics of Respondents .....	94
Findings Related to Research Question(s).....	95
<i>Theme 1: Impact of the Angry Black Woman Stereotype</i> .....	95
<i>Theme 2: Leadership Positions</i> .....	96
<i>Theme 3: Diversity of Experience</i> .....	99
<i>Theme 4: Voice</i> .....	101
<i>Silent Knowledge</i> .....	101
<i>Received Knowledge: Societal Perceptions and Expectations</i> .....	102
<i>Subjective Knowledge: Societal Perceptions and Expectations</i> .....	103
<i>Procedural Knowledge: Navigation Challenges</i> .....	103
<i>Constructed Knowledge: A Narrative That Is Evolving</i> .....	104
Summary of Results .....	106
<i>Finding One: Leadership Role Challenges</i> .....	106
<i>Finding Two: Resilience and Coping Strategies</i> .....	107
<i>Finding Three: The Influence of Women’s Ways of Knowing Modes</i> .....	108
<i>Finding 4: Personal Experiences</i> .....	109
Conclusion .....	110
Forecast Chapter Five .....	110
Overview .....	112
Summary of the Study .....	112
Discussion of Findings.....	114
Implications of the Findings .....	116
<i>Literature and Theoretical Contextualization</i> .....	118
<i>Transformational Leadership and Black Women in Leadership</i> .....	121
<i>Women’s Ways of Knowing</i> .....	122
<i>Black Feminist Post-Structuralist</i> .....	123
<i>Crenshaw’s Intersectionality</i> .....	124
Recommendations.....	125
Organizational Changes .....	125
Professional Training and Development .....	127
Networking and Mentorship .....	129

Implications of Research.....	130
Future Research .....	133
<i>Evaluation and Research</i> .....	134
Conclusion .....	135
Appendix 1 Interview Protocol Preliminary Questions .....	136
Appendix 2:.....	138
Semi-Structured Interview Questions .....	138
Appendix 3.....	139
Bill of Rights for Research Participants.....	139
Appendix 4.....	140
CONSENT FORM.....	140

Figure 1 The Interconnected Frameworks..... 27

Table 1 .....	96
Table 2 .....	97
Table 3 .....	99
Table 4 .....	105

## 1. INTRODUCTION TO THE STUDY

Black women need more representation in executive leadership roles (Rhode, 2017).

Research on gender equality and leadership in women's careers are gaining significance as they contribute to promoting social justice, equal employment opportunities, and achieving global and national economic objectives (Kossek & Buzzanell, 2018). This research is partly due to years of campaigning and legislation for equality and women and men's evolving roles and experiences in the global workplace (Atkins & Hale, 2018). The number of women holding executive officer roles remains small compared to the percentage of men in these positions (Powell, 2019). More significantly, Black women are even less represented in these positions. Achieving leadership advancement and success is challenging for all women due to the prevalence of men in leadership positions, resulting in a gender imbalance (Eagly & Carli, 2003).

### Background of the Study

Although Black women make up 12.7% of the U.S. population, they represent only 1.3% of senior management and executive roles of S&P 500 firms and 2.2% of Fortune 500 boards of directors (Smith et al., 2019). From entry-level to the C-Suite, the representation of women of color drastically declined by more than 75% compared to White women, accounting for women of color for only 4% leading up to the C-Suite leaders. This number has remained unchanged over the past few years (Hunt et al., 2020). This trend holds true in healthcare, as Black women are scarcely visible in these crucial leadership positions. The share of White women in entry-level leadership positions across healthcare industries is 46% compared to 20% for women of color and 25% in the C-Suite, compared to 5% for women of color (Berlin et al., 2019).

While Black women have made tremendous advancements, historical and systemic race and gender biases persist (Lykes, 1983). Black women who seek to advance to leadership positions are

dually marginalized by being Black and female. Their intersectional identity makes it difficult to conquer the systemic challenges of becoming a leader (McCluney & Rabelo, 2019). Subtle racism continues in contemporary America, leaving Black women disenfranchised in leadership roles (Berlin et al., 2019). The healthcare field is no exception to these struggles. Notably, the struggles in the healthcare field include a lack of diversity in leadership, the share of women of color dropping off, with 22% holding entry-level jobs and 4% at the executive-level, structural challenges, and institutional barriers (Berlin et al., 2019). If these struggles were improved, the leadership gap among Black women would be closed. These struggles are important to identify and rectify so that more Black women will be represented in these roles and be at the table to make instrumental changes within the infrastructure. Understanding the ramifications of the lack of Black women in leadership is vital for change to be implemented.

Research indicates that the lived experiences of Black women in leadership are unique and do not conform to the traditional gender standards of leadership (Davis & Maldonado, 2015). Advocacy for gender equality and leadership opportunities for women is growing in the pursuit of social justice, equal employment opportunities, and global and national economic goals (Kossek & Buzzanell, 2018). These advocacy actions will help Black women in these unique circumstances and highlight the importance of these women who do not fit into traditional gender standards. In addition, Black women only account for approximately 7% of executive global leadership positions (Ashcraft et al., 2016). This underrepresentation further exacerbates Black women's uniqueness in these leadership roles.

#### Statement of the Problem

Researchers argue that negative racial and gender stereotypes have been associated with provider bias toward Black women, leading to differential treatment and racial/ethnic disparities in

healthcare outcomes (Okoro et al., 2020). Therefore, longstanding healthcare disparities, outcomes, and inequities for Black women continue to exist and have worsened with the most recent events of COVID-19 and the reversal of Roe vs. Wade (Carroll et al., 2022). To improve health outcomes, researchers argue that the workforce needs to resemble the diversity of its patients because this representation promotes trust and compliance and mitigates white bias (Livingston, 2018).

FQHCs provide healthcare services in underserved communities and other areas focused on reducing health disparities. However, the leadership lacks heterogeneity, and adequate representation of the Black communities served. Twenty-three FQHCs serve various communities in South Carolina. These FQHCs have multiple locations throughout specific regions of the state ([www.scphca.org](http://www.scphca.org)). Eight of these centers provide pictures of their leadership teams on their websites. Of the eight South Carolina FQHCs, 58 leaders are presented: 20 White men, 18 White women, 13 Black women, and seven Black men. The lack of diversity and representation of the Black community in these leadership positions raises questions about the norms and biases shaping these FQHCs and their impact on the communities they serve.

While it is known that Black women lack opportunities and representation in healthcare leadership positions, limited research on the subject matter explores the related barriers. It is unknown what the experiences of Black women who have transcended leadership barriers by holding leadership positions within FQHCs are. The lack of Black women leaders in healthcare can potentially impair Black women's health. The persistent racial and ethnic disparities in reproductive health services and outcomes will continue to affect marginalized groups disproportionately (Louis et al., 2015). Black women will continue struggling with equal opportunity and healthcare leadership representation if the problem is not addressed. Other Black women aspiring to be leaders will not see Black women in these leadership positions if they are not present (McCluney & Rabelo,

2019). Black women will have the potential to lack an opportunity to mentor other Black women aspiring for leadership in healthcare. Black women in leadership positions may lack opportunities to enhance their awareness of how crucial healthcare issues can inadvertently exclude Black individuals (Jefferies et al., 2018). These women are valuable to an organization and help provide awareness to the Black population by participating in decision-making activities. Leadership should reflect the diverse population being served.

However, the current literature review will explore the conflicts of leadership representing the population served. There is evidence from several studies that the presence of more Black women healthcare leaders is associated with better access to and quality of care for Black people. For example, Herrin et al. (2018) found that hospital leadership diversity is positively associated with strategies to advance health equity. The study highlights the importance of leadership diversity in addressing health disparities, including those experienced by Black communities. In another closely related study, Gomez and Bernet (2019) found that diversity improves performance and outcomes in healthcare organizations. The research supports the argument that having diverse leadership, including Black women, can lead to better patient experiences and outcomes. Moreover, a study by Dreachslin (2007) also found that diversity management and cultural competence can lead to sustainable change in healthcare organizations. The study highlights the importance of leadership in promoting diversity and cultural competence and how these can improve healthcare access and quality for underrepresented groups, including Black communities.

#### *Structure and Context of the 23 FQHCs in South Carolina*

The FQHC structure in South Carolina is designed to meet the unique needs of the people it serves. It is based at the community level and provides comprehensive primary care and preventive



services to medically underserved populations (Beatty et al., 2023). FQHCs must meet strict federal guidelines to guarantee quality, affordable healthcare to those most in need.

In South Carolina, there are currently 23 FQHCs serving communities across the state (Beatty et al., 2023). However, the current study will reach only a selected group of FQHCs. These health centers are in urban and rural areas and serve a diverse patient population, including uninsured, underinsured, and impoverished individuals. FQHCs are designed to be patient-centered, meaning that they prioritize the needs of their patients and work to provide care that is accessible, affordable, and of high quality.

One of the unique features of FQHCs in South Carolina is their focus on providing integrated care (Beatty et al., 2023). Integrated care means patients can receive a wide range of services, including medical, dental, behavioral health, and pharmacy, all in one location. This approach to care is essential for patients with multiple chronic conditions or complex medical needs.

FQHCs in South Carolina also work closely with community partners to address social health needs. These non-medical factors, such as access to healthy food, safe housing, and transportation, can impact a person's health. FQHCs partner with local organizations to provide resources and services that help patients address these social needs and improve their overall health.

The structure and context of FQHCs in South Carolina reflect a commitment to providing quality, affordable healthcare to those who need it most. By prioritizing patient-centered care, integrating services, and addressing social determinants of health, FQHCs are working to improve the health and well-being of communities across the state.

### History of the Problem: The Debilitating Impact of Marginalization

Historically, Black women have lacked representation in leadership roles. Despite advanced degrees and a ubiquitous workforce presence in most professional sectors, women are often absent from executive leadership roles such as chief executive officer or chief operations officer (Chisholm-Burns et al., 2017). The pipeline for minorities to reach executive positions must be strengthened (Livingston, 2018). Black women who hold leadership positions face challenges such as gender discrimination, the need to prove themselves, and racial bias (Collins, 2002). As a result, Black women remain resilient and maintain emotional intelligence, although some give up due to frustrations created by management (Grissette-Banks, 2014).

Across the spectrum, Black women lag behind men in key executive and leadership positions. Some male-dominated industries see no women in executive positions (Lemkau, 1979). For example, it is not uncommon for women to lack leadership positions in automotive manufacturers, information technology, and construction industries. Black women are most likely to report that they never had senior-level contact. Women with equivalent qualifications experience slower career advancement than their male counterparts (Eagly & Carli, 2018). Research has revealed that women are more likely to be selected over men in crises and that this effect is more prominent in countries with higher gender inequality (Allwood, 2020).

Research identifies that women of color make up 20% of entry-level representation, but their share diminishes to 5% at the C-Suite level. This lack of representation of women of color in executive roles not only limits their presence but also results in a scarcity of role models for women who are embarking on their careers, as highlighted by Berlin et al. (2020). The glass ceiling for women of color begins with the first promotion to manager. The representation of women of color

falls off to White men, White women, and men of color at each interval in their careers. Women of color represented 17% of entry-level positions and only 4% in the C-Suite as of 2021.

A disconnect exists between companies' growing commitment to racial equity and the lack of inclusion of Black women in leadership positions (Women in the Workplace, 2021). There is a 5% change with a +2% point increase over five years for entry-level positions, a 27% change, and a +5% point increase for the C-Suite. The gap has widened for women of color as they advance up the career ladder. Women of color continue to lose ground at every step in the pipeline (McKinsey & Company, 2021).

Barriers Black women face in advancing to leadership positions include a lack of diversity and sponsorship for women, their responsibilities and obligations to their families, a lack of networking opportunities, a lack of mentorship programs, poor self-efficacy, sexism, and racism. Role conflict and work/life balance issues were identified as barriers to women's advancement because of social expectations and norms (Moyer et al., 2018). Black women executives are often excluded from informal social networks and have more difficulty obtaining sponsors (Aquil, 2020). Fewer mentors are available to help navigate the challenges women face, and mentors who understand what it means not to be respected by male colleagues and men in upper-level positions (Moyer et al., 2018). Research indicates that racism and sexism impact women of color in a variety of occupations through limited leadership opportunities, the persistent occurrence of specific types of sexual harassment, and subtle yet widespread doubts regarding competence, intelligence, and skills that are unrelated to actual performance (Griffin, 2021).

### Current Status of the Problem: Women and Leadership

The gender gap in leadership is a global phenomenon in that women are disproportionately concentrated in lower-level and lower-authority leadership positions (Northouse, 2019). Women's leadership roles have recently received increased attention across several disciplines. Women hold only about a quarter of leadership positions, comprising almost 75% of the health workforce in some countries (Shannon et al., 2019).

The phenomenon of Black women in leadership is complicated, accounting for approximately 3% of global executive leadership (Nelson & Piatak, 2021). Overt and subversive racism remains a significant cultural problem in contemporary America. While a small percentage of women are breaking the glass ceiling, Black women have yet to rise higher on the leadership ladder (Maqsood et al., 2021).

According to "Delivered by Women, Led by Men," published by WHO in 2019, women are underrepresented in the upper levels of management, leadership, and governance across the health workforce. In addition, the literature underscores that the scarcity of women in leadership roles is often a consequence of navigating a complex and intricate path rather than encountering a straightforward and distinct barrier that outright hinders women from reaching the highest echelons of leadership. The healthcare field suffers from a lack of diversity in leadership, the share of women of color dropping off in entry-level jobs and at the executive-level, structural challenges, and institutional barriers (Berlin et al., 2019). Researchers suggest that for women of color, the senior manager or director level presents the steepest drop-off in representation across healthcare industries. Furthermore, White women in entry-level positions start at 46%, which gradually declines for Black women, to 25% in the C-Suite (Berlin et al., 2020). For change to occur, it is

critical to identify these issues first. With improved awareness of the barriers Black women face in healthcare positions, the leadership gap for Black women could be reduced.

### *The Health of Black Women*

Disparities at the highest leadership level have devastating implications for Black women's health. The mortality rates for Black women are alarmingly higher than those of White women with the same economic and educational backgrounds, representing systemic inequities among the Black community (Villarosa, 2022). As an alarming example of how the history of racism has resulted in devastating physical outcomes for Black women, during the 19<sup>th</sup> century, the "father of modern gynecology," James Marion Sims, believed that Black women did not feel pain the same way as White women. For this reason, Black enslaved women involuntarily underwent an invasive procedure during experiments known as the obstetric vesicovaginal fistula (Prather et al., 2018; Cronin, 2020). One enslaved woman, Anarcha, was operated on at least 30 times without anesthesia over four years (Cronin, 2020). This example underscores the deeply embedded sexism and racism that have cumulatively plagued Black women throughout American history and that still impact Black women's health today (Chinn et al., 2021).

With poor health outcomes due to systemic inequities, Black women and their infants are at risk in several ways. First, pregnancy complications are more severe and fatal in Black women, with Black women being three to four times more likely than White women to suffer a pregnancy-related death (Crandall, 2021). According to the Centers for Disease Control and Prevention (CDC), Black infant mortality rates are more than double those of White infants. Black women are disproportionately burdened by chronic conditions such as anemia, cardiovascular disease, and obesity (Chinn et al., 2021). Added to these health-related risks, Black women are 41% more likely

to die from breast cancer than White women despite a lower disease incidence (Giaquinto et al., 2022).

Most recently, the COVID-19 pandemic has disproportionately impacted the well-being of Black people, especially Black women. The socioeconomic and health disparities that preceded COVID-19 exacerbated the vulnerability to COVID-19 morbidity and mortality (Chandler, 2021). Black women still experience financial and mental distress directly related to the COVID-19 pandemic (Walton et al., 2021). There were noticeable racial disparities associated with COVID-19 in pregnant women, as indicated by a higher likelihood of experiencing adverse effects on employment, increased concerns about enduring economic challenges, and heightened worries regarding prenatal care, birth experiences, and postnatal needs (Gur et al., 2020). Black Americans contracted COVID-19 at a higher rate (Yancy, 2020). Black women face an increased risk of underlying health conditions such as hypertension, diabetes, and respiratory issues due to systemic racism. This heightened vulnerability contributes to a higher likelihood of contracting the virus and experiencing more prolonged and complicated courses of illness and death among Black Americans (Walton et al., 2021). The research argues that Black women are more susceptible to maladaptive coping, which compounds risks, such as mental and physical outcomes, because of heightened stress related to COVID-19.

#### *Black Female Representation in Healthcare Decisions*

While Black women experience more health-related risks than White women and other people of color, they are not represented when crucial decisions impact their health and well-being. White individuals comprise approximately 98% of health executive management positions (Nair & Adetayo, 2019). Black women's disparities are further exacerbated when policies that guide access to healthcare services are developed by homogeneous groups of decision-makers (primarily White

males) who overlook critical cultural and racial needs while developing and enacting healthcare policies (Siler, 2017). Okoro et al. (2020) critiqued the healthcare field, arguing that healthcare professionals do not take Black women's healthcare concerns seriously. The current male-dominated healthcare system is developing regressively, as exemplified by the recent overturn of *Roe vs. Wade*, ending women's fifty-year-old constitutional right to end their pregnancy. Clearly, Black female healthcare leaders are urgently needed in these leadership positions.

The challenges Black women experience in acquiring healthcare leadership positions continue to be amplified by the existing structure of racism. The research outlines how the employment trajectories of Black women are shaped by structural racism and sexism (Dill & Duffy, 2022). Acholonu and Oyeku (2020) assert that individuals from underrepresented groups often feel pressured to assimilate into a professional culture whose norms revolve around a White male heterosexual identity rather than being able to be their authentic selves. Research suggests that microaggressions, which are subtle behaviors and attitudes stemming from conscious or unconscious bias, are prevalent (Ehie et al., 2021). Further, the workplace amplifies the lived experiences of people of color, exacerbating the impact on both physical and mental health and hindering the ability to express oneself in the process authentically. The psychological, physiological, emotional, and racial battle fatigue toll can be overwhelming with repeated experiences of microaggressions.

For women in general, elite leadership positions show a disparity between men and women. From entry-level positions to the C-Suite in an organization (Alvarez & Svejnova, 2022), Black women are scarcely visible in these positions. Being significantly underrepresented in leadership positions across the spectrum, Black women face intersectional identity difficulties in striving to conquer the systemic challenges of becoming leaders (Chance, 2021).

### Theory and Action Related to the Problem

In this research, I aim to explore the experiences of Black women in FQHC leadership roles through the theoretical lens of a Black Feminist Post-structuralist framework. Black feminist theory focuses on the unique lived experiences of Black women and their realities (Porter et al., 2020). Black feminist theory encourages Black women to share, write, and process their own stories rather than have others explain them (Pierce, 2021). I seek to encourage Black women in leadership positions to share and process their FQHC leadership experiences. For a Black woman in a leadership position, the experience of being a woman is not independent of the experience but rather of the interactions between being a woman and being Black (Collins, 2018). Because the leader is a Black woman, being in a leadership position creates challenges, such as not being taken seriously or decisions being questioned.

Biana (2020), a Black feminist, advocated for a comprehensive approach to fighting for equality within a movement aimed at ending sexist oppression and exploitation. This approach does not neglect other forms of oppression, including racism, classism, imperialism, and others. By honoring and acknowledging one's gender and racial identity, researchers move closer to what Crenshaw (1989) coined intersectionality. From a broader perspective, intersectionality explores the myriad social identities and ideological tools that shape the expression and legitimization of power and disadvantage. Researchers focused on highlighting participants' intersectionality and acknowledged that social and political identities (e.g., race, class, gender, sexuality, etc.) combine uniquely to create diverse modes of discrimination and oppression (Warrier, 2022).

Equally important, the framework of intersectionality has been used as a basis for Black women in leadership positions. Black women know all too well about intersectionality and how it has impeded their leadership roles and everyday experiences. Mayberry (2018) elucidates how



Black women leaders are often overlooked as candidates for senior-level organizational positions. There is a power differential, and Black women are being held back from advancing in leadership roles in healthcare (Iheduru-Anderson, 2020). Through this study, I seek to reveal how Black women are dually marginalized as Black and women rather than upheld as leaders. It will further illuminate how these experiences create barriers and challenges to advancing the leadership ladder.

The Black Feminist Theory dates back to the early 1800s, when Black women, such as Maria Stewart, Sojourner Truth, and Frances E. W. Harper, awakened race and gender consciousness (Guy-Sheftall, 2011). Black women critiqued the fact that gender or race alone determined their fate. Guy-Sheftall provided a thorough summary of approaching Black feminists' theory.

While black feminism is not a monolithic state ideology, and there is considerable diversity among African American feminists, certain premises are constant: 1) Black women experience a special kind of oppression and suffering in this country, which is racist, sexist, and classist because of their dual racial and gender identity and their limited access to economic resources; 2) This "triple jeopardy" has meant that the problems, concerns, and needs of black women are different in many ways from those of both white women and black men; 3) Black women must struggle for black liberation and gender equality simultaneously; 4) There is no inherent contradiction in the struggle to eradicate sexism and racism as well as other "isms" which plague the human community, such as classism and heterosexism; 5) Black women's commitment to the liberation of blacks and women is profoundly rooted in the lived experience. (p.2)

Black females' experiences are unique, and as a result, Black women's schema for operating in the world is to survive the maze that society has handed down, including the workplace. For Black women in these leadership positions in FQHCs, the struggles persist with being overlooked, the perception of lacking competency perceived as being confrontational, having experienced a lower evaluation, devaluated leadership, gender, and racial discrimination, and being perceived as too emotional are some of these struggles. Researchers confirm these biases and challenge the stereotypes placed on Black women in leadership positions. For example, Sims and Carter (2019) contend that these discriminatory practices reflect the reality that Black women must navigate and

mitigate in leadership roles. Oliver (2021) affirms the complexities of cultural discrimination against Black women in leadership, causing them to perform better than their white counterparts while not genuinely fitting in a dominant white culture.

By the 1900s, the Black women's club movement with Nannie Burroughs, which focused on self-improvement and sisterhood, was in full swing (Gordon, 1991). Black women formed a united front to resist the oppression of class, race, and sex that these women faced. Josephine St. Pierre Ruffin was a Black women's rights champion during this era and the women's club movement (Wayne, 2020). Margaret Murry Washington and other women pioneered the International Council of Women of Darker Races due to the ongoing racial challenges (Guy-Sheftall, 2011). Amy Jacques-Garvey, a feminist, challenged the sexist ideology of the Universal Negro Improvement Association, the most significant Pan-African movement in the twentieth century (Taylor, 2000). Black women had been confined to supporting the men in this organization. In 1983, Alice Walker coined the term "Black feminism or womanism" to address the concerns of Black women about the history of racism in the feminist movement (Evans-Winters, 2019, p. 16).

Hooks (2015) reiterated Black womanhood by examining the repercussions of sexism on Black women during slavery, the devaluation of Black womanhood, and instances of racism within feminist circles. Hooks attempted to shift the assumptions beyond race and sex (Kadeba, 2017). Black women in leadership have been troubled by factors such as racism and sexism for centuries and have been hindered by their career ascension. Camp-Fry (2021) contended that Black women had been overlooked for executive-level opportunities because of being black and female. Social roles and barriers have also played a role in the underrepresentation of Black women in healthcare executive leadership.

### *Sexism*

Sexism encompasses “individuals’ attitudes, beliefs, behaviors, and organizational, institutional, and cultural practices that either reflect negative evaluations of individuals based on their gender or support unequal status of women and men”(Swim & Hyers, 2009, p. 407). Cultural beliefs about gender continue to disadvantage Black women in the workplace. Conscious and unconscious biases have made it difficult for Black women in leadership positions in FQHCs. Colleagues seem unaware of these women’s day-to-day realities in the workplace (Smith & Nkomo, 2022). For example, stereotypes that women are less competent than men lead women to be held to higher performance standards (Haslet et al., 1992). In particular, Black women must be careful when expressing certain emotions because their emotions can be perceived as “angry Black women” (Dickens & Chavez, 2018, p. 137).

### *Racism*

Racism is defined as hostility directed against a person or people based on their membership in a particular racial or ethnic group (Igbokwe, 2022). History has affirmed the bigotry of racism against Black women. Systemic, institutional, and historical discourses perpetuate barriers for Black female leaders, resulting in continuous discrimination and a lack of opportunities (Jefferies et al., 2018). Racial disparities in healthcare and healthcare outcomes continue to plague Black women. Racial congruity can aid collaboration in the narrative process and the interpretation of the Black women’s stories in this research (Moorosi et al., 2018).

### *Classism*

Social class is another intersectionality that Black women face in leadership positions. Systemic classism has created structural inequities and oppressive systems by attempting to disrupt power and further burden Black women in these leadership positions. Further, these women are excluded from networking and mentoring opportunities, potentially hindering their leadership mobility (Pierre, 2021).

### *Need for Further Study of the Problem*

This important study explores Black women's experiences and the meaning of serving in leadership positions by examining self-expression, voice, and how the participants experienced their leadership journey. Leadership challenges exist at various levels of management and organizational infrastructure (Kuhlmann et al., 2017). Diversity in all forms has improved team decision-making and outcomes (Penfold et al., 2019). Organizations often overlook the realities of women of color, who face the most significant obstacles and receive the least support. Companies with the most ethnically diverse executive teams demonstrated a 33% higher likelihood of outperforming their peers regarding profitability (Pace, 2018). This finding further affirms the need to embrace diversity, particularly with Black women in these leadership positions in FQHCs.

Moreover, organizations with diverse gender representation at the executive level on a global scale had a 21% probability of surpassing their industry rivals in performance (Pace, 2018). In 2018, one of the top nonprofit organizations in the United States was led by a female CEO, with no Black woman as CEO (Smith et al., 2019). Studies further indicate that companies in the lowest quartile for gender and ethnic/cultural diversity were 29% less likely to attain profitability above the average compared to all other companies (Hunt et al., 2020). Additionally, a workforce characterized by diversity and inclusivity, encompassing varied approaches and perspectives, is positioned to be more competitive in a globalized economy (Hunt et al., 2020).

With droves of employees exiting the workforce over the past two years due to the pandemic creating the Great Resignation (Serenko, 2022), Black women in leadership can be a part of the solution to handling this crisis. As the racial composition of the U.S. and global populations change, more Black women are projected to be in leadership by 2030 (Toossi, 2009). Diversity leads to

more robust business outcomes, and when the most talented people can rise to the top, regardless of what they look like and where they come from, everyone wins (Krivkovich, 2017).

If barriers were removed and more opportunities were created for Black women, perhaps more women would fill these positions in the healthcare sector. One study revealed that having women at the C-Suite level significantly increased net margins (Servon & Visser, 2011). According to Turner-Moffatt (2019), numerous women have authentically navigated barriers and confronted challenges directly to secure top positions. Exploring strategies to level the playing field and promote equality by adopting executive mentoring programs within the South Carolina Primary Health Care Association and mainstreaming them throughout the FQHCs will strengthen the executive leadership infrastructure for women.

Ensuring diversity in organizational culture and promoting heightened awareness will lead to improvements for Black women in leadership positions. This improvement will help the organization and strengthen a diversified leadership team. The most apparent cultural dimension is the language spoken, which defines not only the categories of what we see, hear, and feel but also how we think about concepts and express meaning (Schein & Schein, 2017). Zijl et al. (2020) identified two key strategies that effectively build a heterogeneous leadership team in an organization: directive and participative leadership. A directive approach recognizes the importance of clear communication in decision-making frameworks that align with the leader's vision (Wart, 2017). In teams with functional heterogeneity, this decision-making framework should convey that all job roles are equally crucial for team performance (Zijl et al., 2020). Participative leadership is characterized by open communication and shared decision-making (Wart, 2017). These aspects are important in building a heterogeneous leadership team in an organization.

The South Carolina Primary Health Care Association's (SCPHCA) mission is to "provide a unified supportive infrastructure that facilitates access to community-based primary, behavioral and other health care services to every community in South Carolina" (scphca.org, para. 1). The SCPHCA is the entity that advocates for FQHCs and attempts to bring uniformity within the state. Furthermore, they advocate for funding and legislation on the local and national levels.

#### Purpose of the Study

This qualitative interpretive phenomenological study aims to examine the professional lived experiences of Black women who hold leadership positions within FQHCs. Their experiences will be examined through the lens of Belenky's (1986) Women's Ways of Knowing framework by examining self-expression, voice, and how the participants process their leadership journeys.

#### *Research Questions*

The following research questions will guide this study:

RQ 1: What are the perceptions and experiences of Black women leaders about achieving leadership positions in FQHCs?

RQ 2: How do Black women see their life ascent to leadership positions at FQHCs?

RQ 3: Using the five modes of knowing – silent knowledge, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge – how do Black women leaders in FQHCs perceive their experiences?

#### *Theoretical Framework*

Belenky's Women's Ways of Knowing theory will be used as the theoretical framework in this study. Studies have shown that theorists and researchers have used the five perspectives of knowing framework to examine the epistemology of how women view and make sense of various situations. Women's self-concept is enmeshed with how they understand and learn about life and themselves through the events and people in their lives (i.e., their schema of circumstances). While

the Women's Ways of Knowing theory and framework were structured for a diverse population in the academic arena, their theory applies to other contextual settings, such as healthcare. Belenky et al. (1986) identified five phenomena from which women view reality and draw conclusions: silent knowledge, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge.

### *Silent Knowledge*

According to Belenky et al. (1986), the concept of silencing encapsulates the way women perceive themselves as voiceless, mindless, and subject to the arbitrary decisions of authority. For Black female leaders who aspire to be FQHC leaders or are leaders of FQHCs, it makes sense that many of these women have experienced being silenced and have perceptions of being voiceless in the journey. Without engaging in play, conversation, listening to others, and eliciting their voices, individuals may struggle to cultivate a sense that they can articulate and reason through their thoughts (Vygotsky, 1978). Silence can impact the ability to advance in leadership and give the perception of a lack of credibility. Language is an important demonstration of identity used to manage the day-to-day realities of being both Black and a woman (Davis, 2018). For example, Maji and Dixit (2019) argued that women who remain silent may acquire language skills but may struggle to nurture their capacities for representational thought. They may not fully explore the power of words for expressing or developing ideas. Black women being crippled by a culture that does not support their ideas or roles may demonstrate developing language but not cultivating a capacity for expression and ideas.

Furthermore, just as Motro et al. (2022) discovered, Black women are often positioned to succumb to white patriarchal expectations and rules. Organizational culture can also promote an environment of silence for Black women in these FQHC leadership roles. People are often reluctant

to speak up and offer ideas (Edmondson, 2019) because of a lack of feeling supported. On the contrary, being silent can make a bold statement. While the self-silence approach may be warranted given the situation, it can also be a barrier for Black women to advance in demanding executive roles. Black women have been recognized for adapting their identities to align with their workplace's professional standards and prevailing cultural values when interacting with colleagues, often adjusting their actions, voice, and appearance (Dickens & Chavez, 2018). This process is known as identity shifting or negotiation (Jackson, 2021).

In this proposed study, I expect to reveal how women in leadership, including those aspiring to lead, can be hindered by being silent. Women can be perceived as lacking confidence and skills because they are silent. Women's voices are among the most essential missing voices in most Western accounts of culture (Kalaitzi et al., 2019).

#### *Received Knowledge*

Belenky et al. (1986) defined received knowledge as a woman perceiving herself as capable of receiving and reproducing knowledge from authority figures but not creating her own. The received knowledge construct of knowing the world as women taking information in and accepting the knowledge and the voice of the knowledge. This process can result in women needing more confidence in their speaking abilities (Belenky et al., 1986). Received knowledge leads to thinking that everything must be black or white; the received knowers assume that in conflicts between themselves and others, they must choose one or the other but not both (Belenky et al., 1986).

Received knowledge can be debilitating and inhibit critical thinking skills when accepted without reservation or analysis, as Black women maneuver in leadership roles in FQHCs. Information is accepted, and women focus on the voice of received knowledge (Belenky et al.,



1986). Women leaders can be hindered in their leadership roles and abilities if their knowledge is limited. If new ideas, voices, or the ability to add to the thoughts of others to form individual opinions and Black women in leadership in FQHCs views may not be considered, which can affect one's ability to lead and compromise relationships with peers or followers (Farrell, 2019).

Culture and environment also shape received knowledge and how this knowledge is processed. Leadership in public life still rests predominately on male shoulders (Belenky et al., 1986). Culture unwittingly has some women view authoritative figures in men differently. Nevertheless, Black women with the skill set to lead in executive-level positions demonstrate awareness of male-dominated roles that can help women push beyond cultural biases. This study will explore women's identities and thoughts and research if these thoughts were lost and absorbed by authorities in this concept of received knowledge.

### *Subjective Knowledge*

Belenky et al. (1986) discuss subjective knowledge as a woman understanding truth and knowledge as personal, private, and subjectively known or intuitive. As women become more aware of their inner resources for knowing, valuing, and developing confidence within themselves and their "inner voice," they learn to negate answers that the outside world supplies. Black women may be perceived to be emotional (Jones et al., 2021). She gains heightened awareness of her inner resources for knowing and valuing as she listens to the "still small voice" (Belenky et al., 1986, p.54). In Episode 103 of Cold Call, Amy Edmondson discusses a case study that she initiated about Children's Hospital. It illustrates the importance of subjective knowledge. A patient received an adverse drug that was quickly discovered and corrected (recording 4:55-6:00). Children's Hospital and Clinics COO Julie Morath demonstrated leadership skills and subjective knowledge by encouraging and fostering a culture where employees would "think differently about work" and

explore the meaning of things going wrong (Edmondson, 2019, p.156). Morath took appropriate steps to change the organization's fate by doing something differently (Belenky et al., 1986). This study will explore how Black women in leadership in FQHCs engage in subjective knowledge in leadership and how their role as leaders is viewed through the concept of subjective knowledge.

### *Procedural Knowledge*

Belenky et al. (1986) described procedural knowledge as a voice of women learning and applying external procedures for acquiring and communicating knowledge. Procedural knowledge is having reasoned reflection and recognizing that women have a right to their own opinions rather than adopting the opinions and thoughts of others without judgment or reservation. Women in leadership have fewer skill-building opportunities at work than men, such as in leadership and public speaking (Northouse, 2019). The challenge that Black women in leadership positions are all too familiar with is the lack of opportunities in leadership roles in FQHCs. Given this information, using the voice of reasoning and analyzing possible ways to improve an organization's culture demonstrates using one's voice and thoughts. Morath understood that the organization's culture had to be changed. Black women in leadership positions in FQHCs have demonstrated procedural knowledge by learning through the experiences of others, getting from behind their own eyes, and using a different lens to shift the focus to other people's ways of thinking (Belenky et al., 1986). Knowing how to use procedural knowledge through thinking is critical to leadership (Timperley, 2011). This study will examine how Black women in leadership engage in procedural knowledge in the interpretive process and how it impacts their leadership role.

### *Constructed Knowledge*

Lastly, Belenky et al. (1986) characterize the use of constructed knowledge as that of a woman who perceives all knowledge as contextual, experiences herself as a creator of knowledge,

and values her personal and objective strategies for knowing. Black women in leadership have been in environments that have caused them to speak up and use their voices to make critical decisions affecting the organization and the patient population. These women are self-aware and able to articulate themselves and their voices appropriately.

Black women in leadership demonstrate constructed knowledge by being able to connect in group settings for a common purpose to bring about awareness and change (Belenky et al., 1986). This study will explore how Black women in leadership have successfully advanced in rank by demonstrating the ability to construct their knowledge in a way that gains results. Furthermore, it is essential to differentiate between the spontaneous intuition of subjectivism and the intentional, imaginative expansion of one's understanding into perspectives that may initially seem unfamiliar or discordant (Belenky et al., 1986).

### *Conceptual Framework*

A conceptual or theoretical framework is the underlying structure of concepts or theories (Merriam & Tisdell, 2017). Using the Ways of Knowing theory, I hope to provide insight into how Black women view their FQHC leadership experiences. This insight has the potential to inform organizational understanding of Black women's experiences so they can respond to challenges. It is also worth noting that women's views are shaped through the lenses of home experiences and cultural environments. For example, how women were raised in the environment and their cultural norms reflect how they view job experiences.

The intersections of race and gender have a long and complex history in the South, also known as the "Bible belt." According to Black feminists, structural racism and sexism have made it difficult for Black women to advance in the South's numerous industries, especially healthcare. It is, therefore, not surprising that Black women are underrepresented in leadership positions within

FQHCs in South Carolina, given their historical and cultural background. Women's Ways of Knowing Theory emphasizes that Black women's perspectives are molded by their particular experiences within their cultural and domestic environments, which are a lens through which to understand their experiences. The effects of systematic racism, sexism, and Southern cultural norms frequently uphold traditional gender and racial roles.

Her home and cultural surroundings profoundly influence a woman's perspectives and beliefs. Furthermore, in addition to their upbringing and upbringing experiences, this also refers to the community's cultural norms, values, and customs. It is crucial to consider these women's varied cultural backgrounds and domestic settings and how these experiences impact their perspectives and leadership philosophies when discussing women's experiences in FQHCs in South Carolina. It can be helpful to have a more detailed and comprehensive understanding of the experiences and difficulties faced by women in FQHCs as leaders by recognizing the influence of home and cultural surroundings on these individuals. These views encompass social settings, religious beliefs, and psychological aspects. Understanding Black women's experiences will help them explore how they approach leadership and the circumstances they encounter. They can further develop their voices. Social norms expect women to refrain from sharing thoughts and be without a voice. It is even worse in the South.

Others have researched Women's Ways of Knowing theory as a framework for leadership. These researchers viewed how the perspectives of Ways of Knowing shaped the experiences of women in leadership in various contexts. As the researchers discovered, the construct of how women view dynamics is based on their experiences and perceptions.

Goldberger et al. (1996) explored women gaining their voices. Constructed knowledge involves the dynamics of drawing from all stages based on the circumstances and context. For

example, a Black woman in leadership positions in FQHCs may choose to remain silent during a meeting because she recognizes it would be more detrimental to speak at that moment. Hence, she uses the voice of silence to demonstrate a powerful message to her colleagues. Goldberger et al. (1996) also discovered that considering the context in the process of knowing enables individuals to appreciate the benefits of conceptualizing the five stages as strategies, allowing them to select what is most suitable for the given circumstances.

Ah Nee-Benham (2002) researched an educational leadership approach to Women's Ways of Knowing. She conducted a study on Hawaiian Native women leaders and argued that enrollment in Western schools undermined the integrity of Hawaiian culture and devalued native ways of knowing and behaving (Ah Nee-Benham, 2002). She discovered that many assumptions and categories of thought fail to encompass the experiences of women leaders or the need to promote equity and social justice for Native Hawaiian women.

Helgesen and Johnson (2010) explored female leadership through Belenky et al.'s Women's Ways of Knowing in the Workplace. They interviewed four women and discovered that feminine principles are the cultural values (responsibility, connection, and inclusion) that guide what females should and should not do and think. These women are confident and strong. Finding their voice was the key to creating their leadership style. Helgesen and Johnson (2010) discovered that women's ways of seeing are not validated and require them to exercise their skills without drawing on the full power of what they notice and value. They further discovered that women operating at less than total capacity undermine their effectiveness and ability to feel authentic and keep them from being fully present in an organization.

Belenky's framework for Women's Ways of Knowing thoroughly explains how women acquire, analyze, and produce information. This concept holds that women's experiences,

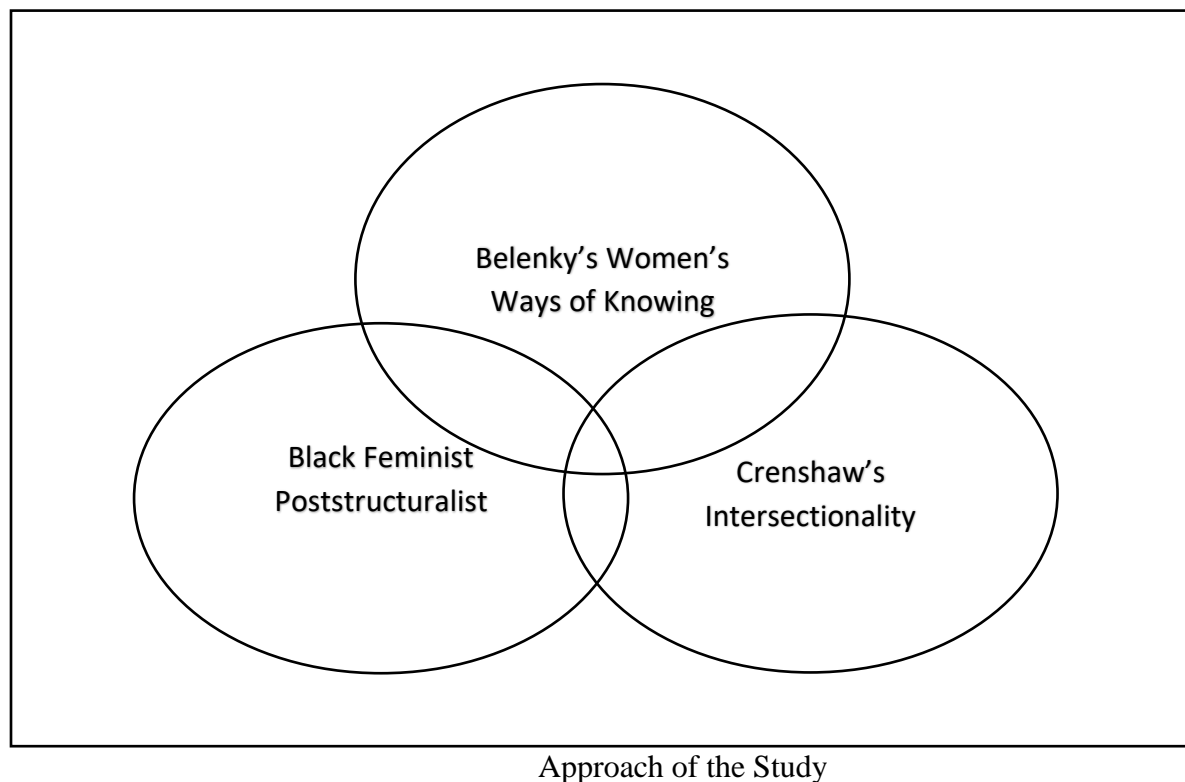
interpersonal interactions, and cultural contexts influence their Ways of Knowing. It can be applied to FQHCs to understand how Black women leaders in these organizations build knowledge and how their interactions with others influence their Ways of Knowing.

The Black Feminist Post-structuralist Framework examines how Black women deal with sexism and racism in their personal and professional lives due to historical institutions (Guy-Sheftall, 2011). This framework can be applied to the context of FQHCs to understand how Black women leaders in these organizations make decisions that assist them in overcoming historical structural racism and sexism, as well as how their interactions and relationships with others influence their modes of knowing and decision-making.

Crenshaw's (1989) concept of intersectionality emphasizes how various forms of inequality and oppression interact and affect various groups of people differently. This concept can be applied to FQHCs to comprehend how Black women leaders in these institutions are affected by various oppressions and how Black women use their voice and interpersonal connections to become more effective in the fight against institutional racism and sexism.

These three frameworks offer strategies for thoroughly understanding how Black women leaders in FQHCs build knowledge, deal with racial and gendered historical processes, and leverage their connections and interactions with others to become more effective in their leadership roles. We can develop a deeper understanding of the experiences of Black women leaders in FQHCs and their influence on the production and sharing of knowledge in these organizations by incorporating components of these frameworks in the current study. Therefore, these three frameworks are interconnected, as illustrated in Figure 1.

*Figure 1 The Interconnected Frameworks*



#### The Design – Methods and Procedures

This researcher used a qualitative, phenomenological, and inductive approach to explore Black women's leadership journeys in FQHCs. An Interpretive Phenomenological Analysis (IPA) perspective targets how people in particular contexts make meaning and interpret their experiences (Bloomberg & Volpe, 2019). For this purpose, IPA qualitative research is the most appropriate design and will expound on the experiences reported through the eyes of Black women leaders in FQHCs. Phenomenology is both a twentieth-century school of philosophy associated with Husserl (1970) and a type of qualitative research (Merriam & Tisdell, 2017). The inquiry within the qualitative design will be from the philosophical roots of an interpretative phenomenological analysis framework component of Women's Ways of Knowing through the voice framework designed by Belenky et al. (1986). Using a qualitative phenomenological study, the researcher will

focus on Black women in leadership positions in FQHCs to describe their experiences of being Black and women in these leadership positions.

As previously described, the complexity of the underrepresentation of Black women in leadership positions in FQHCs in South Carolina arises from multiple causes. There is a need for diversity in leadership because it leads to a more inclusive and equitable decision-making process. Moreover, there is evidence from several studies that minority-led organizations are better equipped to serve diverse communities, including historically underserved communities (Jackson & Gracia, 2014). My research worldview perspective is influenced by an interdisciplinary, critical approach that acknowledges the interaction of systemic issues, such as race and gender, in determining leadership prospects. I think the organization's leadership should be representative of the demographics of the population served. This perspective is supported by representational philosophical principles, which argue that decision-making entities should fairly represent the clientele (Dreachslin, 2007). Black women are not the only underrepresented minority in FQHC leadership; Native Americans, Latinos, and LGBTQ people are also underrepresented. Increasing diversity in the pipeline, fostering inclusive workplaces, and addressing systemic barriers to leadership are just a few of the policies and activities required to address these groups' underrepresentation.

The researcher will use a convenience sample size of 6-10 selected individuals, consisting of current Black women leaders in FQHCs. Interviews may take up to an hour for each individual. Rubin & Rubin (2012) assert that an interview constitutes a social interaction centered around conversation and serves as the process through which individuals construct knowledge. Interviews are the primary method of data collection in phenomenological studies (Creswell & Poth, 2018). Therefore, I will use face-to-face, semi-structured individual interviews via Zoom. The interviews



will focus on the lived experiences of Black women in their leadership roles. For example, the targeted perception will be how Black women in leadership positions conduct themselves in FQHC settings.

*Structure and Contexts of the FQHCs and SCPHCA in South Carolina*

The FQHCs of South Carolina have met the strict rules and regulations of the Federal Bureau of Primary Healthcare (Friedman et al., 2012). They follow a strict decision-making process when making policies for the organization, even though there is no clear evidence of any cross-cultural competence in training opportunities or leadership training for Black women or any leaders.

The SCPHCA is a nonprofit organization that works to increase all South Carolinians' access to high-quality, reasonably priced primary healthcare. The SCPHCA assists FQHCs by developing relationships with other institutions and organizations, such as strong collaborations between the organization and community-based, medical, and governmental groups (Wright, 2020). Furthermore, the SCPHCA promotes legislation that benefits FQHCs and their communities and offers resources and training to FQHCs to enable them to improve their operations and services.

One way to describe the relationship between the SCPHCA and FQHCs is as a partnership. FQHCs offer high-quality medical care to their communities in exchange for the SCPHCA's assistance and resources. The SCPHCA and FQHCs have a cooperative and supportive relationship.

The SCPHCA understands the significance of boosting the number of Black women in leadership positions in FQHCs. The company has pledged to advance diversity, equity, and inclusion in all operations, including leadership. To help Black women and other underrepresented groups acquire the abilities and information required to be successful in leadership roles, the SCPHCA offers training and mentoring opportunities.

### *Instrument*

Open-ended face-to-face interview questions will be the instrument used for this qualitative research, which will be recorded. The research questions are directly connected to the study's purpose and will play a pivotal role in illuminating and addressing the identified problem (Bloomberg & Volpe, 2019). These questions will be provided in advance to Black women leaders within FQHCs in South Carolina via email to allow adequate time for preparation. The researcher will gear the questions toward a phenomenology study approach.

### *Data Collection*

The data collection procedure will begin with open-ended, semi-structured interview questions sent via email to 6-10 Black women leaders in FQHCs in South Carolina. Afterward, the researcher will schedule one-on-one Zoom interviews to ask participants those questions in an interview format. The researcher will conduct follow-up questions and clarify as needed. The sample will consist of selected individuals within the FQHCs. The researcher intends to conduct one-on-one Zoom interviews and open-ended, semi-structured interview questions to enable participants to express their experiences in their own words and to offer me a chance to acquire as much information as possible.

Additionally, this approach enables follow-up inquiries to solicit more information and elucidate the participants' experiences. By employing this technique, the researcher intends to gain a thorough understanding that will help guide organizational practices. This approach is valuable because it allows me to gather rich and in-depth data from the participants and provides a safe and secure space for them to share their experiences.

### *Data Analysis*

The phenomenology study will be the approach for this research study. Hence, the data analysis process will occur as follows: 1) organize and transcribe the data for analysis; 2) read all the data; 3) code all the data; 4) generate a description and themes; and 5) represent the description and themes (Creswell & Poth, 2021). Using a qualitative computer data analysis program can be beneficial, aiding the organization, sorting, and searching for information within text or image databases (Creswell & Poth, 2021).

### *Significance of the Study*

Black women in FQHC leadership face unconscious biases due to the organizationally dominant White male culture (Darby et al., 2022). The significance of the study is to identify strategies and resources that will facilitate and enhance leadership ascension for Black women in leadership positions in FQHCs. Building on the lessons learned and skill sets will help foster mentoring programs for Black women to thrive in leadership positions (Darby et al., 2022). The findings will help FQHCs develop mentoring programs, recognize the skill set, and maintain Black women's wealth of knowledge and experience in organizations to reach unprecedented growth and diversity (Adams, 2018).

### *Uniqueness and Compatibility of the Research*

This research is unique in that it focuses on Black women in FQHC leadership positions through the Women's Way of Knowing Theory. The study is limited to Black minority women in these leadership positions and their lived experiences. It is also limited to FQHCs in South Carolina. There is no known research on this specific population or demographic.

### *Contribution of Knowledge, Theory, and Practice*

In addition, the study will contribute to the limited literature on the challenges Black women face in leadership in FQHC organizations. It will differ from what other researchers have explored about the Ways of Knowing theory. The researcher's contributions will explore the Ways of Knowing theory with FQHC Black women leaders. This study will also bring awareness to these women's unique challenges in their leadership roles. Accelerating a path to leadership for Black women involves prioritizing opportunities that allow them to showcase their talents and distinctive leadership qualities (Smith & Nkomo, 2022).

Additionally, it will examine how the Ways of Knowing framework may be used to differentiate between various forms of female leadership and the specific difficulties they encounter. The study will also add to the literature by highlighting Black women's unique possibilities and challenges in leadership positions within FQHCs and offering suggestions for enhancing those experiences. Therefore, this study will contribute to the conversation on diversity, equity, and inclusion in healthcare organizations by providing critical information about the experiences of Black women in leadership roles at FQHCs. In addition, it will seek to address health disparities due to more diverse leadership.

### *Delimitations and Limitations of the Study*

Delimitations in this study include excluding Black women emerging as leaders and leaders without titles. Individuals in these categories may face challenges and opportunities that are potentially different from those faced by Black women actively in leadership roles with appropriate titles. For example, a team leader may need to establish policies and procedures impacting an entire program or organization. A leader may create policies and procedures in functional roles but not possess a title describing her wide-ranging impact.

In addition, excluding White women of other ethnic minorities is a delimitation. Numerous studies provide general data on women in leadership (Chisholm-Burns & Spivey, 2017; Hargett et al., 2017; Kuhlmann et al., 2017). Therefore, focusing on Black women in leadership is essential to drawing out their experiences. In contrast, by combining all women or all minorities, the essence of Black women's experiences is often disregarded (Selzer & Wallace, 2017).

The limitation of this study is the lack of research on Black women in leadership positions in FQHCs. The current data combines all women or all minorities and does not necessarily focus on the community health sector. Capturing the data in this manner does not accurately reflect Black women's experiences in healthcare leadership positions. As a whole, the data excludes or minimizes Black women and their experiences.

Another limitation may be the low number of Black women in leadership positions in FQHCs. As a result, replication of the study in a larger population may pose challenges. Also, the sampling can change during the study (Creswell & Poth, 2021). For example, the researcher cannot control who participates in this study and their shared leadership experiences.

Potentially, the most significant limitation of the study is the researcher's personal experience as a Black woman in a leadership role in a predominantly White leadership organization. While there may be shared experiences between the researcher and the participants, the researcher will engage in the process of bracketing. Bracketing is inherent to interpretative phenomenological analysis and requires that researchers recognize and set aside their own perceptions of the phenomenon (Soule & Freeman, 2019). To accomplish this, the researcher will listen attentively to the participants and seek to understand the phenomenon's essence as experienced by the study participant. In addition, I will use direct participant quotes to demonstrate alignment with my interpretation and ensure objectivity.

### *Findings*

Understanding how Black women leaders view the legitimacy of their leadership roles within FQHCs can be done with the help of discourse analysis. Examining their language may teach us about their ideas and values and how they deal with workplace standards and conventions. The analysis can also reveal their methods to push the envelope, justify actions against structural racism and sexism, and better serve underserved populations. For instance, analyzing the discourses employed by these women leaders could demonstrate how they negotiate power dynamics, articulate their goals and visions, and mobilize resources to achieve their objectives. It could also provide insights into how they can challenge dominant ideologies and norms within their organizations and the broader healthcare system.

Additionally, analyzing the language spoken by Black women leaders in FQHCs is important in identifying the challenges and limitations they must overcome. For example, it might show how well these women can confront institutionalized biases and discrimination and how their colleagues, employees, and other business stakeholders view and treat them. Removing the structural barriers Black women confront and assisting their advancement into leadership roles can help establish targeted interventions and initiatives.

### Definitions of Terms

Leadership has many definitions. In the framework of this study, leadership is characterized by the articulation of visions, the embodiment of values, and the establishment of an environment conducive to the accomplishment of goals (Almaki et al., 2016). There is also a distinction between a leader and a manager. However, for this study, the researcher will use them interchangeably.

Black is used generally to include African Americans, non-Hispanic Black, people of color, and the Black minority of any ethnicity.

Women of color are defined as all females who identify in racial minority groups.

White is interchangeable to include White, Caucasian, Anglo-Saxon, and non-Hispanic White.

Racism is a form of prejudice, discrimination, or antagonism directed against an individual or group based on their membership in a particular racial or ethnic group.

Sexism is a form of prejudice, discrimination, or antagonism directed against an individual or a group of people based on their gender.

Lived experience is a phenomenological reflection on human existence's pre-reflective or pre-predictive life as lived through it (Van Manen, 2014).

FHQCs are healthcare entities that provide healthcare services. FQHCs are mandated to provide care to medically underserved communities (Roland et al., 2017).

### Summary and Forecast

Chapter One discusses the lack of Black women in leadership positions and FQHCs. This study will reveal how Black women are dually marginalized as Black and female rather than as leaders. It will further illuminate how these experiences create barriers and challenges to advancing the leadership ladder. The next chapter will begin exploring and gathering a theoretical framework and synthesizing a review of literature related to Black women in leadership and Black women in healthcare from books, journals, and reports.

## 2. REVIEW OF RELATED LITERATURE

There is current research regarding the underrepresentation of Black women in leadership positions in healthcare and the need for increased diversity in this field. The current chapter will focus on Black women in FQHCs. The data suggest that although most healthcare workers are women, only 13 percent of healthcare CEOs are women (Mose, 2021). These findings continue to validate the need for more women in leadership roles in healthcare. It further suggests women's challenges in current positions and their advancing to executive roles (Healthcare et al., 2020). The compelling narrative has shifted beyond the gaps, barriers, and need to justify the benefits of gender equity in leadership to a clear imperative for delivering effective, sustainable improvement (Mousa et al., 2021). In addition, the chapter will include a review of the literature connected to the research questions and study purpose to assist with establishing the conceptual framework.

### Women in Leadership

The issue of women in leadership has gained increasing attention in recent years due to persistent gender disparities in senior positions across industries and sectors. Although women have made tremendous progress in advancing in leadership roles, men still dominate these positions. If organizations hired first-level women managers and promoted them to the same level as men, there would be one million more women in management over the next five years (Romero, 2021). For example, 44.3% of the employees in S&P 500 companies were women in 2017; however, women were underrepresented in leadership positions, holding only 36.4% of first-to-middle-level positions, 25.1% of senior-level executive positions, and 5.4% of CEO positions (Lyness & Grotto, 2018). Further, research highlights that in 2019, only 5.2% of S&P 500 companies' CEOs were women, including General Motors Co., Hershey Co., Nasdaq Inc., The Progressive Corp., and Occidental Petroleum Corp. (Catalyst, 2019). Women would become great industry leaders if



organizations and communities gave them more opportunities. Businesses and FQHCs would benefit from a broader range of creativity from different talented leaders (Bowleg, 2021). The findings of the current research continue to validate the need for more women in these roles. It further suggests women's struggles in current leadership positions and advances to executive leadership.

### *Struggles with Women Leadership*

The historical complexity of women in leadership positions has been a long-lasting problem. Still, they have often struggled to achieve success and recognition that have persisted for centuries (Hickman, 2020). Persistent struggles have caused regular delays, obstructing their success and causing a significant professional burden on women as they work towards their own goals (Ceasar, 2020). For example, the need for more mentorship and support to navigate the healthcare industry or develop the necessary leadership skills to be successful in leadership is a struggle that women experience. Women have had to jump through huge hurdles placed in the corporate world, thus advancing to leadership positions in top positions despite the odds against them (Hickman, 2020). Recognizing and addressing these barriers is essential to creating a more equitable workplace where all individuals can thrive regardless of gender, race, or social identity. Doing so can create a more diverse and inclusive workforce that benefits everyone. Although there has been progress in gender equality, women continue to face pervasive gender bias in their roles.

### *Gender Bias*

Gender bias in the workplace is an obstacle women face in attaining leadership positions. This bias can take many forms, such as hiring, promotion, and pay discrimination (Begeny et al., 2020). Society often views women as inferior to men in many cultures. Studies have shown that women are often overlooked for leadership positions even when they have the same qualifications

and experiences as their male counterparts (Williams, 2023). Their gender often translated into a lack of opportunities for women in leadership. Subsequently, women have been relegated to subordinate roles or excluded from leadership positions altogether (Williams, 2023). Bias and stereotypes significantly hinder the career trajectory of women in leadership positions. Leaders are stereotypically termed agentic due to their forcefulness, competency, and confidence (Garikipati & Kambhampati, 2021). These stereotypical traits are often associated with traditional male gender roles and are often seen as masculine domains. However, this stereotype can be misleading and limiting, ignoring other factors of leadership, such as listening skills and collaboration that are part of accomplishing organizational goals.

On the other hand, men are stereotypically described as being precise in the same way as women. For example, people depict men as natural leaders, requiring women, whether White or Black, to be forced to overcome severe challenges to be regarded as confident and competent leaders. According to Alnadi and McLaughlin (2020), gender biases cause career advancements among women to become more challenging. However, these prejudices are not the only obstacles concerning discrimination against women in various careers. Another factor that contributes to the struggles of women in leadership is cultural stereotypes.

### *Cultural Stereotypes*

Women are often seen as emotional and nurturing, while men are considered rational and assertive. These stereotypes can make it difficult for women to be taken seriously as leaders, particularly in male-dominated fields. Hopkins et al. (2021) argued that female leaders were more likely to be perceived as ineffective as their male counterparts, even when they demonstrated the same leadership behaviors. The study also argued that women perceived as bossy or domineering were penalized more severely than men who exhibited the same behaviors. These examples further

solidify the need for this study and offer strategies to improve equality for women. In addition to these cultural stereotypes, women continue to face significant challenges with work-life balance and navigating the demands of their careers while juggling familial responsibilities and societal expectations.

### *Work-Life Balance*

Further, women in leadership positions have struggled to balance work and family responsibilities. Women are often expected to take on most caregiving responsibilities for their children and elderly parents, making it challenging to pursue demanding leadership careers. According to the Pew Research Center (2015), women are more likely than men to say that being a parent has made it harder for them to advance in their careers. Parental roles can create more barriers for women to succeed in positions requiring long hours and a strong commitment. Furthermore, organizations that support paid parental leave and affordable and high-quality childcare can help women balance their work and family responsibilities (Gates et al., 2018). Benefits as such can help women feel more supported and valued in an organization. Providing these benefits will improve women's ability to balance work-life and stringent family demands. Offering role models is another factor that can help women succeed in leadership endeavors.

### *Role Models*

The lack of female role models also creates obstacles for women to attain leadership positions. Because there are few female role models, women struggle with finding someone to emulate. Further, the lack of female role models makes it difficult for women to access the same support systems and mentoring opportunities as their male counterparts (Kubik-Huch et al., 2019). The lack of female role models can also make it difficult for them to develop the necessary skills and confidence to succeed in leadership roles. In addition, the lack of female role models can

reinforce gender bias barriers and make it more difficult for women to break through the glass ceiling (Schapp & Schockley, 2020). For women in leadership, role models are crucial in breaking down gender roles. Other women in leadership can rely on other women for support and help navigate the career ladder.

Furthermore, research argues that companies with a higher representation of women in leadership positions have better financial performance than those with fewer women in leadership positions (McKinsey & Company, 2020). This finding further validates the need for more women in leadership positions in FQHCs. Whereas women generally face struggles, Black women's experiences are unique and amplified (McKinsey & Company, 2020).

#### *Struggles of Black Women in Leadership Positions*

The historical struggles that Black women experience have been longstanding. According to Sutton et al. (2021), Black women in leadership face obstacles, including substantial prejudices, exposure to hostile working environments, invisibility, and sexual harassment. Whether conscious or unconscious, these struggles make for unpleasant experiences for Black women in these leadership positions. They have demonstrated their leadership abilities amid the intersectionality of racism, sexism, and inequality for centuries. However, Black women face further obstacles in their advancement, making them endure enormous challenges or less likely to move into advanced leadership roles (McKinsey & Company, 2020).

The multi-complexities that Black women face are no secret, as Black women continue to maneuver throughout organizations, facing microaggression and other forms of microaggression, such as microassault, microinsult, and microinvalidations. Microaggressions refer to subtle verbal or non-verbal cues directed toward a marginalized group of people (Sue, 2010). Research has

highlighted the adverse psychological and emotional effects of various microaggressions (Nadal, 2018; Suarez-Orozco et al., 2021).

The term microaggression was initially coined by Dr. Chester M. Pierce, a Black Psychiatrist, in 1970 to initiate a dialogue addressing the challenges faced by Black individuals who lacked a platform to discuss their experiences (Pierce, 1970). Today, microaggressions have become a frequent conversation over the past couple of years, bringing awareness to how these experiences can hinder individuals in their careers and personal lives. Hence, creating a platform for discussion will shed light on the challenges of microaggressions.

### *Microaggressions*

Microaggressions occur when subtle indignities or seemingly harmless behaviors are targeted at a specific population (Ehie et al., 2021). For example, a Black woman in leadership being treated as incompetent by a colleague who rejects her input as valuable is a form of microaggression. Microaggressions are daily commonplace attitudes that arise from conscious or unconscious biases (Ehie et al., 2021). Individuals experiencing microaggression often feel excluded or as if they do not belong. As a result, microaggressions can become rooted in institutions, creating further barriers for Black women (Ehie et al., 2021). Another example of microaggression occurs when a Black woman is disregarded professionally by her colleagues due to her race. All too often, Black women encounter these various types of microaggressions. The research indicates that microaggressions can weaken relationships and cause exclusion (Kim & Meister, 2022). The lived experiences of women encountering microaggressions take an enormous psychological toll on women, especially Black women. The behaviors of microaggression have negative social and emotional consequences, including anxiety, depression, and suicidal ideations (Jones, 2022). For example, a person who experiences microaggressions related to their race may

feel constantly on edge and hypervigilant, leading to anxiety symptoms. In addition, Women, ethnic and racial minorities, and LGBTQ people commonly experience microaggressions in the workplace (Kim & Meister, 2022). These experiences can be harmful and hinder women's leadership growth by creating a false perception of their leadership abilities.

### *Microassaults*

Microassaults are another form of microaggression that Black women experience. Microassaults are blatant statements or actions with clear intent toward a targeted population or group of people (Sue et al., 2008). They involve verbal or nonverbal actions that are discriminatory, such as the use of racial slurs. A Black woman in leadership experiencing exclusion from leadership or other opportunities is a form of microassault (Sue et al., 2008). Further, the research discusses how Black women have been labeled as aggressive, which is a direct statement on the character of Black women (Charles, 2018).

### *Microinsults*

Microinsults are more subtle than microassaults. Microinsults are subtle, unconscious messages that can be insensitive and disparaging to a person's racial identity or background (Ehie et al., 2021). They involve communication that conveys rudeness or insensitivity toward a person. For example, a Black woman is labeled as angry or aggressive when she expresses her opinion. Furthermore, microinsults can contribute to a hostile work environment, erode trust, and undermine the contributions of Black women in leadership positions (Overland et al., 2019). If a Black woman leader is consistently subjected to microinsults, she may feel that her contributions are not valued or appreciated.

### *Microinvalidations*

Microinvalidations refer to actions and statements that intentionally or unintentionally exclude, negate, or dismiss an individual's personal feelings, thoughts, and experiences (Ehie et al., 2021). They include comments or subtle behaviors that invalidate a person's identity or experiences. Microinvalidations are unclear and convey hidden messages (Sue et al., 2008). For instance, when a Black woman's leadership skills are overlooked and excluded during a group project, this constitutes a form of microinvalidation. Furthermore, invisibility is another challenge that Black women face.

### *Invisible*

Imagine being in a place surrounded by people and feeling completely unnoticed. Women often do the work and take on extra projects and assignments but are not recognized or rewarded for it (Foley & Cooper, 2021). For example, people may expect a Black woman in leadership to perform tasks beyond her regular duties and not be acknowledged for her extra efforts. Research shows that across all levels of management, women consistently exhibit stronger leadership qualities and demonstrate more consistent support for employees (Cooper, 2021). Nevertheless, when others treat them as if they are invisible, they may experience a sense of undervaluation and unappreciation. Additionally, when comparing the leadership experiences of Black and White women, White women often find themselves shielded from similar encounters.

### *Intersectionalism*

Black women in leadership roles face considerable obstacles due to their color and gender, notably in the healthcare sector (Dean, 2019). However, a dearth of research focuses on the difficulties these women face in leadership positions within FQHCs in South Carolina. Several studies have examined their experiences in leadership positions more broadly. In a study on Black

women's leadership experiences, Foster (2021) found a paucity of critical empirical research in determining how racial and gendered identities affect these women's development as successful leaders. This research gap highlights the need for more study on the particular issues Black women in leadership positions in FQHCs experience. Dean (2019) studied the experiences of senior female healthcare professionals. He discovered that women are frequently promoted to high leadership roles without enough mentorship, support systems, or choices for work-life balance. The professional development and success of Black women in leadership positions within healthcare organizations may be hampered by a lack of resources and support (Dean, 2019). According to Wright (2020), a study revealed that just a small portion of the board members on FQHCs' governing bodies represent the clients they are supposed to serve. As a result of this underrepresentation, FQHCs may be less receptive to the demands of the primarily low-income communities they serve, especially the particular difficulties Black women face in leadership roles. According to Chinn et al. (2021), despite significant advances in health over the last century, health disparities persist in the United States. These disparities are inextricably linked to the social and economic inequalities experienced by Black women (Dean, 2019). Residential segregation is primarily responsible for racial health disparities exacerbated by various social institutions. Yearby et al. (2022) state in their 2021 paper that research on the problems faced by Black women in leadership capacities in FQHCs in South Carolina is limited. However, they emphasize the importance of being aware of the specific challenges that Black women in leadership roles confront due to the intersection of race and gender (Dean, 2019). These women in leadership positions in FQHCs face challenges resulting from the intersection of race and gender (Dean, 2019). The challenges include limited empirical research, inadequate support and resources,



underrepresentation in governance structures, and the persistence of health disparities. Moreover, there is a contrast between the experiences of Black and White women in leadership positions.

#### Comparing Black and White Experiences for Women in Leadership Positions

Although there is much commonality in women struggling in leadership positions, there is a vast difference between the challenges Black women face and the challenges White women face. In reference to the World Health Organization (2019), even though Black and White women grapple with the potential conflict between the expectations placed on them as women and the influence of their socioeconomic status or race, it is important to note that Black women often face even more precarious and challenging irreconcilable demands than White women. Women are forced to contend with gender stereotypes whereby the image is to be soft-spoken, meek, and humble; however, these expectations clash with women's desire for individuality (Sunil, 2022). For example, if White women are regarded as too general to assume leadership roles, they will still be viewed as likable, putting Black women at a disadvantage in both scenarios. In most cases, people view Black women as aggressive and do not respect them when they are considered subservient (Crenshaw, 2021). Black women are often required to navigate their loss dilemma in a way they can get right, or they will be viewed as neither leaders nor likable. In addition to the challenges mentioned above, Black women must navigate biases and stereotypes.

#### *The Role of Bias and Stereotypes*

Whereas White women are viewed stereotypically due to attributes of concern, respect, care, and amiability toward others, their leadership challenge lies in avoiding perceptions of ineffectiveness as leaders (Shuman et al., 2022). Black women are often misunderstood and misperceived for their behaviors. Per Littlechild (2021), stereotyping and gender biases work against Black women in the aspirations of women's leadership. Most employers interpret White

women and men's assertive workplace behavior as direct, commanding, and strong. Still, when Black women display the same assertiveness, their employers view them as shrill, pushy, and aggressive (Romero, 2021). If Black women's professional behavior is not in alignment with the stereotypes of gender and color, then they are faced with a backlash (Romero, 2021). Furthermore, suppose their behavior is not aligned with traditional gender roles, for example, being accommodative or looking out for the best interests of other individuals before they look out for their own. In that case, women of color are likely to risk coming across less competitive counterparts who are White female counterparts.

Preconceptions and stereotypes have caused Black women to think twice before climbing the career ladder. Yount et al. (2018) demonstrate that Black women leaders use less powerful tactics when seeking promotions. The behavior is primarily out of concern that they will likely encounter biases due to their color and stereotyping. Nevertheless, these women leaders have struggled to self-advocate for themselves as they deserve to gain a promotion or a rise in FQHC organizations, slowing them from achieving higher leadership levels (Bowleg, 2021). Black women leaders have been exposed to challenges in negotiations, making them hesitate to push for the gain of advanced positions, causing career advancement due to their fears of backlash and lack of confidence.

Black women who pursue careers in male-dominated workplaces often face the challenge of navigating a fine line between fitting in and staying true to their authentic selves. Gender-biased workplaces position all women to be under pressure to conform to the masculine behavioral norms that are most dominant (Hickman, 2020). Embracing gender-inclusive leadership will reduce barriers Black women experience, providing them with better opportunities to advance in leadership positions. Gender inclusion will also improve chances for men by allowing them to embrace support

roles and caregiving. When Black women feel compelled to conform to white culture's expectations, it challenges geniuses and cultural expectations (Romero, 2021). The sense of authenticity in women is known to give them conviction and authenticity (Dal Pont, 2020). When a woman has an authentic sense and a conviction, her outward behavior is consistent with her inner identity and values. Women must know their identity and values for emotional well-being, personal satisfaction, and productivity. However, women of color are under pressure to conform to workplace norms by White people, even when highly successful (Carter & Peters, 2016). For example, even though they graduated from prestigious universities, they still struggle to express their true selves. Hence, the impact of racial stereotypes can be laborious.

### *The Impact of Racial Stereotypes*

Racial stereotypes' history and complexities can be traced back centuries and during slavery. Racial stereotypes have been used to justify social and economic inequality and rationalize acts of violence and discrimination against marginalized groups. Racial stereotypes are implicit and explicit (Katz, 2013). Furthermore, during slavery in the United States, Blacks were depicted as intellectually inferior, morally corrupt, and prone to criminal behavior (Bonilla-Silva, 2019). These stereotypes rationalized discriminatory policies, such as the Jim Crow laws, which enforced racial segregation and discrimination against Blacks. Although there has been advocacy to challenge this discrimination, it is still prevalent in today's society.

Women, in particular, have been subject to numerous stereotypes that have limited their ability to take on leadership positions, as previously mentioned (Lawson et al., 2021). These biases continue to negatively affect women in leadership roles by not giving them equal opportunities to advance. Furthermore, stereotypes create an environment where women are seen as less competent, less confident, and less assertive than men, making it challenging for women to succeed in

leadership positions (Lawson et al., 2021). These barriers can manifest themselves in different ways. For example, women face discrimination due to biases and stereotypes by not being selected for a leadership position; they meet all educational and experience requirements. Racial stereotypes impact women's performance and health and create psychological burdens (Kyere & Fukui, 2022).

The impact of racial stereotypes on women's health has been a topic of discussion over the past few years. Studies have shown that exposure to racial stereotypes can negatively affect women's physical and mental health, including access to quality healthcare. The health disparities among Black women in the United States are alarming, with higher rates of chronic illnesses, pregnancy complications, and maternal mortality (Howell, 2020). For example, Black women have higher maternal mortality and morbidity rates than other racial and ethnic groups. Furthermore, according to the Centers for Disease Control (CDC) (2023), Black women are three to four times more likely to die from pregnancy-related causes than White women. In addition, CDC (2017) research reported that Black women have higher rates of obesity, hypertension, diabetes, heart disease, and stroke than White women.

Further, they are more likely to die from breast cancer and experience higher rates of preterm birth and infant mortality. Another study reports that Black women experienced more pain than White women because medical providers dismissed their pain as real (Markin & Coleman, 2021). The obstacles are different from those experienced by White women. Women of color also encounter obstacles to leadership in healthcare.

### Black Women in Leadership in Healthcare

The issue of Black women in leadership has gained increasing attention in recent years due to persistent gender disparities in senior positions across industries and sectors. Many of the challenges these women encounter are rooted in systemic racism and sexism. Dal Pont (2020)

demonstrates that the deeply ingrained biases and attitudes against Black women and women, in general keep most professional women from getting their deserved respect and advancement opportunities. Most professional Black women have encountered supervisors and colleagues who have low expectations of them and discount them because of their gender and color. However, countries with people of color, for example, the United States, have taken the initiative to fully dismantle the existing social structures that mainly favor men and White women over Black women (Campbell, 2021).

Dill and Duffy (2022) show that threats affect the provision of adequate healthcare. Threats involve different leaders in healthcare, not excluding Black women in leadership. In the healthcare sector, appropriate working conditions are recommended, underscoring the dedication of these leaders, particularly Black women, to the well-being of their staff. Adequate working conditions increase job satisfaction and reduce turnover, improving patient outcomes (Bowleg, 2021). It is essential to involve other stakeholders and groups in further developing and implementing the proposed policies and practice guidelines. In addition, it is vital to ensure that Black women leaders play a pivotal role in keeping the healthcare system updated, as their contributions to health advancement generate public interest. Women of color also face unique contributing factors that prevent them from reaching leadership positions.

#### Contributing Factors for Black Women's Struggles in Leadership

Black women's leadership struggles are a well-known phenomenon that has persisted throughout history. Society has systemically excluded Black women from positions of power and authority for centuries. During slavery, Black women were considered property and had no legal rights (Hannah-Jones, 2019). They were not allowed formal education, training, or career opportunities. Even after the feminist and civil rights movement, Black women faced

discrimination, including hiring practices, lower compensational benefits, and a lack of upward mobility (Crenshaw, 1989).

Gillespie et al. (2018) indicate that glass ceilings have contributed to the ascension of women of color to federal leadership positions. The concrete ceiling is already a unique identifier, describing barriers that most Black women cannot penetrate. The concrete ceiling is consistently a limiting factor in their career advancement, affecting their ability to ascend in FQHCs and co-existence (ROWLANDS, 2019). Even though Black women represent a growing talent source, they are still experiencing a limiting factor that forms an almost unbearable barrier, complicating their path to upward mobility. The lack of mentors and influential sponsors can hinder the upward mobility of Black women. Clear communication and explanation are necessary to understand the obstacles that contribute to the underrepresentation of Black women in senior leadership positions, not only in FQHCs but also in other leadership opportunities (Bowleg, 2021).

Cirincione-Ulezi (2020) also contends that these women, in academic contexts, may struggle with White-centered conceptions of belonging, such as student involvement and interpersonal interactions. This demonstrates that the dominant cultural norms and expectations within predominantly white spaces can create a sense of exclusion and hinder the advancement of Black women in leadership. In social justice movements that primarily highlight the experiences of Black males, Black women frequently find themselves on the margins. As a result, topics like domestic and sexual assault by partners and abuse by the police that mainly impact Black women get less attention. This failure to acknowledge and support Black women's particular issues can make it more difficult for them to hold leadership positions. The Strong Black Woman paradigm, which stresses resilience and strength, may have detrimental effects on Black women's mental health and coping mechanisms (Coles & Pasek, 2020). The Strong Black Woman concept emphasizes that an

African American woman can handle stressful conditions without needing help from others. This concept creates the perception that they can take on more stress than others, which is detrimental to their social and psychological well-being. According to this, Black women in leadership positions may experience mental health problems and be less able to function effectively due to cultural expectations of strength and the pressure to display resilience (Roberts et al., 2020) continually.

Furthermore, social determinants of health affect Black women's difficulties. The combination of lower income, the strain of dual roles, and the "double minority status" resulting from race and gender can collectively hinder Black women's access to essential support and resources (Quintana & Mahgoub, 2019). These difficulties underline the need for increased accessibility and personalized mental health services to address the unique problems experienced by Black women in positions of leadership. Organizations and movements must prioritize recruiting and promoting Black women in leadership roles to address these issues. Implementing diversity and inclusion efforts that address historical underrepresentation and systemic biases is required. Furthermore, it is critical to confront and modify White-centered notions of belonging to create inclusive environments where Black women can thrive. By developing strategies to eliminate barriers, FQHCs can help Black women be more successful in their endeavors.

#### Strategies to Address the Barriers in FQHCs for Black Women

FQHCs are vital in delivering primary healthcare services to underserved populations in the United States. While FQHCs provide equitable access to healthcare services, Black women in FQHCs encounter various barriers. According to Kalaitzi et al. (2019), Black female leaders can employ the barriers they face in leadership to develop several strategies that can assist in addressing the challenge. Empowering female leadership programs involves creating supportive communities of women that enable them to network with White women and men who face familiar and unique

challenges. Female leadership programs can assist Black professional women in getting a greater insight into issues and offer them solutions and strategies (Garikipati & Kambhampati, 2021). For example, suppose a professional Black woman lacks confidence when allowed to hold a leadership position. In that case, she may not be satisfied with her chosen leadership style because she feels it is unsuitable for the typical model set in the health center they are supposed to lead. Attendance in the leadership programs may assist them in getting feedback from other participants who are likely to pinpoint the value of their methods of team building and build on their active listening techniques.

### *Effective Communication*

Black women must communicate their career advancement goals and desires effectively to their supervisors (Shuman et al., 2022). When Black women effectively communicate with their supervisor, it helps the supervisor know and support these goals. People of color may be involved in setting up meetings with their supervisors and should consider understanding their long-term and short-term objectives, strengths, and will (Moorosi et al., 2018). These efforts can assist in knowing when they have space for development and the steps they should follow for their career advancement and recognition in top leadership positions. Effective communication helps Black professional women develop personal career advancement strategies. In addition to communication, implementing sponsorship and mentorship programs would get more Black women into leadership positions, particularly in FQHCs.

### *Sponsorship and Mentorship*

Implementing targeted leadership development and mentorship programs is one option for addressing the obstacles experienced by Black women at FQHCs. These programs should empower and assist Black women in their professional development and advancement. FQHCs may offer



these leaders the skills, information, and resources they need to overcome the hurdles they may face by implementing leadership development programs. Training on themes like effective communication, decision-making, conflict resolution, and strategic planning, among others, should be included in these programs. Additionally, courses or seminars addressing the particular experiences of Black women in leadership roles, such as intersectionality, identity, and navigating bias and discrimination, might be included in the programs. These initiatives should be key to mentoring Black women into leadership roles within FQHCs. It might be highly beneficial to pair Black women leaders with seasoned mentors who have triumphantly overcome comparable difficulties. To address the unique challenges experienced by Black women in FQHCs, organizations must purposefully create these programs. In developing and executing the initiatives, involving Black women leaders may ensure that organizations consider their needs and viewpoints in the creation process. Furthermore, creating a supportive and inclusive organizational culture that values diversity, equity, and inclusion is crucial to sustaining the impact of these initiatives.

A mechanism, such as sponsorship programs, can help Black women navigate the leadership ladder and feel more supported. Sponsorship involves senior leaders taking a risk with their reputations by leveraging their influence to create high-profile opportunities for their mentees that might not be available otherwise (Patton et al., 2017). Sponsorship opportunities will introduce Black women in leadership to other influential leaders who can further promote their career opportunities. Research suggests that men are 46% more likely to have a higher-ranking advocate in the office than women (McNulty, 2018). Sponsors must ensure that individuals within their organization allocate time, expertise, resources, and budget to assist Black women in acquiring the skills and experiences they need to be successful (Anderson & Smith, 2019). The opportunity to provide equity in the workplace will be enhanced for Black women when sponsorship is supported.

Mentorship programs can help Black women advance in their leadership roles. Mentors provide individuals with advice, guidance, and support (Patton et al., 2017). For instance, they offer a listening ear in a safe space for Black women to share their experiences, challenges, and goals. Another example is offering feedback and advice on various topics, including career development, leadership skills, communication, and work-life balance. Black women often face unique challenges in the workplace without the necessary tools to overcome these challenges; hence, mentorship can help address these issues and obtain appropriate tools to be successful (Turner-Moffat, 2019). Black women need more support to reach executive-level leadership positions. Establishing mentor and mentee relationships among women can contribute to the formation of supportive networks that span various communities, fostering encouragement and support (Sunil, 2022). Mentors can advise mentees on advancing careers, introduce them to networking contacts, and suggest ways to overcome obstacles. Mentors can also act as sponsors and advocates to increase the visibility and respect of Black women leaders within the organization. To address the unique difficulties experienced by Black women in FQHCs, organizations must purposefully create these programs.

#### Policies and Equity for Black Female Leaders

Healthcare policies for Black women leaders are according to the explanation given by the World Health Organization, which states that a health policy describes a future vision, which helps demonstrate points and targets of reference for the terms medium and short (Yang et al., 2021). Healthcare policies also help clarify priorities, thereby helping establish expectations and roles for various groups in healthcare. Black women leaders in FQHCs can significantly impact healthcare policies because, in policy work, healthcare providers should influence the standards of practice and the process that ensures quality care. Black women leaders who influence healthcare policies can significantly shape the type of healthcare provided today and in the future. When stakeholders and

groups actively participate in implementing policies and practice guidelines, they strengthen collaboration, gain momentum and support, and align for change (Bryson, 2018). It is vital to ensure that the healthcare system remains updated with health developments that contribute to the public interest. When the healthcare system remains updated, it can improve patient care and public trust.

According to Crenshaw (2021), the healthcare policies in the FQHC profession enable women and their leading organizations to promote active participation in policy development toward staff because Black women leaders can influence the quality of care provided with firm assurance. The policies enable Black women to get involved in politics and form guidelines by allowing those in different professions to join professional Black women leadership, which empowers Black women leaders (Zeinali et al., 2019). The healthcare system requires policies to integrate the appropriate delivery standards of care and adequately explain the conditions needed for care to happen. Black women in healthcare settings have a unique role in helping develop policies for those in the different healthcare professions to participate in leadership roles. Taking this stance to help develop policies will help improve the healthcare policies provided in the federal healthcare system concerning Black women leaders. Healthcare policies impact the distribution of resources that women of color in leadership can offer and deliver quality healthcare.

In addition to shaping policy development, Black women leaders can advocate for policies addressing the social determinants of health that disproportionately affect Black women and other marginalized groups. These determinants include poverty, racism, and inadequate access to education and healthcare services (Carson et al., 2021). By advocating for policies that address these underlying factors, Black women leaders can help create a more equitable and just healthcare system that prioritizes the needs of all patients.

Moreover, healthcare policies can also impact the recruitment and retention of Black women in leadership positions. By creating policies promoting diversity and inclusivity, healthcare organizations can attract and retain a more diverse workforce that better reflects their communities (Standford & Kobani, 2020). Black women leaders can advocate for policies prioritizing diversity and inclusivity in hiring and promotion processes and procedures that address pay disparities and provide professional development and advancement opportunities.

Overall, healthcare policies play a critical role in shaping the healthcare system and determining the patient's quality of care. Black women leaders in FQHCs can uniquely influence healthcare policies that focus on the quality of care for patients. By working collaboratively with other healthcare providers and stakeholders, Black women leaders can help create a more just and equitable healthcare system that provides high-quality patient care (Yount et al., 2018). Black women leaders in FQHCs play a significant role in shaping these policies and advocating for the needs of marginalized communities. Prioritizing healthcare policies is essential for their implementation to reflect the diverse needs of patients and healthcare providers. These steps can help improve equitable healthcare access and outcomes.

#### *Advocacy to Promote Equity for Black Female Leaders in the Medical Field*

The medical field has a long-established tradition of being characterized by gender and racial disparities. Although Black women constitute a significant percentage of healthcare workers, they still hold underrepresented positions in leadership. A 2019 report indicates that women of color comprise only 5% of hospital CEOs, and Black women are particularly underrepresented in these positions (Berlin et al., 2022). Promoting equity for Black women leaders in the medical field is critical to addressing disparities and ensuring that healthcare organizations are diverse and inclusive. Black women have a part to play in influencing their support systems so that they can

provide their patients with practical and safe care (Hickman, 2020). Black women's efforts to advocate in their organizations can help improve policies and procedures in the healthcare system. Further, these advocacy efforts can dramatically impact Black women's leadership abilities to ensure that patients receive adequate care.

### *Leadership and Equity*

Leadership is necessary for promoting equity for Black women leaders. Leaders in healthcare organizations committed to diversity and inclusion can challenge systemic barriers and create a culture that supports Black women leaders. In addition, leaders can promote equity by providing access to education and training opportunities, developing mentoring programs that support Black women leaders, and creating policies that address bias and discrimination (Oyebanji & Okereke, 2023). For example, healthcare organizations can implement bias training and awareness programs for employees to raise awareness of implicit bias and help staff recognize and mitigate their own biases.

Transforming healthcare to equal leadership opportunities can help reduce errors toward patients (Littlechild, 2021). Advocacy can help reduce mistakes toward patients. Black women leaders may want to speak up and share their views on behalf of the population, serve, and collaborate with other healthcare leaders and team members if there are other problems. Black women's leadership pushes to advocate for patients to defend patients' choices, privacy, and rights. For example, these leaders can educate patients about their rights and the importance of advocating for themselves. In addition, they can create an environment where all patients feel comfortable expressing their preferences and concerns. One of the ways to increase diversity in leadership positions is through diversity promotion committees.

### *Diversify Hiring and Promotion Committees*

Diversity, equity, and inclusion have become important issues in various industries, including healthcare. Healthcare organizations must address bias in hiring and promotion processes to promote equity for Black women leaders (Berlin et al., 2019). Hiring and promotion committees should be diverse and represent their communities. A diverse committee can help identify and mitigate biases in the hiring and promotion processes. Organizations should implement objective criteria for evaluating candidates for leadership positions and ensure that hiring and promotion processes are fair and transparent.

Support is needed from organizations and leadership to provide equity for women of color in leadership positions. Research suggests that Black women leaders feel pressured to match white behavioral standards, resulting from the presumption that everybody in predominately male-dominated workplaces will match the set standards (Ceasar, 2020). For Black women, racial biases primarily add an extra layer on top of the general expectations imposed upon them. Because of this, Black women are more likely to be mistreated in training and promotions than White women, discriminated against for advanced opportunities, and experience greater disengagement and frustration (Macklin, 2021). In most cases, organizations exclude a higher percentage of Black women from informal and formal networking opportunities. However, a small percentage of White women have been included. The experiences of Black women are not only in the medical field but also in other business areas. However, organizations should address the unconscious biases so these women can thrive in their positions.

### *Increase Visibility and Recognition*

Increasing the visibility and recognition of Black women leaders in the medical field is necessary for promoting equity. By recognizing the contributions of these women to the medical

field and highlighting their achievements, Black women increase their visibility throughout the organization (Smith et al., 2019). Institutions should also actively inform Black women of these opportunities and support their efforts to ensure representation in leadership positions, conferences, and publications. This representation can inspire other Black women to pursue leadership positions in the medical field.

#### *Address unconscious bias*

Addressing unconscious bias creates a more equitable and inclusive workplace for Black women in leadership. To address unconscious bias, the organization must recognize that it exists and that everyone is susceptible to it (DiBrito et al., 2020). Unconscious bias training is crucial in promoting equity for Black women leaders in the medical field. Unconscious bias is a set of implicit attitudes and stereotypes that affect our decision-making processes. Institutions should provide training programs addressing unconscious bias where employees learn to recognize and overcome their biases. The training programs can help create a more inclusive environment for Black women in the medical field. For instance, these programs can help individuals recognize and address their biases and help reduce discrimination and harassment in the workplace.

#### Institutional Theory

In recent years, institutional theory has become increasingly important in understanding how organizations operate within their environments. Various contexts, including the healthcare industry, have applied this theory (Manning, 2017). In particular, institutional theory can be used to examine the experiences of Black women leaders. FQHCs face numerous institutional pressures that may influence their behavior, including regulatory requirements, funding constraints, and professional standards. For example, FQHCs should adhere to strict regulatory requirements for staffing, service provision, and quality improvement. Additionally, FQHCs must adhere to

professional clinical practice and patient safety standards. These institutional pressures may create challenges for Black women leaders in FQHCs, who face obstacles related to their gender and race.

Institutions are necessary; they provide a day-to-day structure within an established organization or group. An institution is an organized procedure representing the constituents and social rules (Jepperson & Meyer, 2021). Just like other organizations, FQHCs create institutions within their confinements. In the institution theory, people's behavior within an organization depends on what they aim to maintain in terms of legitimacy, especially in the social context (Burton-Jones et al., 2020). There has been a negative effect on Black women in leadership, whereby they struggle to advance in leadership positions due to institutional practices. This negative effect happens because their behaviors accumulate over time and become ingrained in how the system is viewed (Cardinale, 2018). As such, most Black women have been disenfranchised by not being provided equal opportunities with their colleagues. Understanding Black women's struggles also points to institutions and their role in these struggles.

Institutions provide a basic structure for organizations through which human beings have created order and attempted to reduce uncertainty in exchange (Bylund & McCaffrey, 2017). For example, establishing protocols for hiring or promoting Black women leaders in FQHCs is part of a basic institutional structure. Institutional theories can help understand and improve less effective practices in the twenty-first century (Elkington et al., 2017). Each FQHC in South Carolina is responsible for the status quo within its organization. Leaders who are part of a larger status quo lead organizations. Leadership is what drives the organization's agenda. Therefore, the organizational structure drives Black women's equity in leadership. The lack of equitable opportunities for Black women in these roles reaffirms institutional norms. Institutions typically change incrementally rather than abruptly (Bryson, 2018).



The institutional theory suggests that organizations are shaped by their environment, particularly the formal and informal rules and norms that guide their behavior (Webb et al., 2019). Organizations that conform to these rules and standards are more likely to receive legitimacy and resources from external stakeholders, including funders, regulators, and customers (Abbott & Snidal, 2021). In healthcare organizations, institutional pressures may include regulatory requirements, professional standards, and social norms.

#### *Understanding Black Women's Leadership Challenges through Institutional Theory*

Institutional theory can be used to understand the challenges faced by Black women in leadership in FQHCs. Specifically, institutional theory suggests that these leaders may conform to institutional pressures related to gender and race, even when these pressures are not effective or efficient (Carthon et al., 2017). For example, Black women leaders may conform to gender norms by downplaying their assertiveness or leadership abilities, which can limit their opportunities for advancement. Additionally, Black women leaders may conform to racial stereotypes by adopting a “code-switching” strategy that involves altering their communication style or behavior to conform to white norms. Code-switching is a coping mechanism where Black women feel pressured to act more ‘White’ to be accepted by their coworkers (Macklin, 2021). This behavior is particularly detrimental to mental health and wellness. As such, addressing the structural barriers preventing Black women’s advancement in leadership is crucial.

#### *Gender and Race in FQHCs*

Black women leaders in FQHCs face unique challenges related to their gender and race (Carthon et al., 2017). For example, Black women leaders may be subject to gender bias, leading to lower salaries, limited opportunities for advancement, and exclusion from decision-making processes. Additionally, Black women leaders may face racial discrimination, resulting in

stereotypes, microaggressions, and limited resource access (Carthon et al., 2017). Finally, these women may experience tokenism, where others view them as representatives of a particular group rather than individuals with unique skills and abilities. People experience tokenism when organizations place them to represent diversity rather than treating them as individuals with expertise and a specific skill set (Robinson, A., 2023).

*Structural Barriers to the Advancement of Black Women Leaders in the FQHCs*

Organizations have excluded Black women from social, informal, and formal activities. Most Black women do not have access to opportunities that can assist them in building relationships and rapport, which would make them eligible for career advancement (Liu et al., 2019). This lack of career advancement occurs because they frequently experience limited access to established networks where professional White women and men actively participate. Further, the lack of opportunities often leads to Black women facing obstacles and feeling like outsiders in their efforts to communicate, establish themselves, and demonstrate equality with their White bosses and colleagues.

Zeinali et al. (2019) indicate that female leadership networks need to be better developed, thus making men still have a historical dominance in different workplaces, not only in the FQHCs, resulting in women generally not having well-developed networks. If Black women form a well-developed network, the network could play a vital role in sponsoring and mentoring female talents among budding young Black women (Yount et al., 2018). Some networks in female leadership are likely to formally offer representation on how women can develop strategies for following up on businesses (Culhane-Pera et al., 2021). At the same time, the other might want to feature casual get-togethers of White and Black women to have a chance to build relationships and figure out how they can assist each other. However, since most women leaders have been thrown into a game to

catch up, the rising professional Black women have been exposed to fewer opportunities to get similar support from their sponsors and mentors, such as the Black and White men do (Culhane-Pera et al., 2021).

Most Black women are viewed as having family responsibilities, often facing a challenge in balancing family and work (Culhane-Pera et al., 2021). Their family responsibilities will likely limit their ability to pursue advanced leadership in the FQHC. Black women with full-time jobs face the most significant part of the responsibilities in their households (Garikipati & Kambhampati, 2021). The fact that Black women are viewed as being expected to remain in their homes doing household duties opposes the imbalance that affects their advancements in careers and finances. This view can require them to make personal sacrifices such as taking unpaid leaves, downshifting their careers to gain flexibility, and resigning to take care of their families.

From the understanding of institutional theory, it is important to appreciate that institutions have been structured in a manner that corresponds to what the societies around them perceive to be correct (Culhane-Pera et al., 2021). The concept of race and gender determines whether Black women can have the same opportunities when it comes to leadership in FQHCs. Generally, women do not have the same opportunities as men (Garikipati & Kambhampati, 2021). This lack of opportunity means that FQHCs first include Black women in the problems affecting women when they hold leadership positions. Institutions have been structured to prioritize men over women (Culhane-Pera et al., 2021). Another issue that comes with institutional theory is the fact that institutions have also continued to practice the concept of institutionalized slavery. This concept means that there is a lot of discrimination when it comes to employment. White people have better employment opportunities than Black people (Garikipati & Kambhampati, 2021). When the concepts of race and gender are combined, institutional theory points to the fact that Black women

struggle to rise to leadership positions in FQHCs. This combination is because of the problems of being identified as a Black person and a female in society.

### Transformational Leadership

Healthcare leadership has been a critical issue in delivering quality care to patients. The need for transformational leadership has become more evident, particularly for Black women in leadership roles (Jester et al., 2018). Through the four pillars of transformational leadership, it becomes easier to integrate Black women into leadership positions. Through idealized influence, leaders can mentor Black women by giving them the skills they need to succeed as leaders. Through inspirational motivation, leaders can motivate Black women to overcome challenges that prevent them from attaining leadership positions. Intellectual stimulation and individual consideration would give Black women a platform to showcase their talents and abilities (Hess & Jester, 2018). Healthcare institutions that are culturally competent and have leaders who understand and promote diversity, equity, and inclusion tend to provide better patient health outcomes. Transformational leadership is essential for Black women in leadership in healthcare, as it can improve their leadership effectiveness and enhance the quality of care provided to patients.

Transformational leadership is a leadership style that involves inspiring and motivating followers to achieve their full potential and achieve organizational goals. A leadership style is associated with positive outcomes in a healthcare organization, including higher employee job satisfaction, better communication, and improved patient care (Hess & Jester, 2018).

Transformational leaders lead by example, are empathetic, and are good communicators. They inspire their followers to work towards common goals, challenge the status quo, and are open to new ideas and ways of doing things.

Transformational leadership has been demonstrated throughout history to bring about positive changes. This leadership style can address the barriers that Black women in leadership face in FQHCs. Shuman et al. (2022) mentioned that transformational leadership is the leadership approach that changes social and individual systems. In its form of an ideal, transformational leadership is said to create positive and valuable change for its followers, with them being transformed and developed from being followers to being leaders (Alatawi, 2017). Transformational leadership is the process of managers committing to change the status quo by identifying problems in a current system and creating a new vision of what an organization should be (Velasco & Sansone, 2019). By applying transformational leadership in FQHCs, Black women leaders can introduce the new concept of being included at all levels of leadership.

#### *Transformational Leadership and Black Women in Leadership*

In leadership, Black women face unique challenges, including gender and racial biases, stereotypes, and discrimination. These challenges can impact their leadership effectiveness and hinder their ability to achieve their full potential. Transformational leadership can help Black women in leadership overcome these challenges by providing a framework for leadership. This framework includes empowerment and motivates followers. It can also help them develop skills such as emotional intelligence, communication, and relationship-building, which are critical for effective leadership. In addition, these skills can help overcome barriers such as gender and racial biases.

Transformational leadership can also help Black women in leadership create a culture of inclusion and diversity within healthcare organizations. For example, by promoting diversity, equity, and inclusion, transformational leaders can develop a sense of belonging and respect among all employees, regardless of their background. Transformational leaders can help reduce workplace

stress, increase job satisfaction, and improve employee retention rates. This step can also improve patient care quality, as employees who feel valued and respected are more likely to provide better care.

Transformational leadership can provide benefits for Black women in leadership roles in healthcare. For example, Black women in leadership can introduce a new concept of inclusion at all levels of leadership and promote policy change through ethical behavior. Transformational leaders create a vision that inspires followers and motivates them to work harmoniously. It can help them build strong relationships to work towards achieving organizational goals.

#### *Transformational Leadership Pillars*

The four transformational leadership pillars include Individual consideration (IC), Idealized influence (II), Intellectual stimulation (IS), and Inspiration motivation (IM) (Ceasar, 2020). The transformational pillars provide a guiding model for the high behaviors of ethics, the installation of pride, and gaining trust and respect. Alatawi (2017) describes each pillar as follows: IC is leaders who promote trust, involvement, and cooperation; II is where leaders are trustworthy and respectful and demonstrate a role model; IS is described as leaders who foster innovation and critical thinking to challenge assumptions; and IM is where leaders promote cooperation and collaboration. Transformational leadership has spread in various sectors of society, with Black women's leadership not being left out, and has made it possible for women to develop their leadership skills widely.

According to Gillespie et al. (2018), the transformation pillars show the degree of attendance a leader needs towards each follower depending on their needs. The leaders act as coaches and mentors while listening to their followers' needs and concerns. Leaders show support and empathy toward their followers by maintaining open communication while placing challenges before them

(Bowleg, 2021). The pillars of leadership are also composed of respect and need. They celebrate the contributions of each individual towards their team, where the followers need to have aspiration, a will of self-development, and motivation towards their intrinsic tasks. By celebrating each team member's contribution, Black females in leadership are also celebrated. The tenet of pillars influences the change of practices in how the one in leadership attends to those who look up to them as their coach or mentor (Bowleg, 2021).

Cesar (2020) indicates that when women are involved in decision-making, the leadership considers gender balancing, thus reducing the likelihood of having group thinking issues due to poor decision-making. Black women deserve to be given senior or executive-level positions to show equity to the different institutions by representing women in highly ranked positions (Culhane-Pera et al., 2021). All jobs in the private or public sectors should have equal accessibility regardless of gender, religion, or race. Having Black women in senior or executive-level leadership positions acts as a motivation for hope for other young Black women. This approach shows these women that the jobs have a potential future career path. Through women's employment in any rank, they are more likely to increase gender diversity in the workplace because they are likely to create an environment that is friendlier to other females.

The four pillars of transformational leadership-inspirational motivation, intellectual stimulation, individualized consideration, and idealized influence can be linked to the leadership experiences of Black women. Black women in leadership can use these pillars to inspire and motivate others, encourage critical thinking and creativity, provide personalized coaching and mentoring, and serve as powerful role models for their followers. By embodying these pillars, Black women in leadership can help create a culture of diversity, respect, and inclusivity in their organizations while navigating their unique challenges regarding race and gender. Overall,

transformational leadership can be an effective tool for Black women in healthcare to navigate their challenges while promoting diversity, inclusivity, and respect within their organizations. By creating a transformational leadership culture, Black women in healthcare can help promote better outcomes for patients and communities and create a more just and equitable healthcare system.

### Theoretical Framework

The theoretical framework is composed of multiple theories. This section explains three theories that comprise the proposed study's theoretical framework. The theories are Belenky's Women's Ways of Knowing, Black Feminist Post-structural, and Crenshaw's Intersectionality. Women Ways of Knowing theory emphasizes the importance of multiple perspectives in understanding complex social issues. Black feminist theory emphasizes the experiences of Black women in its analysis of power dynamics and calls for dismantling systems of oppression. Crenshaw's Intersectionality Theory focuses on how different identities intersect to create unique experiences of oppression and privilege. As discussed in the previous chapter, the intention is to explore how Black women leaders in FQHCs build knowledge comprehensively, navigate historical processes related to race and gender, and utilize their connections and interactions with others to enhance their effectiveness in leadership roles.

#### *Women's Ways of Knowing*

The process of acquiring knowledge and understanding is an important aspect of human development, with different people having various approaches to acquiring knowledge. During the 1980s, Mary Field Belenky and her colleagues conducted research to explore and understand how women perceived and acquired knowledge (Belenky et al., 1986). They argued that people acquire knowledge through five phenomena: silence, received knowledge, subjective knowledge,



procedural knowledge, and constructed knowledge. Furthermore, the study involved 135 women from various age groups, educational levels, ethnicities, and social classes (Belenky et al., 1986).

Women's Ways of knowing theory provides insights into how individuals perceive and acquire knowledge. The theory highlights the importance of diversity in knowledge acquisition and how individuals acquire knowledge and understanding differently. According to Kalaitzi et al. (2019), it is essential to understand women's voices, as their voices are widely missing in Western culture. Understanding Black women's voices can help promote tolerance and appreciation for diverse opinions and perspectives. For example, when others in FQHCs gain insight into the various types of knowledge, they can better appreciate the opinions or views of Black women in leadership.

The relevance of the theory in contemporary society highlights the importance of diversity, critical thinking, and self-reflection in knowledge acquisition, emphasizing the need for individuals to use their voices actively. The theory emphasizes that the lower or higher the person is on a hierarchy, the more they are supposed to hold positions according to their knowledge and skills. The theory supports the existence of income and wealth disparities between Black and White individuals and between women and men. It suggests a correlation wherein people of color and Black women often report being presumed incompetent when holding higher positions than their current roles. Women's Ways of Knowing theory is directly related to the inability of women to hold positions of leadership in FQHCs as a result of the fact that they are Black and female.

#### *Black Feminist Post-Structuralist*

Black feminist theory emerged in the 1970s by Black feminist activists in response to the limitations of mainstream feminist theory in addressing the experiences of Black women (Springer, 2015). The mainstream feminist theory focused on white, middle-class experiences and failed to account for how race, gender, and class shaped the experiences of marginalized groups. Further

research suggests that racism was in the writings of white feminists, reinforcing white supremacy and negating the possibility that women would bond politically across ethnic and racial boundaries (Hooks, 2015). As a result, Black women challenged the dominant power structures that perpetuated oppression in race, gender, and class.

Employing Black Feminist Post-structural Theory to conduct feminist research on workplace discrimination against Black women, specifically their lack of access to leadership positions, further affirms the dynamics women encounter (Crenshaw, 2021). The study portrays the disputing operation systems and the barriers created by the system with the goal of change. Black Feminist Post-structural Theory suggests that education, a women-dominated field, should teach leadership roles. People should understand the importance of color and engage in research to promote change through feminist actions that facilitate natural interactions between Black and White women (Garikipati & Kambhampati, 2021). Further, the theory emphasizes the need to view the social world in ways that illuminate the forces that support and create inequality, injustice, and oppression. In doing so, it is likely to promote the pursuit of justice and reduce inequality.

White male leaders have traditionally dominated the healthcare industry, often excluding Black women from positions of power and influence. The Black Feminist Post-structuralist Theory provides a framework for understanding how power operates within healthcare systems. Because there is a growing recognition of the importance of diversity in leadership in healthcare, Black women in leadership positions need to be visible and help create this diversity. The research is imperative to understand how Black women in leadership positions in FQHCs can challenge dominant power structures. One theory that can explain this is intersectionality theory. Black feminist theory provides a basis on which Black women should be allowed to hold important

positions in FQHCs. Others can see this theory as a significant stride towards achieving societal equity.

### Crenshaw's Intersectionality

Crenshaw's Intersectionality Theory is significant in understanding the complex ways social identities and systems of oppression intersect to create the unique experiences of marginalized or disadvantaged populations. Black women have historically faced multiple challenges in leadership positions due to their race and gender, highlighting the relevance of intersectionality theory (Barnes, J., 2017). In the healthcare sector, Black women are significantly underrepresented in leadership positions, although they comprise a significant portion of the healthcare workforce. Only 2.5% of healthcare executives are Black women, compared to 12.5% of the general population in the United States (Stewart et al., 2021). This underrepresentation is partly due to systemic barriers that intersect to create unique experiences of marginalization for Black women.

Crenshaw (2021) indicates that intersectionality theory is a feminist perspective that calls for a radical reordering of society by eliminating male supremacy in the economic and social context while recognizing that women's experiences are affected by social divisions, for instance, sexual orientation, class, and race. Radical feminists, therefore, view society as patriarchal, where men oppress and dominate women. With the radical feminism theory, abolishing patriarchy is key to liberating girls and women from an unjust society through challenging existing institutions and social norms (Culhane-Pera et al., 2021). The theory calls for raising public awareness about racism and violence against women by challenging the concept of gender roles. The theory emphasizes the need to challenge the characterization of Black women in the United States and other countries with people of color as part of gendered and racialized capitalism. The feminist revolution aims to eliminate male privileges and race distinctions through this theory. The theory locates the root cause

of oppression affecting Black women in patriarchal gender relations as opposed to class conflicts and legal systems. It is also important to note that Black women face a double tragedy as a result of the societies that they belong to. This theory, therefore, is essential in looking at the factors that can be considered enhancers of oppression against Black women in FQHCs.

Further, Crenshaw's Intersectionality Theory helps to explain barriers by emphasizing the importance of understanding how race and gender intersect to create distinct experiences of oppression (Crenshaw, 1998). Multiple factors of discrimination and marginalization, including racism, sexism, and gender bias, often compound Black women's experiences. Other dynamics that compound the experiences of Black women in leadership are class, education, and age. As a result, if healthcare organizations provide support and resources to Black women aspiring to leadership positions, some barriers will be eliminated. This research is significant because it is imperative to offer diversity and equity by identifying and removing barriers for Black women in leadership positions.

According to Yount et al. (2018), when considering Belenky's Women's Ways of Knowing in conjunction with Crenshaw's Intersectionality and Post-structural Theories, it becomes evident that information learned and specific characteristics influence the presence of implicit assumptions. These characteristics can shape an individual's assessment of another person's values, skills, and abilities. When individuals identify the combination as poor or favorable, they are likely to negatively evaluate their ability to contribute (Littlechild, 2021).

In conclusion, theories such as Women's Ways of Knowing, Black Feminist Post-structuralist, and intersectionality offer critical perspectives on gender inequality and discrimination against women, particularly Black women, in various contexts, including social, economic, and political systems. Recognizing oppression and power is necessary to create change that promotes

justice and equality. It is essential to continue researching and applying these theories to add to the current research and empower all women, especially those marginalized due to race, sexuality, or socioeconomic status. It is also important to note that Black women face a double tragedy as a result of the societies that they belong to. Therefore, this theory is essential in examining factors that can enhance oppression against Black women in FQHCs.

### Summary

Today, there are still gaps in the representation of Black women in senior positions in leadership. The barriers may prevent women from achieving more significant representation in the top leadership ranks. Studies are essential in understanding how Black women are supposed to improve their ranks in society. Women should understand that they are likely to point out institutional and social factors in leadership calling for them to be held to higher standards, just like White women and men are. The gender perception of women of color holding top leadership positions calls for a deeper discussion, given that Black and White women can give their best despite the barriers stopping them from holding top positions in FQHCs. To combat persistent gender stereotyping, Black women leaders, like their White counterparts, should be equally recognized as capable leaders in FQHC top positions. This recognition should not be denied to them, as it often is based on the assumption that White women are more suited for these roles. Race and gender should never be factors used to determine a person's ability to perform well when offered a leadership position in FQHCs. Black women's equality is also something that White women have had to fight for to receive equity in their leadership positions. Furthermore, Black women in leadership often face racial and gender discrimination. In addition, Black women in leadership roles often face racial and gender discrimination, hence finding it challenging to accurately discern potential bias when overlooked for leadership development opportunities.

The current review has established that gender and race are the major factors hindering Black women from rising into leadership positions in FQHCs. The review has also established that solving this problem can only be possible with combined efforts from different aspects of the healthcare sector. Through Women's Ways of Knowing, Black Feminist Post-structuralist, and Intersectionality Theories, the literature review has established that society can play an essential role in turning around the situation. Eliminating discrimination against Black women from holding positions of power in the healthcare sector is possible when every member of society is committed to eradicating discrimination. A gap that future research projects should address is the mobilization of Black women to sustain their fight for equality in the healthcare sector.

### 3. Methodology

Chapter Three presents a qualitative interpretive phenomenological study that examines the professional lived experiences of Black women who hold leadership positions in FQHCs. Sections will include the purpose, research design, data collection, data analysis, limitations, and summary. Further, the researcher will describe the inquiry within the qualitative study and provide detailed directions for the procedures effectively deployed to address the research questions.

#### Research Design

The research design will provide a specific, step-by-step process for the current research. Further, it will describe the inquiry within the qualitative study and offer detailed directions for the procedures that will be deployed (Creswell & Creswell, 2018). An IPA-based qualitative investigation was chosen as the research methodology. The method enables a thorough examination of the perceptions and experiences of Black women leaders in FQHCs. It seeks to elucidate the distinctive viewpoints, feelings, and significance of the participants' leadership experiences. The study provides a deeper understanding of why they are underrepresented in high-level leadership roles by exploring their personal experiences and how they make sense of these experiences. To promote more inclusivity and equity in leadership roles for Black women in FQHCs, the research aims to produce comprehensive data that can provide solutions to institutional and social impediments. Data Collection Methods. Describes the data collection process and protects the confidentiality of the data. Data Analysis: In this section, the researcher will detail the data analysis decisions appropriate for this inquiry. Limitations: The researcher will address the limitations of this study. Summary. The summary will provide a clear, concise understanding of how the research will be conducted.

While it is known that from entry-level to the C-Suite, the representation of women of color declined by more than 75 percent, accounting for only 4% leading up to the C-Suite (Hunt et al., 2020). When comparing entry-level leadership roles in the healthcare industry, White women start at 46%, while Women of color begin at 20%. Moreover, in the C-Suite, White women hold 25% of the positions, whereas Women of color make up only 5% (Berlin et al., 2020). Women of color face heightened challenges across various settings, including education, politics, and healthcare. In addition, they experience dual marginalization due to their race and gender. These factors' intersections and societal structures give rise to intricate and compounded difficulties (Crenshaw, 2021).

### Research Purpose

This phenomenological research aims to explore Black women's experiences in leadership in FQHCs in South Carolina. In addition, the purpose will also be to provide practical solutions to the institutional and social factors hindering Black women from achieving excellent representation in top leadership ranks and discuss how gender perceptions about Black women in leadership affect their ability to attain top positions.

Black women's experiences will be examined through the lens of Belenky's (1986) *Women's Ways of Knowing* by examining self-expression, voice, and how the participants process their leadership journeys. In addition, these women's experiences will be explored through Black Feminist Post-structuralist Biana (2020) and Crenshaw's *Intersectionality* (2021) to understand how Black women leaders in FQHCs build knowledge and leverage their interactions with others. Combined, these three lenses will examine how the experiences of Black women's leadership endeavors have been for them.



The research questions guiding this study are:

RQ 1. What are the perceptions and experiences of Black women leaders about achieving leadership positions in FQHCs?

RQ 2. How do Black women see their life ascent to leadership positions at FQHCs?

RQ 3. Using the five modes of knowing – silent knowledge, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge – how do Black women leaders in FQHCs perceive their experiences?

### Research Design

For this qualitative phenomenological study, the IPA method has been chosen to investigate the lived experiences of Black women in leadership roles in FQHCs. The IPA process will explore how the participants in a specific context make meaning and interpret their experiences (Bloomberg & Volpe, 2019). In qualitative research, phenomenology aims to explore and describe the lived experiences of individuals, shedding light on their subjective realities. A phenomenological qualitative research design is chosen because it generates in-depth information and comprehends participants' experiences, attitudes, and perceptions (Creswell & Creswell, 2018). This approach is particularly suitable for exploring complex and nuanced issues, such as Black women's struggles to attain senior leadership positions, and employing the method of interviewing. A qualitative research design involves developing and establishing answers to the phenomenon (Chigbu, 2019).

Further, the research design is based on the nature of the research questions, which seek to examine the experiences and perceptions of Black women leaders in FQHCs. For instance, Peesker et al. (2019) used a qualitative research design because the study involved phenomenological questions that could be answered by a rigorous and detailed research design. In addition, this approach will provide rich data that can help identify the underlying factors contributing to the

underrepresentation of Black women in leadership positions. This qualitative phenomenological study will have a construct based on a philosophical worldview. A philosophical worldview is appropriate for this study because it focuses on the needs of marginalized or disenfranchised populations (Creswell & Creswell, 2018), like Black women leaders in FQHC positions.

### Nature of Phenomenological Research

Phenomenological research is a design of inquiry drawn from philosophy and psychology in which the researcher explains the lived experiences of individuals about a phenomenon described by the participants (Creswell & Creswell, 2018). IPA involves a detailed examination of the participants' experiences through in-depth interviews and the analysis of textual data. The researcher will seek to understand Black women's lived experiences by exploring their interpretations, emotions, and meanings attached to their experiences in FQHCs. This design will answer the questions addressed by the researcher. For example, the design will identify how Black women in leadership interpret their lived experiences to help better understand their struggles.

### Research Plan

#### Selection and Description of Site

The FQHC structure in South Carolina is designed to meet the unique needs of the people they serve. These health centers are in urban and rural areas and serve a diverse patient population, including uninsured, underinsured, and impoverished individuals. FQHCs are designed to be patient-centered, prioritizing their patients' needs and providing accessible, affordable, and high-quality care. FQHCs offer healthcare services in underserved communities and other areas focused on reducing health disparities. They are based at the community level and provide comprehensive primary care and preventive services to medically underserved populations (Beatty et al., 2023). They must meet strict federal guidelines to get affordable healthcare for those in need. In South

Carolina, there are currently 23 unique FQHCs serving communities across the state (Beatty et al., 2023). However, the study will reach a selected number of FQHCs.

The specific FQHC site(s) will not be identified to protect the anonymity of the participants. However, pseudonyms will be used instead to protect all participants involved in this study. Pseudonyms give participants fictitious names or codes (Bloomberg & Volpe, 2019).

There needs to be more representation regarding diversity in the 23 FQHCs that serve various communities in South Carolina. Black women are underrepresented in the FQHCs, despite multiple locations throughout specific regional zones in the state ([www.schpca.org](http://www.schpca.org)). Eight South Carolina FQHC websites were reviewed, and the demographics captured 58 leaders. Twenty leaders were White men, 18 were White women, 13 were Black women, and seven were Black men. The lack of diversity and representation of the Black community in these leadership positions raises questions about the norms and biases shaping these FQHCs and their impact on the communities they serve.

One of the unique features of FQHCs in South Carolina is their focus on providing integrated care (Beatty et al., 2021). This means that patients can receive a wide array of services, such as medical, dental, behavioral health, and pharmacy services, all in one location. This approach to care is essential for patients with multiple chronic conditions or complex medical needs. The structure and context of FQHCs in South Carolina reflect a commitment to providing quality, affordable healthcare to those who need it most. By prioritizing patient-centered care, integrating services, and addressing social determinants of health, FQHCs are working to improve the health and well-being of communities across the state. FQHCs in South Carolina also work closely with community partners to address social determinants of health. These non-medical factors, such as access to healthy food, safe housing, and transportation, can impact a person's health. FQHCs

partner with local organizations to provide resources and services that help patients address these social determinants and improve their overall health.

#### *Selection and Description of Population*

The study will concentrate on Black women leaders working in FQHCs in South Carolina who hold manager positions up to chief executive roles. This population was selected based on the research questions of examining the experiences of Black women leaders in FQHCs and identifying the struggles they face in achieving senior leadership positions. The researcher will conduct this study in South Carolina due to its unique cultural and historical context. The sampling technique deployed for this study is purposive sampling, a non-random method that involves selecting participants who meet specific criteria necessary for the research question. Purposeful sampling is used in qualitative research and is appropriate for this study (Bloomberg & Volpe, 2019).

#### *Selection and Description of Sample*

To select the sample for this study, the researcher will work with FQHCs and leaders to identify potential participants who meet the inclusion criteria. The researcher will use convenience and snowball sampling methods to identify and recruit participants. Convenience sampling is a non-probability sampling method where the participants selected for inclusion criteria within the sample depend on the participants that the researcher can easily access during the research (Obilor, 2023). Snowball sampling involves new participants recruiting other participants to be part of the sample (Obilor, 2023). Potential participants will be contacted through emails and given a detailed explanation of the study's purpose, the procedure, and the requirements for participation.

The principle of saturation will be employed to determine the sample size for this study. This principle argues that data collection will persist until no new themes or insights arise from the data (Braun & Clarke, 2021). The expected sample size for this study is 6 to 10 participants,

although this may be adjusted depending on the quality and quantity of data collected. Further, the sample size does fall within the sample size suggestion for representation, establishing homogeneity and collaborative strength in the data for the study (Creswell & Poth, 2018). An emphasis is placed on depth as the researcher aims to understand the phenomena under investigation. The sampling strategy is appropriate for the research questions and population of interest. The researcher will ensure the sample represents people in terms of relevant characteristics such as age, gender, and socioeconomic status. Saturation will be determined through a careful examination of patterns, recurrent themes, and new discoveries. Data collection will continue unless new pertinent facts or viewpoints are discovered. This strategy seeks to gain a thorough knowledge of the experiences of Black women leaders at FQHCs while ensuring that the sample size adequately represents the diversity of their stories (Guest et al., 2020).

The researcher will only recruit participants once additional participants are likely to provide new information or perspective. 6-10 participants will be recruited from the total population size of 97 Black women who hold leadership roles in the 23 FQHCs within South Carolina. The range of 6-10 participants is selected because it aligns with the sample size of the IPA research design.

This research will encompass a population of Black women residents in the South Carolina region who are not above 79 or below 29 years of age. This age is chosen because the researcher assumes that at 29, a person can take up executive roles in organizations or other places of work, as executive roles require experience. People less than 29 years of age may need to gain the necessary experience to assume executive roles. The researcher expects that past the age of 79, most people retire, and they might still not be available to assume executive positions in a company. Additionally, this demographic is often underrepresented in research studies, so their perspectives must be better understood (Apugo, 2021).

The age range of 29-79 years was chosen for this study based on the presumption that those who are around 29 are more likely to have acquired the necessary experience for executive roles in organizations, while those who are over 79 are less likely to pursue such positions because they are actively retired. This age range is chosen to cover a period in which people are likely to have the capacity for and participation in leadership roles, even though it is not backed by empirical evidence. Moreover, given the underrepresentation of Black women in research studies, understanding their viewpoints at this stage of life can be incredibly insightful in identifying difficulties and issues they encounter in leadership positions.

All participants will be adult Black women in current healthcare leadership positions with the title manager, supervisor, director, or executive-level. This population was selected based on the research questions of examining the experiences of Black women leaders in FQHCs and identifying the struggles they face in achieving senior leadership positions. The researcher will ensure that the sample represents people in terms of relevant characteristics such as age, gender, and socioeconomic status.

The use of purposive sampling in qualitative research is appropriate for this study (Bloomberg & Volpe, 2019). The researcher will use purposive sampling to select participants who meet the following inclusion criteria: (1) self-identify as a Black woman; (2) currently hold a leadership position in an FQHC in SC; and (3) have been in a leadership role for at least one year. There are several types of purposeful sampling. The purpose is to select a specific sampling type because it reflects the average person, situation, or instance of the phenomenon of interest (Merriman & Tisdell, 2017). The goal is to select participants with various experiences and perspectives related to leadership in FQHCs.

Email communication will be the instrument used to recruit potential participants for the study. The initial email will include the recruitment and consent letter/form (see Appendix 4) and the participants' Bill of Rights (Appendix 3) research tools by McAfee (2021). Once the potential participants agree to take part in the study, they will confirm their consent by responding via email. Further details and specific instructions regarding the study will be shared with the participants via e-mail.

### Data Collection

This study's primary data source is individual, one-on-one, semi-structured interviews. Supplementary data sources include follow-up discussions requiring additional clarity or the meaning of participant comments. Within the qualitative research methodology, the study will employ the techniques of interviews and document analysis to generate data relevant to the research questions and ensure the trustworthiness of the findings. In South Carolina, FQHCs that serve a variety of patient populations and are led by Black women will be the subject of this study. The names of the specific FQHC locations will not be disclosed to preserve participants' privacy. Six to ten FQHC employees in managerial or senior executive positions will be chosen through a purposeful sampling process. Semi-structured one-on-one interviews will be conducted, captured on audio, and transcribed for thematic analysis. The precise sample size will depend on data saturation. Validity and dependability will be improved through member verification and various coders. The study's objectives are to identify problems Black women leaders in FQHCs confront, provide solutions, and address the issue of their underrepresentation in senior leadership positions (Guest et al., 2020).

### *Appropriateness of the Technique*

Qualitative data collection methods are particularly appropriate for this study, as they allow for exploring subjective experiences and perspectives in a way that quantitative methods cannot (Merriman & Tisdell, 2016). Furthermore, employing semi-structured interviews provides flexibility during the interview process, enabling participants to express their experiences most suitably. In addition, being flexible will allow the participants to be comfortable in this setting.

### *Development of Reliable/Valid/Trustworthy Materials/Instrument(s)*

The demographic questionnaire and interview questions were developed with input from experts in the field of leadership and with consideration of the research questions. The questions were designed to be open-ended and non-leading, ensuring that participants share their experiences in their own words. Using pilot testing and member-checking contributes to the data collection process's reliability, validity, and trustworthiness.

The researcher will conduct member checks to verify the accuracy of the data collected and ensure that participants' perspectives are accurately represented. Member checks are when participants serve as a check throughout the analysis process (Creswell & Creswell, 2018). Finally, a detailed audit trail will be maintained throughout the data collection process, documenting all decisions made and actions taken to enhance the transparency and trustworthiness of the study. An audit trail is a valid strategy for documenting thinking processes that clarifies an understanding of the evolution of codes and themes developed (Creswell & Poth, 2018).

### Data Analysis

Data will be collected through semi-structured interviews with Black women leaders in FQHCs. The data analysis will be conducted using thematic analysis to ascertain patterns and



themes within the data collected (Creswell & Creswell, 2018). Each interview and member check will be loaded into NVivo. NVivo was selected as the data analysis program for this study because it is appropriate for qualitative research and can handle significant data volumes. Widely used and made expressly for qualitative data analysis, NVivo provides cutting-edge tools for gathering, coding, and analyzing qualitative data. The ability of the method to effectively manage complicated data sets, such as the semi-structured interviews that were performed, and to enable theme analysis is in line with the study's goals. NVivo's substantial functionality and compatibility with the study approach justify the choice (Dhakal, 2022).

#### *Nature of Thematic Analysis*

This study will utilize thematic analysis, such as the shared ideas of participants, as a method for analyzing the data gathered (Creswell & Poth, 2018). Thematic analysis is a method used for identifying and analyzing recurring patterns or themes within data (Creswell & Creswell, 2018). This method is appropriate for this study as it allows for a comprehensive examination of the experiences of Black women in leadership positions in FQHCs.

#### *Procedure*

In this research, the unit of analysis will focus on the collection of experiences of Black women in leadership roles within South Carolina. The data collection will include a demographic questionnaire and semi-structured interviews (see Appendix 2) conducted in-person or via Zoom and transcribed using Rev.com. These interviews will allow participants to provide detailed descriptions and narratives about their experiences. The researcher will guide the conversations while encouraging participants to explore their thoughts, feelings, and perceptions. Each participant will be given an assigned number or pseudonym to maintain anonymity. Pseudonyms give participants fictitious names or codes (Bloomberg & Volpe, 2019). This step helps to protect the

individuals participating in the study. Participants can also provide artifacts to support their leadership values, capabilities, and experiences.

#### *Application to the Data*

The data will be analyzed using deductive and inductive coding techniques. Deductive coding involves using predetermined codes based on the research questions, while inductive coding allows new themes and categories to emerge from the data (Creswell & Poth, 2018). This approach will thoroughly analyze the data and identify all relevant themes and categories.

#### *Validity/Trustworthiness/Triangulation*

Multiple methods will be employed to ensure the data analysis process's validity, trustworthiness, and triangulation. These include member-checking, where participants can review the findings, provide feedback, and use multiple coders to review and confirm the identified themes (Candela, 2019). Additionally, using a research journal and detailed notes will ensure that the data analysis process is transparent and documented.

#### *Role of the Researcher*

##### *Qualifications*

The researcher is a Ph.D. candidate in leadership studies. Furthermore, the researcher has completed relevant coursework and training in research design, data collection, and analysis and has conducted previous research in leadership and gender. Additionally, the researcher has experience working with Black women leaders in various capacities, including as a mentor and consultant.

##### *Biases*

The researcher recognizes potential biases in the research process and will take steps to minimize the impact. As a Black woman, the researcher acknowledges the potential for personal biases to influence data collection and interpretation. To minimize this risk, the researcher will

maintain a reflexive stance throughout the study, continuously reflecting on her positionality and potential biases. Reflexivity promotes transparency and encourages the researcher to acknowledge and manage her subjectivity throughout the research (Merriman & Tisdell, 2016). The researcher also wrote a bibliography and processed her thoughts and feelings through a theoretical framework. Bracketing requires researchers to identify and set aside personal perceptions of a phenomenon; as such, the researcher will also engage in this process (Creswell & Poth, 2018). Bracketing also helps the researcher be receptive to the participants' unique perspectives and experiences, minimizing the influence of personal biases on data interpretation. Additionally, the researcher will engage in peer debriefing and member-checking to validate findings and interpretations.

### *Responsibilities*

The researcher's responsibilities include designing and implementing the study, recruiting participants, collecting and analyzing data, interpreting reporting findings, and safeguarding the data securely. Further, the data will be stored on a personal laptop with a protected code. In addition, a digital recorder will be used to collect data and will be protected in a secure filing cabinet. The researcher will ensure that all participants are treated ethically and with respect and that their privacy and confidentiality are maintained throughout the study. The researcher will also ensure that the research adheres to all applicable ethical guidelines and regulations to protect the rights and well-being of participants.

### *Timeline*

The research project will take approximately 6-9 months, including data collection and analysis. The remaining four months will be dedicated to interpreting, reporting findings, and completing the final dissertation.

### *Time Span*

The research project will take place over the next 6-9 months, beginning in February 2023 and concluding in October 2023.

### *Chronology of Events and Procedures*

**April - May 2023:** Begin recruitment of participants.

**May - June 2023:** Conduct demographic questionnaires and semi-structured interviews with participants.

**May - June 2023:** Transcribe and analyze interview data using thematic analysis.

**April - May 2023:** Conduct artifact analysis and integrate findings with interview data.

**July - August:** Interpret and report findings; draft dissertation document.

**September - November 2023:** Complete the final dissertation document and defend the research before the committee.

### *Coherency of Design*

The design components of this study work together to meet the rigorous research standards within the study's limitations. The research employs a phenomenological approach to explore the experiences of Black women leaders in South Carolina. The research questions and objectives are clearly defined, and the sampling technique ensures that the participants represent the population under study.

### *Validity/Trustworthiness*

The validity and trustworthiness of the study will be ensured through multiple data sources, including demographic questionnaires and semi-structured interviews with the participants. The data will be analyzed using a thematic analysis technique and reviewed by an external auditor to ensure credibility.

### *Pilot Study or Validation*

Before this study began, a pilot study was conducted to refine the interview questions and survey instruments to test the study's feasibility. Two Black women leaders were recruited for the pilot study, and their feedback was used to refine the research instruments and procedures. The results of the pilot study demonstrated that the data collection instruments are appropriate and that the research procedures are feasible.

### *Triangulation*

Triangulation will be ensured by using multiple data sources, such as interviews, observations, documents, analysis, and the inclusion of external auditors (Creswell & Creswell, 2018). It employs a variety of data collection and analysis methods to gain a comprehensive understanding of the phenomenon. Further, triangulation helps address the potential limitations and biases inherent in a single data source or method, enhancing the overall rigor of qualitative research (Polit & Beck, 2018).

### *Ethical Considerations*

Protecting the welfare of participants in this study is primarily made possible by ethical considerations. Informed consent will be acquired to ensure that participants have full knowledge. Sensitive information will be handled safely and with strict adherence to confidentiality procedures. Ethical standards will be followed as an impartial review board evaluates the study's ethical implications. These factors put the rights and welfare of participants first, assuring honesty and ethically sound research practices for accurate and dependable outcomes (Guest et al., 2020).

### *Limitations*

One limitation of this study is the potential for biased responses from participants, as they may feel the need to present themselves positively due to their leadership positions. Additionally,

the study is limited to the experiences of Black women leaders in South Carolina and may not be generalizable to other populations or contexts. Finally, the study is limited to the participants' experiences at a specific time, and changes in their experiences over time may not be captured. The researcher will establish a trusting atmosphere, prioritize honest responses, undertake member verification for data accuracy, address potential bias and limited generalizability, and capture changes over time. To determine transferability, the researcher will offer a detailed description of the research population. In order to document changes in experiences and pinpoint relevant factors, longitudinal data collection techniques like follow-up interviews will be considered. By using these techniques, biases are meant to be reduced, population comprehension is meant to be improved, and Black women leaders' experiences in FQHCs are meant to be seen as dynamic (Guest et al., 2020).

#### Forecast Chapter Four

Chapter Four will employ a qualitative research design to investigate the experiences of Black women leaders in South Carolina. The purposive sampling technique will be used, and the expected response rate is 80%. Data will be collected through demographic questionnaires and semi-structured interviews with the participants. The data will be analyzed using thematic analysis and constant comparison. The researcher's role will be clearly defined to ensure the validity and trustworthiness of the research findings. A pilot study was conducted to validate the instruments used for data collection.

In addition, the chapter will present the study's findings, organized thematically according to the research questions. The chapter will begin by describing the participants and their demographic characteristics. It will then present the themes that emerged from the data analysis, supported by relevant participant quotes. The chapter will conclude by discussing the findings and their implications for theory, practice, and future research.

#### 4. RESULTS

In Chapter Four, I will present the findings of the study. This research aimed to explore Black women's experiences in leadership in FQHCs. The goal was to identify and provide practical solutions to address institutional and social barriers hindering Black women from achieving more representation in advanced-level leadership positions. Additionally, the research explored how gender perceptions about Black women in leadership affect their ability to attain top positions.

The research questions that provided a guideline for this study were:

RQ 1. What are the perceptions and experiences of Black women leaders about achieving leadership positions in FQHCs?

RQ 2. How do Black women see their life ascent to leadership positions at FQHCs?

RQ 3. Using the five modes of knowing – silent knowledge, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge – how do Black women leaders in FQHCs perceive their experiences?

The study utilized a qualitative IPA that examined the professional lived experiences of seven Black women who hold leadership positions in FQHCs. The research design was based on the nature of the research questions to explore the experiences and perceptions of Black women leaders in FQHCs. In addition, this approach provided rich data that helped identify the underlying factors contributing to Black women's underrepresentation in leadership positions. The primary data source was individual, one-on-one, semi-structured interviews.

The researcher conducted a literature review of related research and theory in exploring Black women's experiences in FQHC leadership roles through the lens of Belenky's Women's Ways of Knowing by examining self-expression, voice, and how the participants processed their leadership journeys. In addition, the theoretical lenses of a Black Feminist Post-structuralist and Crenshaw's Intersectionality frameworks were used as a basis for Black women in leadership

positions. Furthermore, the created IPA tables per participant were completed through manual coding before the data was uploaded in NVivo for further coding and comparison. These tables were developed in order to address the research questions.

### Presentation and Summary of Data

#### *Description of Site and Sample*

##### *Descriptive Data about Site(s)*

FQHCs in South Carolina are situated within urban and rural areas and serve a diverse patient population, including uninsured, underinsured, and impoverished individuals. FQHCs offer healthcare services in underserved communities and other regions focused on reducing health disparities. They are based at the community level and provide comprehensive primary care and preventive services to medically underserved populations. In South Carolina, there are currently 23 unique FQHCs serving communities across the state. However, the study will reach a selected number of FQHCs.

The specific FQHC site(s) will not be identified to protect the anonymity of the participants. Instead, pseudonyms will be used, “Participant #1 – Participant #7,” to protect all individuals in the study.

##### *Descriptive Data about the Sample*

Data collection began after obtaining Institutional Review Board (IRB) approval (see Appendix 5). The researcher worked with FQHCs and leaders to identify participants who met the inclusion criteria. Participants were contacted through emails and given a detailed explanation of the study’s purpose, the procedure, the requirements for participation, a consent form (Appendix 4), and the Bill of Rights (See Appendix 3). Convenience and snowball sampling methods were employed to identify and recruit participants. Convenience sampling was used to easily access



Black women who met the criteria for the research. Snowball sampling allowed other participants to recommend other colleagues for the research project.

As previously mentioned, individual, one-on-one interview protocol preliminary questions (see Appendix 1) and semi-structured interviews (see Appendix 2) were conducted using Zoom in a quiet, confidential area of the researcher's home for three weeks. The interviews lasted between 45-75 minutes. In addition to Zoom, Otter.ai was used to transcribe the interview records. A digital recorder was used to collect data and serve as a backup. The researcher edited to verify the transcripts and correct inaudible sections. In addition, the researcher closely examined the transcripts through multiple readings and coded them based on keywords and phrases related to the topic. This specific approach allowed the researcher to establish a deep connection with the participant's experiences and the words they used. All transcripts were downloaded on a personal laptop. The data is protected in a secure filing cabinet, and the stored data on a personal laptop is protected with a code. The coding process included three reviews completed manually, initial noting, and a transcript being uploaded into NVivo.

The interviews allowed the participants to provide data about their unique leadership experiences. The researcher and participants were engaged in flexible real-time interactions. The participants completed the member-checking process, which allowed the women and researcher to review the completed transcript. The women were able to delete and correct their transcripts. By having the participants and researcher review the completed transcript, the process ensured the accuracy of the transcript. It allowed the participants to ask questions or provide clarification for unclear statements.

## Demographics of Respondents

This research study required a specific demographic. The target population consisted of seven Black women leaders currently holding senior or executive-level leadership positions in FQHCs in South Carolina. The response rate was 70%. The percentage reflects individuals' willingness within the targeted population to contribute their perspectives and experiences toward the investigation. The criterion of this study was Black or African-American women in leadership. The participants were eager to share their experiences and use their voices. For example, Participant #3 said, "I appreciate the conversations that need to be had." Another participant echoed the same sentiments: "Thank you for giving me a safe platform to tell my story." The participants were comfortable sharing their experiences in a safe space.

The age distribution of the participants ranges from 20-29 to 50-59. The study's age span showcases a multigenerational perspective. This sample group included Baby Boomers, Generation X, and Millennials, providing various lived experiences. The participants possess diverse educational backgrounds, from graduates up to advanced levels. The spectrum contributes to a well-rounded analysis of the perceptions and experiences of Black women leaders at different educational attainment levels. In addition, these women have been in healthcare leadership for 3 to 21 years. Each member of the group holds at least one license or certification, signifying their expertise in a specific area alongside their formal education. The participants' collective years of experience within FQHCs span a broad spectrum, from seasoned professionals to novices. They have been in their current positions for 3 to 7 years.

Furthermore, the participants manage a staff of 4 to 100 individuals and oversee varying departments, sites, or projects. The diversity provides a rich perspective array that captures the insights of those with new leadership roles and those with extensive experiences. There are different leadership roles that respondents within FQHCs occupy, including mid- to executive management

levels. This inclusivity assures the garnering of insights from leaders possessing varying degrees of decision-making, responsibility, and influence toward authority.

#### Findings Related to Research Question(s)

The presentation findings are linked to the study concerning Black women's struggles in their different roles within the FQHCs in South Carolina. The insights gained from the research shed light on the experiences and challenges the participants have faced, thus providing a comprehensive understanding of the health sector journey for these women.

Research Question 1: What perceptions and experiences have Black women leaders about achieving leadership positions in FQHCs?

#### *Theme 1: Impact of the Angry Black Woman Stereotype*

The findings unveiled various challenges that the participants in FQHCs have encountered. Black women leaders grapple with the pressure of conforming to traditional norms of leadership, stereotypes, and microaggressions. For example, when the participants were asked if they had ever been called the "angry Black woman," most had. Participant #6 said, "In meetings with some of my other counterparts, my response when they say something that I disagree with." And the response is, "You're angry." Participant #4 shared her experiences: "I was recently accused of being an angry Black woman for a disciplinary action that was taken against someone. I wasn't angry. And if I feel like I'm too vocal, then I'm too Black. If I'm not vocal enough, then I'm the Oreo." These experiences create stereotypes and hinder leadership opportunities for some Black women.

Participants 2,4,5,6, and 7 shared their views concerning the theme, thus explaining their experiences as Black women achieving leadership positions in FQHCs and being perceived as "an angry Black woman" because of using their voices. In addition, each research participant discussed the pressures to meet their performance standards for their seriousness to be regarded.

Table 1

<b>Theme 1: Impact of Stereotype of the Angry Black Woman</b>	
<b>Participant(s):</b>	<b>Coded Segments</b>
Participant #2	I have to be reserved, and always thoughtful about what I'm going to say because I don't want to appear angry. I'm passionate when I'm talking, and so that can sometimes come across as angry to other people. It's so difficult because I always try my best to think about what I'm going to say and how I'm going to say it.
Participant #4	I think that's what held me back for so long to move up because I think I was thought of as being loud or got an attitude. "She rolled her eyes." I am mindful of that. I remember telling a colleague you can say that, and it's okay. But if I had said that, I'd have been the angry Black woman. I was recently accused of being an angry Black woman for a disciplinary action that was taken against someone. I wasn't angry. And I feel like I'm too vocal, then I'm too Black. If I'm not vocal enough, then I'm the Oreo. So that has been a battle.
Participant #5	Because I was labeled, I had an attitude when I first started before becoming a leader by someone who was a bully. I had to be cautious as a leader, and that was the hesitancy about [hiring me for another leadership position]. I had to be firm with folks as well. I was described as firm but fair by some then it's the others where "she has an attitude" because I may come off direct. And I think my directiveness had a lot to do with it, with how people may feel. Everybody can't take that.
Participant #6	In meetings with some of my other counterparts, my response when they say something that I disagree with, I disagree respectfully. But these are my views on what you're saying. And the response is, "You're angry." No, I'm not angry. I'm just passionate about my ideas. It's not that I'm trying to be angry or aggressive.
Participant #7	And I think it's so unfortunate. And I think it's so unfair. I said, you know we're coined as the angry Black woman. And it's not that. I just have a passion for certain things. So just because I'm passionate about people, but it doesn't mean that I'm angry. It just means that this right here is really close to my heart. So yes, the angry Black woman syndrome. I cannot change how people perceive that and because speaking for me I know I have a more dominant personality.

### *Theme 2: Leadership Positions*

Further, the findings unveiled the navigation process for fulfilling nuanced leadership expectations. Black women leaders must be interactively skilled about their authentic selves in their roles. For example, Participant #2 shared her experience of having to present in a monthly meeting

with executive management, and she is the only person of color in this meeting. “I’m very uncomfortable every time because I just don’t want to seem like I don’t know. I try my best to think about ways to say things, not to belittle anyone else, and not to make myself look like I don’t know what’s going on.” This requires a strong balance whereby Black female leaders demonstrate their assertions and leadership qualities that align with the framework of the organization. Participant #1 shared her experience of her colleagues being addressed by their titles, but she was only addressed by her name. Despite their challenges, the women overcame them through their network.

A lack of mentorship opportunities intensifies the challenges in the learning process, leading to potential mistakes that can impede personal and professional growth. Participants #1 and #4 shared having to find their mentorship opportunities. Participant #5 shared her experiences of biases and prejudice: “I think it hindered [my career] because I didn’t get the leadership-type training all those years.” A shared experience of isolation arose when women found themselves in leadership positions where they were the sole representative of their demographic group. Participant #4 shared her experience of being in an executive leadership meeting. She asked a question to ensure she understood what was said. And the response was, “That’s what I said, isn’t it?” The challenges collectively underscore the navigation of intricate barriers affecting Black women leaders within FQHCs.

*Table 2*

<b>Theme 2: Leadership Positions</b>	
<b>Participant(s):</b>	<b>Coded Segments</b>
Participant #1	While in a [leadership] role, I was going to meetings and going around with other colleagues, and everybody’s addressed by their title and they addressed me by my name. So it’s not like I was going through a different experience than other African American female professionals were going through. And you would think that the higher you climb, the more experience, accolades, and all, there’s still just a little Black girl.
Participant #1	[Another experience] – I applied for a job within the organization. I

	interviewed and was one of the top two candidates. When the second round of interviews came, I was told I didn't get the job. I was told they are not going to listen to you. It needs to be an older white man.
Participant #2	From what I've observed, whenever there is a leader who is Black female leader, it's almost like, wow, where did she come from? Oh, let's see if we can give her a try. It's a lot less supportive. Versus, okay, well, there is this person who does work hard. You get a lot of support.
Participant #2	[Another experience] – I always think about [biases and prejudices]. It's always in the back of my head, and I try not to think that every encounter that is not what I expected it to be because of that. So I always tried to be better. I always tried to make sure my stuff is done. I always try to make sure I don't leave any loose ends because I don't want them to be right.
Participant #3	One of my employees didn't want to take directives from me because I was a Black woman and he was a white male. Instead, he went around me to talk with one of my colleagues about the same thing. And so you get to the point you feel numb to notice any biases or anything.
Participant #4	I was indirectly called "a little Black girl" by an older white man that was racist. He also made other inappropriate comment to me. I talked to my supervisor about it, but never felt empowered or safe enough to go to HR about it.
Participant #4	[Another experience] – I applied for a position. I was told I was not in the right time of life because I was "too young" and had a child.
Participant #4	I think it has, as well. I do think as women, we are more personable. We have a tendency to be more compassionate. But, again, my style of leadership is a steward. Being a steward leader, I think, is more of a spiritual thing for me than it is anything else more than nationality, race, or gender. I think it's just a responsibility to do what's been entrusted to me. I think for me, it's more that than anything else. Because that's who I am. I'm a Black woman. So those things are going to play in. And I don't get into thoughts and feelings like I used to. I stick to facts. You have to lead with facts.
Participant #5	I remember presenting to the board via Zoom because of COVID. A white female manager presented and she talked unprofessional. For example, she would say things like, "I hope you don't kick my butt or something." If I had said that, I would have gotten suspended or a nasty e-mail.

Research Question 2: How do Black women see their life ascent to leadership positions at FQHCs?

*Theme 3: Diversity of Experience*

The study reveals the determination and resilience of Black women leaders as they successfully navigate and conquer the challenges they have experienced. These participants proactively seek training, mentorship, and skill development opportunities to bridge the gap left by the absence of formal mentorship programs. Furthermore, these women build alliances and networking opportunities with colleagues for shared experiences. These proactive strategies create a platform for providing emotional support. Authenticity is essential for navigating leadership roles while staying true to their identity. The coping mechanisms demonstrate the growth commitment they have had and their excellence despite the problems they face. The participants' responses express their feelings and discuss their needs based on their experiences. However, it is notable that their perspectives may differ, but they highlight the diversity of the employees.

*Table 3*

<b>Theme 3: Diversity of Experience</b>	
<b>Participant(s):</b>	<b>Coded Segments</b>
Participant #1	The organization has actually taken some time to study this. In general, our employees match our communities, which is our goal. Management does not at all, and it's been identified. And then we look between individual offices. Some are perfect matches, and some need a little bit of shake-up. But when you take the totality of the organization, our employee demographics match the community we serve. I don't see it. But I guess the first step is awareness.
Participant #2	I think a lot of the organization is becoming a lot more diverse. There is a lot of diversity [in various sections]. However, when it comes to leadership, it's not represented that way. It's heavily saturated with whites at the top. But as you get a little lower, you might start to see some diversity there.
Participant #2	I think we're still struggling with [diversity]. I still see that even though you see more women in leadership, you see more non-black women in leadership, non-minority. So, most women in leadership are white.
Participant #3	When you look at the bigger picture, it still doesn't look right because the [executive management] team only has one black. I think it's very

	concerning. I think you got to show from top to bottom a reflection of what you're about for the people to really believe what you're saying that you're about.
Participant #3	I think the organization is very diverse as it relates to employees. They're very inclusive. I think it is the most diverse of all the places that I've worked. As far as the big picture, it doesn't matter. Suppose you have a partner or a husband or wife. It doesn't matter if you identify as male or female or the opposite; they're very inclusive in that regard. But there's still some barrier there when it comes to leadership. I think, even though it's like you do one thing. They think that that gives you a pass with everything else.
Participant #4	Our executive management is all white, but two blacks.
Participant #5	It goes back to the same with leadership. It depends. In one geographical area, it's pretty much all black staff except for [a few employees]. It's based on who applies if we don't get too many white people in those areas who apply. So it's a mixture in another one of our locations, and then once you get to a different geographical location, it's predominantly white. It's just a demographic thing.
Participant #6	My organization is different. Most of the leadership in my organization is African American, whether female or male.
Participant #7	The women outnumber the men in the C-Suite. It is more African American than it is any other race. When you trickle from suite C-Suite down to the middle management level, African American is more dominant, and it's more women.

On the diversity in the gender of the employees, Participant #1 did not hesitate to highlight her opinion in accordance with her experiences and had this to say: “I think it is needed when so much of what we do is based on the relationship developed with patients. That is not to say that patients will only open up and respond and provide information to someone who is the same color as them. But I think that it provides patients a choice so that they can decide whether it matters to them or not, and for many people, it does not matter, but for those that do, having the ability to have a choice, I think it is important for them and their health care and their outcomes.”

Furthermore, Participant #3 did not shy away from describing her work environment. This is what the participant responded when asked how she felt about her work environment and whether she felt connected, “I would say so. There are times, though, when you feel disconnected and you decide to pick your battles. My question to the staff is, “Are you seeing the patient?” And that's my



bottom line. I'm not saying my take on things may be wrong, but that's all I know. Because at the end of the day, however, we chop it up, whether it is patient-oriented, we focus on our staff or how the providers are doing this or not doing this, we still have a service to do, which is taking care of patients.”

Research Question 3: Using Women's Ways of Knowing— silent knowledge, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge – how do Black women leaders in FQHCs perceive their experiences?

#### *Theme 4: Voice*

Examining how the different modes of knowledge shape the participants' experiences gives the researcher better insight into how they navigate their challenges within the healthcare sector related to self-expression.

##### *Silent Knowledge*

Silent knowledge encapsulates individuals' intuitive and unspoken understanding. According to my research, Black women leaders have a silent knowledge regarding stereotypes and the nuances of microaggressions. The participants responded by addressing the opportunities they had missed and gained due to silent knowledge. As Participant #1 reflected on her experiences with silent knowledge, she first creates a mental checklist: "Where's my level of influence over a topic? So, figure out how much ammo I have before I open my mouth. So, if I don't have influence, I'll sleep okay at night, and it's not going to compromise me as a person; I may let it slide." The unspoken awareness thus assists them with navigating challenges with a critical understanding even when there is no explicit address towards them. For example, Participant #5 had this to say, "The previous CEO was talking about situations that I knew he wasn't telling the truth or just how verbal as I would call it verbal abuse where he was staring at me waiting for a response, and I wouldn't say anything." This same participant also said, "sometimes you just have to learn to shut your mouth."

The research revealed that silent knowledge is a survival mechanism, permitting Black feminists to respond to and anticipate different situations without acknowledging them. For Black female leaders who aspire to be FQHC leaders or are leaders of FQHCs, it makes sense that many of these women have experienced being silenced and have perceptions of being voiceless in the journey. Without actively engaging in play, meaningful conversations, attentive listening, and encouraging others to express their thoughts, individuals miss out on the opportunity to cultivate a genuine ability to articulate and process their ideas.

*Received Knowledge: Societal Perceptions and Expectations*

The received knowledge construct involves women acquiring information, accepting established knowledge, and adapting the perspectives of authoritative sources to understand the world. Black women leaders feel pressured to conform to traditional leadership norms, reflecting the knowledge received and how leaders should look, behave, and use their voices. The participants often used caution when using their voices to prevent them from appearing out of the norm. Participant #6 observed, “Caucasian individuals are sometimes timid and speak softly, while people will still listen to them. But if I speak soft, I seem unsure of myself or may not understand what I’m talking about.” This causes a conflict between conformity and authenticity, thus shaping their experiences as they balance external expectations with their internal identity. Participant # 5 said, “I remember during COVID, presenting to the board members via Zoom. A white female manager presented before me and talked very unprofessionally. I didn’t say anything about it. Had I done that, I would have gotten a nasty email about professionalism and suspended.” These experiences confirm that culture and environment also shape received knowledge and how this knowledge is processed.

*Subjective Knowledge: Societal Perceptions and Expectations*

The subjective knowledge received involves women who have an increased awareness of their inner resources for knowing, valuing, and building self-confidence; they develop the ability to question the external answers provided by the world around them. This process also involves embracing and trusting their inner voice. I asked Participant #2 a follow-up question about how comfortable she was about speaking up about change in a leadership meeting, and she replied, “It depends on the situation. I let it go if I don’t think it will be detrimental to my team. If I feel it will cause any part of my team to crumble, I’ll speak up.” When asked Participant #4, she shared this experience, “It feels like you don’t have the freedom to say what you want to say, even though they say they want you to say what you feel. You can gauge the room and tell that people want to say certain things but don’t. You know that still exists.” Societal expectations and the rooted perceptions in the knowledge acquired influence the perception of Black women leaders. The participants often expressed pressure to conform to traditional leadership norms, reflecting the knowledge received and how leaders should look and behave.

Furthermore, the experiences shape the women’s experiences as they balance external expectations with their internal identity because they are more aware of their inner resources for knowing, valuing, and developing confidence. For example, Participant #1 concluded, “I’m gonna say what I think is right, regardless of what you’ll got going on because that is what I feel like my role is as a leader, and if I don’t say it, then I’m not doing my job as a leader.” The participants highlighted the knowledge they had received from external sources.

*Procedural Knowledge: Navigation Challenges*

Procedural knowledge is composed of strategies developed practically through the participants’ experiences. The participants in this study draw upon procedural knowledge to assist

them with navigation challenges, especially those they experience. Participants were asked how they handle change in the workplace. Participant #1 shared, “I think my default is learning and educating myself about it.” Participant #5 said, “I have to read more about what’s going on.” Participant #2 responded, “I just roll with the punches because if I can’t change it, I think what can I do to enhance it either or make sure that we’re doing everything we’re supposed to do to make sure that we’re following protocols.” Participant #6 had a similar response. She stated, “I put my head down and keep moving because I know it is what it is.” The women proactively seek training and mentorship to compensate for the lack of formal guidance. Network building and alliances emerge as procedural strategies for isolation overcoming and coping mechanism development. Procedural knowledge is a tool that leaders adopt to tackle head-on challenges. This is evident from the responses, showing that Black women utilize network building to overcome challenges with navigating leadership.

*Constructed Knowledge: A Narrative That Is Evolving*

Constructed knowledge synthesizes Women’s Ways of Knowing models, giving a more coherent understanding. Black women leaders create knowledge by weaving their silent, received, subjective, and procedural knowledge into a narrative that shapes their perceptions of their experiences. The process, through Crenshaw’s Intersectionality, is an acknowledgment of their challenges while emphasizing their determination and resilience to succeed. The constructed knowledge empowers them for change and advocacy and influences the discourse surrounding their leadership journeys. The researcher observed that Black women in leadership demonstrate constructed knowledge through being able to connect for a common purpose in group settings to bring about change and awareness. A participant was well aware of the constructed knowledge. She said, “During our meetings, I purposely chose to be silent. One reason is that when I wasn’t silent as

the only [person in my profession] on the call, the choice was made to do something that went against the guidelines. I realized you're not having me here because of my profession, and I've got knowledge. I'm here to sit in the seat so you feel you have a consensus.” She explains the importance of differentiating between institutions effortless to subjectivism and the deliberate extension of imagination of individual’s positions and understanding

Black women leaders’ perception exploration through the lens of Women’s Ways of Knowing five knowledge modes, Crenshaw’s Intersectionality, and Black Feminist Post-structuralists enriched the researcher’s understanding of the women’s experiences within selected FQHCs. Recognizing the interplay between silent, subjective, received, procedural, and constructed knowledge gave me insight into the complex strategies, challenges, and roles for success. Further, the researcher’s understanding highlights a multifaceted nature concerning the participants’ leadership journeys with a foundation that fosters inclusivity in environments that support their empowerment, growth, and contributions to healthcare.

*Table 4*

<b>Theme: Voice</b>	
<b>Participant(s):</b>	<b>Coded Segments</b>
Participant #1	So I’m gonna say what I’ve got to say and not hold it back. At this point, I’m gonna say what I think is right, regardless of what y’all got going on, because that is what I feel like my role is as a leader, and if I don’t say it, then I’m not doing my job as a leader. I think I speak more because I don’t have that fear.
Participant #1	During our meetings, I purposely chose to be silent. One reason is that when I wasn’t silent as the only [person in my profession] on the call, the choice was made to do something that went against the guidelines. I realized you’re not having me here because of my profession, and I’ve got knowledge. I’m here to sit in the seat, so you feel like you have consensus.
Participant #2	It depends on the situation. If I don’t think that it’s going to be detrimental to my team, I just let it go. If I feel like it’s going to cause any part of my team to crumble, then I’ll speak up. But sometimes when I speak out, I don’t feel like they care, but at least I said it.
Participant #2	So if I don’t feel like it’s going to make a difference, then I’ll just

	remain silent.
Participant #3	It feels like you don't have the freedom to say what you want to say. You know, that still exists. You don't have the freedom really, you can, and even though they say they want you to say what you feel. You can gauge the room and tell that people want to say certain things but they don't. My supervisor also tells me to use my voice because I'm at the table and my voice is supposed to be heard.
Participant #5	The previous CEO was talking about situations that I knew he wasn't telling the truth or just how verbal as I would call it verbal abuse where he was staring at me waiting for a response, and I wouldn't say anything. Or he would say, what do you think about it? I think that's a great idea. I didn't think it was. It didn't make sense to me. Or if I verbalized, well, can we do it another way? I can say all of that, but everything I said didn't matter because he was going to do what he wanted to do anyway. But I've definitely been in situations where I knew my voice wouldn't count, and I just be quiet. Sometimes, you just have to learn to shut your mouth. My mentor said you don't always have to say what you know how to do sometimes, just be quiet and listen.
Participant #6	I'm not aggressive. I'm just very direct. And when you leave and walk away from me, you will know exactly what I said and what I meant.
Participant #7	I've been fortunate enough to interact and engage with my C-Suite leaders enough to where they value my voice and they value my opinion.
Participant #7	[Another experience was] at one point I think I overcorrected because it was a little bit of PTSD. I was always ready to fight and use my voice to stand up for what's right and you're not going to talk to me that way.

### Summary of Results

Based on the interpretation and comprehensive analysis of the data collected, the study uncovered findings that are considered significant and have led to vital conclusions. Further, the study provides valuable insights into the struggles of Black women in leadership roles within FQHCs in South Carolina. The presentation and summary of data generated by the research, as well as a summary of findings and conclusions, are as follows:

#### *Finding One: Leadership Role Challenges*

The primary result of the first research question demonstrates a revelation of challenges the participants experience. The challenges comprise stereotypes, microaggressions, and the pressures

of conforming to traditional norms. The participants' experiences highlight the pervasive impact of the challenges on their professional journeys, growth, confidence, and opportunities within the organization. Microaggressions emerge as one of the significant challenges these leaders encounter. The subtle, unconscious actions cast a shadow over their initiations, causing deterioration of belonging and emotional distress. In addition, the accumulation of microaggressions takes a toll on self-esteem and confidence, impacting their ability to lead effectively—the stereotype's weight assists with compounding the challenges Black women leaders face.

Their deeply ingrained perceptions contribute to an environment where their competence is questioned and their contributions are undervalued. The stereotype of strong Black women, while commendable, can cause them to be overburdened with decision-making roles that are sidelined and with responsibilities. The barriers inhibit their authenticity, ability, and full participation in their organizations. The research question has unveiled a marked landscape with challenges interplaying that Black women leaders in FQHCs experience. The microaggressions, stereotypes, lack of mentorship, and isolation contribute entirely to a stressful environment, potentially obstructing their professional development. The findings lay a foundation for further interventions and explorations, arguing that FQHCs can actively address the challenges and cultivate an inclusive culture in leadership, empowering Black women leaders to overcome these barriers and experience excellence in their roles.

#### *Finding Two: Resilience and Coping Strategies*

The findings in the second research question indicate that most Black women leaders have, for a long time, had to employ different coping strategies to assist them with navigating the challenges that they have experienced. Proactively seeking skill development, training, and mentorship is a critical strategy for overcoming a lack of formal mentorship. In addition, building

supportive alliances and networks with colleagues who share similar experiences is vital to mitigating feelings and fostering belonging and isolation. Authenticity is then considered a powerful tool for leaders, permitting them to integrate their true selves into their leadership roles.

One of the notable coping strategies among Black women leaders is their skill development, training, and mentorship. Recognizing the absence of formal mentorship opportunities, the leaders take their growth into their own hands. By seeking out mentors and participating in leadership training and skill development, they bridge a gap that has been left by voids that exist in institutions. The proactive approach that empowers self-improvement assists them in overcoming the challenges in their learning journey and enhances effectiveness in leadership. Building supportive alliances and networks is a crucial strategy for many Black women leaders to combat the marginalization they face due to these challenges. These leaders recognize the value of connecting with colleagues with similar challenges and experiences. Through the formation of these alliances with like-minded peers, they create safe spaces where they can openly share emotional support.

The networks give a perception of belonging and mitigate isolation in navigating their confidence landscape in leadership. The research findings highlight the resilience of Black women leaders in FQHCs. They demonstrate their ability to overcome challenges and lead effectively by actively seeking mentorship, building networks, and embracing authenticity. These coping strategies set the foundation for a leadership approach that enhances the organizational culture and creates a path for future Black women leaders to thrive within FQHCs and the healthcare sector.

### *Finding Three: The Influence of Women's Ways of Knowing Modes*

The third research question illustrates the illumination of the perceptions of Black women leaders through the lens of the five knowledge modes. The interplay of the shapes models their experiences from an intuitive understanding of tension and microaggressions between personal



identities and societal expectations. Constructed knowledge emerges as a narrative that combines the modes, reflecting their leadership's unique journeys and the strategies they need to implement. There are significant implications for organizations and individual leaders. However, despite Black women leaders' challenges, remarkable resourcefulness and resilience are demonstrated. The proactive growth pursuit, network creation, and authenticity emphasis exemplify a commitment to effectiveness in leadership. For the organizations, the findings underscore the importance of opportunities for mentorship, inclusive networks, and addressing systemic barriers to promoting equitable environments in leadership that improve Black women leaders' full potential.

Therefore, the study sheds light on the perceptions, coping strategies, struggles, and empowerment implications of participants in FQHCs in South Carolina. The findings emphasize the need for systematic changes that create an environment of Black women leaders striving to contribute meaningfully and drive positive change within their organizations and the whole healthcare sector. By addressing these challenges and embracing the insights gained, FQHCs can make strides in cultivating an inclusive, effective, and diverse leadership landscape.

#### *Finding 4: Personal Experiences*

Having spent at least 12 years in different leadership positions within FQHCs, the researcher has first-hand knowledge of Black women leaders' triumphs and struggles. The researchers' experiences emphasize the significance of addressing these challenges within a broader discourse. The journey through lower executive and mid-management levels highlights identity complexities and the leadership challenges in FQHCs. These experiences reflect instances where a lack of speaking up due to feeling unvalued and unsafe is prevalent. In addition, the early lack of mentorship in the researchers' careers underscores the structured guidance needed to foster growth. Moreover, the researcher's experiences of feeling isolated and encountering microaggressions

underscore the significance of developing a supportive network. Despite these challenges, the researcher's determination to seek improvement and training played a crucial role in overcoming these barriers.

The researcher emphasized the need for authentic representation and systematic change within the leadership of FQHCs. Despite adversity, personal commitment to growth highlights determination, the power of transformation, and self-driven improvement. The researcher's journey is a testimony to the positive change within FQHCs through personal development and determination. The need for an inclusive environment is emphasized, thus recognizing the contributions of leaders', primarily Black women leaders, and permitting them to create, inspire, and thrive with a lasting impact in the healthcare sector.

### Conclusion

The chapter has provided a comprehensive exploration of the triumphs and struggles of Black women in leadership positions in selected FQHCs in South Carolina. Further, by identifying the key codes and themes, the researcher uncovers the complex dynamics shaping the experiences of Black women leaders. The integration of the researcher's personal experiences is the addition of a unique insight layer into the narratives. Moving forward, FQHCs need to address the challenges through systematic change, mentorship programs, and the cultivation of inclusive leadership environments, ensuring that the contributions and voices of Black women leaders are respected and valid.

### Forecast Chapter Five

The next chapter will discuss the findings and the overall conclusions. The chapter will discuss the findings related to the literature review in Chapter Two, which are the researcher's interpretation and conclusions connected to the findings, the results implications, and future

research recommendations. The acquired insights will pave the way for what leaders in the future can adopt to rise above authenticity and challenges and propel the organization toward a more prosperous and equitable horizon.

## 5. Discussion

### Overview

This chapter provides a comprehensive overview of the findings, implications, conclusions for professional practice, and recommendations that require consideration for further research to be carried out based on the study's objectives. The final chapter synthesizes the previous chapter's content and, in the end, provides an in-depth exploration of how the study findings align with the research questions (Sundstrom et al., 2020). Furthermore, the sections below will analyze the study's results, conclude the findings, discuss implications for leadership and practice, and suggest future research directions.

### Summary of the Study

The chapter's proceedings have expounded upon the different challenging Women's Ways of Knowing modes of knowledge and coping strategies that characterize the experiences of Black women leaders in FQHCs. As identified, Black women leaders grapple with isolation, stereotypes, microaggressions, and the non-existence of adequate mentorship as they try to employ networking, authenticity, and resilience as a success strategy. The section encapsulates the importance of carrying out the findings while capturing the different intricacies defining the participants' journey in leadership. The purpose of the study was to assist with exploring the triumphs and struggles of Black women leaders in FQHCs within South Carolina. The study's research questions aimed to address challenges in leadership strategies for dealing with employment, examining how different knowledge modes impact leadership roles and authenticity.

The conclusion has had a comprehensive journey unfold throughout the chapters. In Chapter One, there was a setting of the background, purpose, approach, significance, delimitations and limitations, and study vocabulary. Chapter Two thoroughly reviewed the literature about theory

and research, thus situating the study on a broader discourse of leadership, organizational dynamics, and diversity (Brickner et al., 2022). Chapter Three detailed the study's design by describing meticulous methodologies to analyze and collect data, providing the structural foundation of the study (Bloomberg & Volpe, 2019). Chapter Four presented and summarized the data generated by the study design in alignment with the study research questions that encapsulate the experiences of Black women leaders in FQHCs in South Carolina. The final chapter will summarize the findings related to the research purpose and review the literature. It will also discuss the conclusions and practical implications for leadership in promoting learning and service advancement, as well as their relevance to research.

The phenomenon has uncovered multifaceted dimensions ranging from the challenges faced by the participants to their strategies for navigating these challenges through authenticity and resilience (Sundstrom et al., 2020). The chapters have revealed intricate dynamics between their experiences and the different modes of knowing that have shaped their perceptions (Rosser-Mims, 2018). The chapters have collectively woven an understanding of the rich tapestry, thus illuminating the complexities of the experiences of Black women in leadership within FQHCs. At the culmination of this journey, the chapter serves as a synthesizing gateway to envisioning and garnering insights into the impact on the practice realms, research, and leadership (Gomez & Bernet, 2019). The findings, implications, and recommendations foster a deeper understanding of the significance of the study and a meaningful catalyst for change. This chapter leads up to the point of presenting a comprehensive examination concerning results, data collection, design, and the framework.

## Discussion of Findings

The findings expound on the different connections between the study's outcomes and literature in leadership, organizational dynamics, and diversity. Carefully comparing the existing knowledge results highlights the unique contributions and nuances the study brings to the discourse (Darby et al., 2022). Therefore, this discussion serves as a bridge between theoretical constructs and empirical insights. Findings analysis compared to the existing literature reveals clear narratives and thematic patterns. The study, therefore, resonates with the existing research on the struggles of minority leaders, shedding light on the experiences of Black women in their leadership roles in FQHCs (Chance, 2021). The identification of coping strategies identification aligns with the literature, emphasizing networking and mentorship as pivotal tools for navigating challenges.

The data suggest that although most healthcare workers are women, only 13 percent of healthcare CEOs are women (Healthcare et al., 2020). These findings continue to validate the need for more women in leadership roles. It further suggests the challenges facing women in current leadership roles and their advancing to executive-level positions (Sundstrom et al., 2020). The compelling narrative has evolved from focusing solely on identifying gaps, barriers, and justifying the benefits of gender equity in leadership to a clear imperative for achieving effective sustainable improvement (Gomez & Bernet, 2019). The interplay between conformity and authenticity echoes broader discussions on inclusion and diversity and thus challenges conventional norms that perpetuate leadership paradigms.

The struggles of Black women leaders in FQHCs resonate with broader challenges that minority leaders have explored in different contexts. The findings underscore an ingenuity that often has a pervasive impact on stereotypes and microaggressions in their professional journey (Sundstrom et al., 2020). The alignment with the research on the leadership struggles of the

minority emphasizes the systemic nature of the limits and challenges of individual context boundaries (Bassett, 2019). Coping strategies employed by leaders have resonance within the literature, with an emphasis on mentorship and networking. The participants in this phenomenological study have collaborated on the pivotal role of mentorship and its networking in navigating challenges and fostering growth (Gomez & Bernet, 2019). The challenges cause a reaffirmation of the alignment on the importance of structured support systems and the potential for their impact on underrepresented transformational leaders (Bassett, 2019). One of the core themes in this current study indicates the deliberate balance between conformity and authenticity that mirrors broader discussions on inclusion and diversity.

The tension between embracing authentic identity and conventional leadership adherence to norms is a common dilemma Black women leaders face across different contexts (Sundstrom et al., 2020). The phenomenon reflects a larger narrative than traditional paradigms. This challenge of integration and recognition calls for diverse perspectives within leadership roles (Davis, 2023). The research findings align with the existing literature, thus collectively contributing to a more diverse understanding of a multifaceted leadership contrast influenced deeply by the dynamics of society, context, and identity (Ellis et al., 2021). The findings highlight the authentic representation of significance and leadership and provoke a reevaluation of structural norms that shape leadership landscapes. The study insight weaves itself into the leadership fabric, with the participants having the potential to inspire and challenge transformative change and the status quo (Darby et al., 2022). Furthermore, the chapter delved into the implications of the findings, suggesting practical applications of the pathways, enhancement of leadership, and future research endeavors.

### Implications of the Findings

The current study implications resound across different practice realms, research, and leadership. The results emphasize the need for FQHCs to create an inclusive environment that values authenticity, offers networking opportunities, and promotes mentorship (Sundstrom et al., 2020). Furthermore, the findings resonate with the leadership theories that emphasize diverse perspectives that are significant and challenge traditional norms (Brickner et al., 2022). In addition, the implications provide a roadmap for change that has meaning beyond and within FQHCs.

The leader's challenges within the landscape of FQHCs are intertwined and multifaceted with their authenticity pursuit. Stereotypes and microaggressions often get so subtle that the scheming paths cast shadows (Sundstrom et al., 2020). The pressure to conform to traditional norms creates a complex situation where embracing authenticity is considered a risk to one's credibility. The burden of isolation is often a compound challenge. In addition, the absence of mentorship opportunities creates a steep learning curve that hinders their growth (Chance, 2021). Amid the challenges, the leaders navigate their chosen paths with remarkable resilience and innovative coping strategies (Sundstrom et al., 2020). Black female leaders create spaces for themselves within an environment that does not fully embrace identities and authenticity as powerful tools for achieving a balanced approach. Their pursuit of representation, therefore, extends beyond themselves, thus aiming to inspire and uplift other people who may be walking on the same path (Gomez & Bernet, 2019). Traditional norms are seen as acts of defiance that assert the authenticity of Black women leaders, demonstrating leadership qualities that challenge preconceived notions.

The five modes of knowing in Women's Ways of Knowing influence- silent, received, subjective, procedural, and constructed knowledge- are considered palpable in their public experiences (Yamak & Eyupoglu, 2021). The modes shape an intuitive understanding of



microaggressions, guide their strategies for overcoming challenges, and contribute to the knowledge that forms the foundation of their leadership narratives (Sundstrom et al., 2020). The findings extend beyond the confines of individual experiences. In addition, they have the potential to reverberate throughout the organization, shaping environments that promote transformative, authentic, and inclusive leadership (Kleynhans et al., 2021). The triumphs and struggles of the leaders serve as a guiding compass for landscape leadership that empowers and celebrates diversity among leaders to help them thrive. The previous chapter explored the practice findings implications, research, and administration, thus delineating pathways for meaningful advancement and change.

There is an emphasis on fostering an inclusive practice environment, with the findings accentuating FQHC's critical need to embrace and celebrate diversity and authenticity among women. Recognizing the triumphs and struggles of Black women leaders in the context of FQHCs can proactively lead to measures that address stereotypes and biases (Rosser-Mims, 2018). This recognition, in turn, can help dismantle barriers that might otherwise hinder the well-being and growth of these leaders. By creating space for Black women leaders, they feel supported and valued, which in turn enhances the dynamics of the organization and elevates the quality of patient care (Sundstrom et al., 2020). The findings should align with leadership theories emphasizing the importance of embracing diverse perspectives and questioning conventional norms (Chance, 2021). By acknowledging a delicate balance between conformity and authenticity, FQHCs can facilitate a leadership environment that values the contributions of Black women leaders (Schwalm, 2023). Such an environment has the potential to foster innovation, strategic thinking, and creativity, which can propel FQHCs to new levels of effectiveness and impact.

The implications have extended to the research field, calling for further investigation into the intricacies of Black women's experiences in leadership. Researchers can explore the

mechanisms that amplify isolation, stereotypes, and biases in leadership trajectories (Sundstrom et al., 2020). A nuanced exploration of the efficiency of coping strategies in mentorship programs can offer valuable insights for enhancing organizational performance. Continually exploring different knowledge modes and understanding how they influence perceptions of leadership can improve our understanding of leadership dynamics (Ellis et al., 2021). These implications offer a practical roadmap for other organizations, including FQHCs. By prioritizing authenticity, offering networking opportunities, and challenging traditional norms, FQHCs can become beacons of inclusive leadership (Sundstrom et al., 2020). The alignment with potential future research and existing theories emphasizes the significance of the study's outcomes, providing a platform for a more equitable and promising leadership future (Chance, 2021). Specific recommendations will help translate these implications into actionable strategies, guiding FQHCs and their leaders toward an end marked by thriving diversity, celebrated authenticity, and a redefined and improved understanding of leadership.

#### *Literature and Theoretical Contextualization*

Positioning the findings within the context of the existing literature enhances our understanding of how the study contributes to the current knowledge base. By aligning the study's outcomes with established research and theories, this section sheds light on the potential transformation and demonstrates how it builds upon the existing scholarships (Taylor, 2020). The findings align with Crenshaw's Intersectionality principles, emphasizing how the intersection of race and gender influences the challenges faced by Black women leaders. The alignment extends to minority leadership struggles beyond a single dimension, portraying complex holistic pictures of how these leaders navigate their challenges (Gomez & Bernet, 2019). The insights echo minority leadership's larger discourse, deepening our understanding of the nuances of the field.

The current emphasis on authenticity in contemporary phenomena is consistent with emerging leadership theories that underscore the significance of authentic leadership. By incorporating authenticity and women's voices into the discussion of coping strategies and challenges, the study goes beyond advocating for individual leaders. It contributes to a broader shift towards a leadership paradigm that recognizes and values leaders' authentic selves (Taylor, 2020). The findings enrich the authenticity of leadership conversations, pushing beyond boundaries and expanding the leadership scope. Further, the findings within the organizational leadership context align with inclusive leadership discussions (Chance, 2021). Identifying coping strategies, such as networking and leadership, aligns with the literature's emphasis on creating inclusive environments that nurture the growth of underrepresented leaders.

Persistent struggles have caused regular delays, obstructing women's professional success and adding a significant burden as they work towards their goals (Ceasar, 2020). For example, the need for more mentorship and support to navigate the healthcare industry or develop the necessary leadership skills to be successful in leadership is a struggle that women experience. Women have had to jump through huge hurdles placed in the corporate world, thus advancing to leadership positions in top positions despite the odds against them (Hickman, 2020). Recognizing and addressing these barriers is essential to creating a more equitable workplace where all individuals can thrive regardless of gender, race, or social identity. Doing so can create a more diverse and inclusive workforce that benefits everyone. Although there has been progress in gender equality, women continue to face pervasive gender bias in their roles.

Most Black women are viewed as having family responsibilities, often facing a challenge in balancing family and work (Culhane-Pera et al., 2021). Their family responsibilities could limit their ability to pursue advanced leadership in FQHCs. Despite holding full-time jobs, most Black

women bear the majority of responsibilities in their households (Garikipati & Kambhampati, 2021). Society viewed it as a significant factor for Black women to stay at home and perform household duties. This expectation directly opposes their desire for balance, which affects their progress in their careers and financial well-being. The imbalance can require them to make personal sacrifices, such as taking unpaid leaves, downshifting their careers to gain flexibility, and resigning to care for their families.

In light of these challenges, organizations can use institutional theory to understand the challenges faced by Black women in leadership in FQHCs. Specifically, institutional theory suggests that these leaders may conform to institutional pressures related to gender and race, even when the pressures are not effective or efficient (Carthon et al., 2017). For example, Black women leaders may conform to gender norms by downplaying their assertiveness or leadership abilities, which can limit their opportunities for advancement. Additionally, Black women leaders may conform to racial stereotypes by adopting a “code-switching” strategy that involves altering their communication style or behavior to conform to white norms. Code-switching is a coping mechanism where Black women feel pressured to act more ‘White’ to be accepted by their coworkers (Macklin, 2021). Code-switching is particularly detrimental to mental health and wellness. As such, addressing the structural barriers preventing Black women’s advancement in leadership is crucial.

From the understanding of institutional theory, it is essential to appreciate that institutions have been structured in a manner that corresponds to what the societies around them perceive to be correct (Culhane-Pera et al., 2021). The concept of race and gender determines whether Black women can have equal opportunities when it comes to leadership in FQHCs. Generally, women do not have equal opportunities as men (Garikipati & Kambhampati, 2021). Therefore, Black women

often find themselves primarily addressing the challenges women face when holding leadership positions in FQHCs. Institutions have been structured to prioritize men over women (Culhane-Pera et al., 2021). Another issue associated with institutional theory is the persistence of institutionalized slavery within institutions, leading to significant discrimination in employment practices. White people have better employment opportunities than Black people (Garikipati & Kambhampati, 2021). When the concepts of race and gender are combined, one clearly sees that institutional theory points to the fact that Black women find it difficult to rise to leadership positions in FQHCs. This difficulty is caused by the problems of being identified as a Black person and female in society.

#### *Transformational Leadership and Black Women in Leadership*

In leadership, Black women face unique challenges, including gender and racial biases, stereotypes, and discrimination. These challenges can impact their leadership effectiveness and hinder their ability to achieve their full potential. Transformational leadership can help Black women in leadership overcome these challenges by providing a framework for leadership. This framework includes empowerment and motivates followers. It can also help them develop skills such as emotional intelligence, communication, and relationship-building, which are critical for effective leadership. In addition, these skills can help overcome barriers such as gender and racial biases.

Transformational leadership can also help Black women in leadership create a culture of inclusion and diversity within healthcare organizations. For example, by promoting diversity, equity, and inclusion, transformational leaders can develop a sense of belonging and respect among all employees, regardless of their background. Transformational leaders can help reduce workplace stress, increase job satisfaction, and improve employee retention rates. These outcomes, in turn, can

lead to improved patient care quality, as employees who feel valued and respected are more inclined to deliver better care.

Transformational leadership can provide benefits for Black women in leadership roles in healthcare. For example, Black women in leadership can introduce a new concept of inclusion at all levels of leadership and promote policy change through ethical behavior. Transformational leaders create a vision that inspires followers and motivates them to work harmoniously. It can help them build strong relationships to work towards achieving organizational goals.

The insights from the study reinforce the need for transformative leadership practices that reflect diversity and actively cultivate it, enriching organizational dynamics (Darby et al., 2022). Placing the findings in the broader literature reveals that the study contributes to a collective narrative, echoing through academic corridors and resonating with real-world challenges. The alignment of the research signifies the credibility of the study's outcomes and their potential to inspire further inquiries and drive meaningful change (Kleynhans et al., 2021). The researcher will designate actionable recommendations and guidance on translating these insights into tangible research, leadership, and practical strategies.

### *Women's Ways of Knowing*

The process of acquiring knowledge and understanding is an important aspect of human development, with different people having various approaches to acquiring knowledge. During the 1980s, Mary Field Belenky and her colleagues conducted research to explore and understand how women perceived and acquired knowledge (Belenky et al., 1986). They argued that people acquire knowledge through five phenomena: silence, received knowledge, subjective knowledge, procedural knowledge, and constructed knowledge. Furthermore, the study involved 135 women from various age groups, educational levels, ethnicities, and social classes (Belenky et al., 1986).

The relevance of the theory in contemporary society highlights the importance of diversity, critical thinking, and self-reflection in knowledge acquisition, emphasizing the need for individuals to use their voices actively. The theory emphasizes that the lower or higher the person is on a hierarchy, the more they are supposed to hold positions according to their knowledge and skills. The theory bears out on income and wealth disparities between Black and White people and between women and men, showing what seems to correlate with people of color and Black women reporting that, in most cases. Others presume them to be incompetent in holding more positions of employment than they currently hold. Women's Ways of Knowing theory is directly related to the inability of women to hold positions of leadership in FQHCs as a result of the fact that they are Black and female.

#### *Black Feminist Post-Structuralist*

The mainstream feminist theory focused on white, middle-class experiences and failed to account for how race, gender, and class shaped the experiences of marginalized groups. Further research suggests that white feminists' writings contained elements of racism, perpetuating white supremacy and undermining the potential for women to form political alliances across ethnic and racial boundaries. As a result, Black women challenged the dominant power structures that perpetuated oppression in race, gender, and class.

Employing Black Feminist Post-structural theory to conduct feminist research on workplace discrimination against Black women, specifically their lack of access to leadership positions, further affirms the dynamics women encounter (Crenshaw, 2021). The study portrays the disputing operation systems and the barriers created by the system with the goal of change. Black Feminist Post-structural theory proposes that education, a field predominantly dominated by women, should teach leadership roles. People should understand the importance of color and engage in research to

promote change through feminist actions that facilitate natural interactions between Black and White women (Garikipati & Kambhampati, 2021). Further, the theory emphasizes the need to view the social world in ways that illuminate the forces that support and create inequality, injustice, and oppression. In doing so, it is likely to promote the pursuit of justice and reduce inequality.

### *Crenshaw's Intersectionality*

Crenshaw (2021) indicates that intersectionality theory is a feminist perspective that calls for a radical reordering of society by eliminating male supremacy in the economic and social context while recognizing that women's experiences are affected by social divisions, for example, sexual orientation, class, and race. Radical feminists, therefore, view society as patriarchal, where men oppress and dominate women. With the radical feminism theory, abolishing patriarchy is key to liberating girls and women from an unjust society through challenging existing institutions and social norms (Culhane-Pera et al., 2021). The theory calls for raising public awareness about racism and violence against women by challenging the concept of gender roles. The theory emphasizes the importance of challenging the characterization of Black women in the United States and other countries with people of color as subjects of gendered and racialized capitalism. The feminist revolution, guided by this theory, seeks to achieve the elimination of male privileges and racial distinctions as its ultimate goal. The theory locates the root cause of oppression affecting Black women in patriarchal gender relations as opposed to class conflicts and legal systems. It is also important to note that Black women face a double tragedy as a result of the societies to which they belong. The theory, therefore, is essential in looking at the factors that can be considered enhancers of oppression against Black women in FQHCs.



## Recommendations

This section outlines actionable recommendations from the study's conclusions and findings (Yamak & Eyupoglu, 2021). The researcher organized the proposals to empower Black women leaders in FQHCs within the research field. They offer pathways likely to enhance environmental leadership, support professional growth, and promote a diverse understanding (Sundstrom et al., 2020). The recommendations include organizational changes, professional training and development, networking and mentorship, and avenues for further research.

### Organizational Changes

The recommendation for organizational change consists of fostering an inclusive culture that values different perspectives that are diverse and authentic. Establishing a transparent mechanism to address isolation, stereotypes, and microaggressions is vital (Brickner et al., 2022). At every level, leadership should proactively cultivate an environment that supports and celebrates the unique contributions of Black women leaders. Organizational change begins by fostering an inclusive culture that celebrates diversity in all dimensions (Sundstrom et al., 2020). FQHCs should prioritize creating an environment where individuals from all backgrounds, including Black women leaders, feel empowered, respected, and valued (Dhakal, 2022)—the necessity to comprehensively review the procedures, practices, and policies to identify areas of improvement.

Authentic voices valued among Black women leaders should be cherished and regarded as an asset that enriches the organization. FQHCs should encourage leaders to express their authentic selves without fearing repercussions (Chance, 2021). FQHCs should promote open dialogue by encouraging and supporting leaders to express themselves. This approach acknowledges leaders' multifaceted identities and reduces efforts to suppress or homogenize them. Establishing clear mechanisms to address isolation, stereotypes, and microaggressions is paramount. FQHCs should

implement training programs to increase awareness about the issues and provide strategies for preventing and managing them (Gomez & Bernet, 2019). Further, creating safe spaces for feedback and open discussions can foster an empathetic, mutually respectful culture, paving the way for a harmonious and supportive work environment.

All levels of leadership within FQHCs should take an active advocacy role for the growth and well-being of Black women leaders. This commitment is evident through mentorship advocacy for diverse representation and amplifying the voices of underrepresented leaders (McBride, 2018). By setting a positive example, leaders inspire others to contribute and actively foster an inclusive culture. The contributions of Black women leaders should not only be celebrated but also acknowledged. FQHCs can have awards and achievements recognized through formal channels such as recognition programs. In addition, platforms for Black women leaders to share success stories and accomplishments can create unity and inspire others within the organization (Blain, 2018). The recommendations collectively create a holistic framework for ushering in FQHC's transformational change with an ultimate contribution to a more empowering and equitable landscape in leadership.

Accountability demonstrates that leaders who do not prioritize diversity and inclusion may face consequences for their actions. Just as there is a reward for success, failure to create an environment of inclusion should carry consequences (Sundstrom et al., 2020). The attentiveness demonstrates a commitment and seriousness to fostering inclusion and diversity within FQHCs. Holding leaders accountable for supporting and embracing diversity can prove that underrepresented leaders are fundamental to creating a workplace culture that values inclusivity, equity, and authenticity (Blain, 2018). Accountability is the cornerstone of FQHCs' transformation into environments where Black women leaders thrive and make meaningful contributions.

Transparent reporting mechanisms can be implemented to track progress in inclusion and diversity, reinforcing leadership accountability (Darby et al., 2022). Regularly sharing data on mentorship initiatives and the outcomes of underrepresented leaders fosters a sense of transparency and ensures alignment of efforts with the organization's goals. Accountability also includes providing essential support and resources for the success and growth of underrepresented leaders (Brickner et al., 2022). The support and resources include opportunities for professional development, mentorship, and avenues for advancement. Leaders should actively champion the growth of Black women leaders within organizations, advocating for their success and eliminating any existing barriers (Brickner et al., 2022). Creating an inclusive environment where diversity is celebrated and recognized requires tangible actions for leadership accountability. Leaders must ensure that practices and policies are unbiased, creating a safe space where all voices are valued and heard.

#### *Professional Training and Development*

Investing in targeted professional development and training programs is vital. FQHCs should offer workshops addressing leadership skills, cultural competence, and implicit biases (Sundstrom et al., 2020). The programs can empower other leaders to effectively navigate challenges, enhance their leadership capabilities, and contribute to a more inclusive organizational climate. Formalizing and facilitating mentorship and networking initiatives is advisable to enable Black women leaders to connect and learn from one another (Yamak & Eyupoglu, 2021). Establishing mentorship relationships with senior leaders can help alleviate feelings of isolation and provide valuable guidance for career advancement.

FQHCs should prioritize training and workshop sessions that tackle implicit biases. By fostering awareness about these biases, leaders can learn how to recognize and mitigate their impact

on decision-making (Darby et al., 2022). These programs can create a more unbiased and equitable workplace where all leaders receive respectful and fair treatment. It is essential to integrate cultural competence training into the professional development curriculum. Such training equips leaders to navigate diverse cultural contexts effectively and sensitively, as Rosser-Mims (2018) suggested. A nuanced understanding of the different cultural backgrounds can improve patient care, collaboration, and communication, ultimately elevating the organization's overall effectiveness.

Workshops on leadership skills should cover various competencies, such as strategic thinking, conflict resolution, and communication. These programs empower women leaders to handle challenges, enhancing their capacity to drive positive change within their organizations and teams (Apugo, 2020). Furthermore, developing leadership initiatives can serve as a professional and personal growth foundation. It is essential to include specific training that will address challenges unique to Black women leaders, as highlighted by Chigbu (2019). These workshops can provide practical strategies for building resilience and overcoming stereotypes and microaggressions (Taylor, 2019). These tools ensure that leaders are better prepared to thrive and overcome obstacles.

Personal development programs play a pivotal role in fostering inclusivity by empowering leaders to become agents of change. Through active engagement in training that addresses cultural competence and biases, leaders can model inclusive behavior with the inspiration of the teams doing the same (Kleynhans et al., 2021). The ripple effect contributes to a culture within the organization that promotes collaboration and values diversity. Additionally, it advocates the importance of network and mentorship opportunities, research, and evaluation initiatives (Gomez & Bernet, 2019). Collectively, these efforts create a comprehensive framework for driving sustainable change, uplifting Black women leaders within FQHCs, and fostering a more equitable and inclusive leadership landscape.

Investing in professional development and training conveys the organization's commitment to continuous growth and learning. Leaders engaging in these programs strengthen the organizational culture, fostering expectations of shared commitment to ongoing development (Darby et al., 2022). Professional development initiatives also emphasize the importance of inclusive leadership principles. Leaders can learn how to create an open dialogue and safe space, promote diverse team collaboration, and actively seek out valid viewpoints. Inclusive leadership enhances employees' morale and engagement, contributing to a more innovative and productive work environment (McBride, 2018).

There is an unconscious influence on implicit biases, perceptions, and interactions. Addressing this bias can help leaders recognize and confront their prejudices, promoting and fostering self-awareness (Chance, 2021). Actively addressing these biases enables leaders to contribute to creating an inclusive and equitable workplace.

#### *Networking and Mentorship*

To enhance clarity, organizations should establish and formalize mentorship and networking initiatives that offer Black women leaders opportunities for connecting, sharing experiences, and learning from one another (Davis, 2023). Establishing relationships and mentorship opportunities with senior leaders can assist with feelings of isolation and provide valuable guidance for career advancement. FQHCs should proactively organize networking events and forums to facilitate formal networking opportunities for Black women leaders. These gatherings enable leaders to connect, establish supportive relationships, exchange ideas, and share their experiences (Bassett, 2019). Networking can assist leaders in finding common ground, learning from everyone's journey, and feeling a sense of community within the organization.

Implement formal mentorship programs to pair Black women leaders with senior leaders with more significant experience. Mentors can offer guidance with insights into the organization's dynamics and share their own experiences in navigating similar challenges (Chigbu, 2019). These relationships can help mentees develop a clear professional path, navigate obstacles, and envision a career path for advancement. Relational mentorships are vital in alleviating the feelings of isolation Black women leaders often experience (Gomez & Bernet, 2019). When mentees understand that unique challenges exist, leaders can feel a sense of support and belonging. Regular interactions with mentors provide a space to discuss concerns, seek advice, receive encouragement, and have meaningful discussions.

Mentorship provides a roadmap for advancing careers and growing in leadership. Mentors can assist mentees in setting achievable goals, developing leadership competence, and exploring opportunities for professional growth. The guidance provided by mentors can accelerate the career trajectories of Black women leaders, ultimately enhancing the impact of their leadership roles (Chance, 2021). A well-structured mentorship program builds a more robust leadership pipeline, even within FQHCs. As mentees become capable leaders, they can become potential mentors for the next generation. The cyclical process ensures the continuity of mentorship and supports most Black women leaders' ongoing development and growth (Gomez & Bernet, 2019). The recommendations provide a comprehensive framework for nurturing Black women leaders within FQHCs, fostering an empowerment, supportive, and growth-oriented environment.

#### Implications of Research

The study's implications are relevant and far-fetched across various dimensions, such as research, leadership opportunities, and professional practice. In professional practice, there is an emphasis on the importance of proactively addressing the challenges Black women leaders face in

FQHCs, the provision of networking and mentorship opportunities, and the fostering of inclusive leadership environments (Brickner et al., 2022). For leadership, the study underscores authenticity and highlights the challenges posed by traditional norms, illuminating the potential for innovative leadership approaches. From a research perspective, the investigation illuminates the terrain of Black women in leadership and opens avenues for exploring intersectionality, the influence of organizational culture, and the role of mentorship (Darby et al., 2022). This exploration also calls for comprehensive studies that investigate the impact of authenticity on the effectiveness and outcomes of leadership and organizations.

The concept of authenticity and its impact on organizational outcomes and leadership effectiveness warrant in-depth exploration (Yamak & Eyupoglu, 2021). Future research could investigate how leaders' authenticity influences factors such as employee engagement, performance, and corporate culture (Sundstrom et al., 2020). The studies can contribute to evidence-based practices for fostering authentic leadership. Furthermore, longitudinal studies that track career trajectories and the experiences of Black women leaders over time can provide valuable insights into their long-term contributions (Davis, 2023). These studies can uncover patterns, successes, and challenges that inform sustained support strategies and their advancement.

The historical complexity of women in leadership positions has been a longstanding problem. Still, they have often struggled to achieve success and recognition that have persisted for centuries (Davis, 2023). Persistent struggles have caused regular delays, obstructing their success and causing a significant professional burden on women as they work towards their own goals (Darby et al., 2022). For example, women often require additional mentorship and support to navigate the healthcare industry and develop leadership skills for success. Women have had to jump through hurdles hugely placed in the corporate world, thus advancing to leadership in top positions

despite the odds against them (Davis, 2023). Doing so can create a more diverse and inclusive workforce that benefits everyone. Although there has been progress in gender equality, women continue to face pervasive gender bias in their roles (Yamak & Eyupoglu, 2021). The multi-complexities that Black women face are no secret, as Black women continue to maneuver throughout organizations, facing microaggression and other forms of microaggression, such as microassault, microinsult, and microinvalidations.

While the study acknowledges the importance of mentorship, further research could focus on the nuances of mentorship relationships tailored explicitly toward Black women leaders (Apugo, 2020). Exploring the challenges, benefits, and dynamics of mentorship can provide insights for developing more customized mentorship programs that effectively address the specific needs of this demographic population (Gomez & Bernet, 2019).

Additionally, organizational culture's influence on Black women leaders' experiences warrants further investigation. Research could examine how organizational practices, values, and cultural norms impact their opportunities for growth, authentic leadership, and representation. Understanding organizational culture's role can guide interventions that foster a more supportive and inclusive environment (Rosser-Mims, 2018). The implied understanding gives insights into the complexities of leadership and informs strategies for overcoming barriers.

The implications of this study resonate across the research landscape, calling for more scholars to investigate the complexities of Black women's leadership experiences within the broader context of leadership theories, significance, and practices (Apugo, 2020). By venturing into uncharted territories, researchers can gain a more holistic and comprehensive understanding of organizational and leadership dynamics from diverse perspectives.



### Future Research

In connection with the study's limitations, future research could delve deeper into specific areas such as mentorship, authentic leadership, team dynamics, and the broader implications of various facets of authentic leadership (Darby et al., 2022). Investigating how authenticity shapes leadership styles and their impact on organizational outcomes can enhance our comprehension of the intersection between effective leadership and authenticity.

There is a need for qualitative research that goes deeper into the experiences of Black women leaders, which can help provide a comprehensive understanding (Chance, 2021). By conducting in-depth interviews, researchers can uncover intricate narratives that capture the full spectrum of challenges, personal triumphs, and coping strategies of the leaders within FQHCs. The exploration can further amplify the voices of Black women leaders and shed light on their unique journeys (Darby et al., 2022).

Furthermore, investigating authentic leadership's impact on organizational team dynamics and outcomes presents a compelling avenue for research (Apugo, 2020). By examining how leaders' authenticity influences factors such as satisfaction, employee engagement, and organizational performance, researchers can build practical cases demonstrating the benefits of fostering authentic leadership within FQHCs. The research can provide valuable insights to prioritize environments where authenticity is central.

Collaboration between research organizations and academic institutions presents an opportunity to explore authenticity, the intersection of diversity, and a broader leadership scale (Darby et al., 2022). Joint research efforts can leverage diverse perspectives and expertise, thus yielding comprehensive insights into the creation of inclusive leadership environments within

FQHCs. Collaborative research initiatives strengthen the applicability and credibility of findings and analyses (Taylor, 2019).

The avenues for further research hold the potential to deepen our understanding of the experiences of Black women leaders, enhance leadership practices with FQHCs, and contribute to a broader discourse on leadership effectiveness, authenticity, and diversity (Davis, 2023). By embarking on research journeys, we can drive meaningful collective change and create a more equitable and inclusive leadership landscape.

### *Evaluation and Research*

Fostering a culture of evaluation and promoting the existence of research within FQHCs is vital. Regular assessments of leadership diversity and inclusion efforts can provide valuable insights into the effectiveness of implementing changes (Yamak & Eyupoglu, 2021). This research focused on the experiences of most Black women leaders, the impact of leadership authenticity, and the efficiency of mentorship programs. These findings contribute to a more comprehensive understanding of this area.

Additionally, regular assessments are essential to evaluate the effectiveness of inclusion and diversity efforts within FQHCs. Regular assessments involve tracking Black women leaders' representation across various leadership levels and monitoring the organizational climate for inclusivity (Sundstrom et al., 2020). The data collected through these assessments can inform the effectiveness of implemented changes and guide further enhancements.

Conducting research studies that delve deeper into the experiences of Black women leaders is vital. These studies can provide qualitative insights into their challenges and strategies for success (Chance, 2021). By amplifying the voices of Black women, FQHCs can better understand the nuances of their leadership journeys.

Research studies exploring authenticity's impact on leadership effectiveness can provide valuable insights. Investigating how organizational performance and team dynamics influence leadership outcomes can shed light on the tangible benefits of cultivating an authentic leadership culture (Davis, 2023).

In addition, research studies have focused on the efficiency of mentorship programs for Black women leaders, which can contribute to evidence-based practices. By assessing program outcomes and participants' experiences, FQHCs can fine-tune these initiatives and ensure meaningful results (Darby et al., 2022). The research can guide the development of mentorship strategies that comprehensively support leadership growth.

### Conclusion

This chapter has provided the study's findings, engaged in comprehensive discussions, provided recommendations and implications, and concluded future research. Empowerment, resilience, and authenticity-driven challenges mark the journey of Black women leaders in FQHCs. The phenomenon study's insights are significant for understanding leadership advancement and inspiring actionable changes that foster compelling, diverse, and inclusive leadership environments beyond FQHCs.

Throughout their journey in studying the triumphs and challenges of FQHCs, Black women leaders have uncovered profound insights that often extend beyond the immediate context and remain relevant in broader contexts. By highlighting the challenges, showcasing the power of authenticity, and exploring strategies to cope with inclusion and diversity, this current study contributes to a broader leadership dialogue. Therefore, recommendations pave the way for tangible change, FQHCs encouragement, and the leaders to forge an authenticity that thrives in the future, thus having leadership and diversity celebrated and redefined for a better future.

## Appendices

### Appendix 1

#### Interview Protocol Preliminary Questions

- Thank you for taking the time to speak with me.
- I will give you some information about the project and my goal for speaking with you today. The interview will take approximately 60 minutes. Please let me know if you wish to take a break, and we will restart upon your return. To complete a study, I want to interview and understand the complexities of achieving and sustaining a leadership role in a healthcare organization as a Black woman for my dissertation. In gathering this information from you, I can better understand "why this role" and "what makes you thrive in these positions within your organization?"
- Confidentiality: I want to assure you that your identity and all information you give me are strictly confidential. I will not be reporting your name or job title other than "a letter in the organization" to anyone. I will not attach your name to any comments you make and will use your assigned participant number only or your pseudonym to reference your comments and thoughts. You will get the opportunity to review your transcripts. Moreover, associated documents so that you can approve or not approve the information to be included in my study.

#### **Preliminary Questions:**

- i. What race/ethnicity do you identify with?
- ii. What is your age range? 29-39, 40-49, 40-59, 60-69-70-79
- iii. What is your title?
- iv. What is your educational level?
- v. How long have you been in your current position?
- vi. How long have you been in healthcare leadership?

vii. What are your thoughts about gender diversity in your career?

**Prompts:**

- a. Tell me a bit about your work environment.
- b. Tell me about diversity within your organization and diversity within your organization's management.
- c. Tell me how you feel regarding the work environment; do you feel belonging or connectedness? Why or why not?
- d. What opportunities do you have to build or strengthen your leadership skills in your work environment?

## Appendix 2:

## Semi-Structured Interview Questions

1. Reflecting on your experiences, can you share a time when a failure turned into a victory? How did this experience shape your leadership?
2. What attributes as a Black woman do you appreciate that have contributed to your success as a leader? Whom do you credit for paving the way for you?
3. How do you handle constant change in the healthcare industry? Do you find it rewarding or stressful? How do you respond if you feel a change was a mistake within the organization?
4. Have you ever encountered prejudice or bias as a leader, either on your way up to your role or within your current position? Can you share an experience and how it impacted your career?
5. How have these experiences shaped your career thus far? What strategies or coping mechanisms have you developed to address them?
6. What unique gifts and talents do you possess that have contributed to your leadership style? What accomplishments have given you the greatest satisfaction?
7. What unique gifts and talents do you possess that have contributed to your leadership style? What accomplishments have given you the greatest satisfaction?
8. Do you believe your nationality, race, and gender have impacted your leadership style? How would you describe your leadership style based on your experiences, talents, and skills?
8. Finally, do you have any questions or clarifications about the project or the interview process?

## Appendix 3

### Bill of Rights for Research Participants

As a participant in a research study, you have the right:

1. To have enough time to decide whether to be in the research study and to make that decision without any pressure from the people conducting the research.
2. To refuse to be in the study at all or to stop participating at any time after you begin the study.
3. To be told what the study is trying to find out, what will happen to you, and what you will be asked to do if you are in the study.
4. To be told about the foreseeable risks of being in the study.
5. To be told about the possible benefits of being in the study.
6. To be told whether there are any costs associated with being in the study and whether you will be compensated for participating in the study.
7. To be told who will have access to information collected about you and how your confidentiality will be protected.
8. To be told whom to contact with questions about the research, research-related injury, and about your rights as a research subject.

## Appendix 4

## CONSENT FORM



**INFORMED CONSENT FOR Research on:  
The Struggles Black Women Face in Leadership in Federally Qualified Community Health  
Centers in South Carolina**

You are invited to participate in a research study to explore the struggles Black women in leadership in FQHCs face through the lenses of Women's Ways of Knowing, Black Feminist post-structuralists, and Crenshaw's Intersectionality at this organization. This study will include an examination of Black women as leadership participants. The design is to explore the views and experiences and utilize these experiences to add to the existing knowledge of Black women in leadership related to Women's Ways of Knowing Black Feminist Post-structuralism and Crenshaw's Intersectionality. Your data will be anonymously reported and will be kept confidential.

This study is being conducted by Sharon Black, a Ph.D. candidate in the field of Leadership Studies from Anderson University, under the supervision of Dr. Pamela Larde, Chair. You were selected as a participant because you have been identified as a Black woman in leadership in FQHCs in South Carolina with over one year's experience.

If you decide to participate, I will describe the procedures to be followed, including how long the procedures will take, the frequency of participant participation, and how long total participation will require.

**Procedures:**

Face-to-face, via Zoom, semi-structured interviews will be conducted with participants in a private setting that offers a comfortable and relaxed atmosphere. Each interview will be approximately 60 minutes in duration.

**Risks and Benefits:**

There are no known risks associated with participating in this study. The benefits of participating include understanding Black women's healthcare leadership struggles. It also contributes to the body of research by exploring the participants' experience as applicable at this organization and within other organizations amid Women's Ways of Knowing, Black Feminist Post-structuralism, and Crenshaw's Intersectionality.

**Confidentiality:**

All the information this study provides will be kept confidential and destroyed after appropriate use. Your name will not be used in any reports or publications. A code list, or name,



will be used. The researcher will be using a confidential transcription service. The researcher will access the collected data and maintain all information in a safe, secure location.

**Voluntary Participation:**

Participation in this study is voluntary. You may withdraw your consent and discontinue participation at any time without penalty. You may withdraw any data collected about yourself if that data is identifiable. I cannot promise that you will receive any or all the benefits described.

Information collected through participation may be used (e.g., to fulfill an educational requirement for completing my dissertation, published in a professional journal, and/or presented at a professional meeting, etc.) If so, none of your identifiable information will be included.

If you have any questions, I invite you to ask them now. If you have questions later, please contact me, Sharon Black, at 843.861.3577 or [sblack101@andersonuniversity.com](mailto:sblack101@andersonuniversity.com). You will be provided with a copy of this form to keep.

For more information regarding your rights as a research participant, you may contact the Chairs of the Human Subjects Committee(HSC)/Institutional Review Board by phone or email. The HSC Chairs, Dr. Joni Criswell and Dr. Robert Franklin, can be reached at (864) 231-2000 or by e-mail at [hsc@andersonuniversity.edu](mailto:hsc@andersonuniversity.edu).

**HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.**

\_\_\_\_\_  
Participant's signature                      Date

\_\_\_\_\_  
Investigator's signature                      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

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