INTEGRATIVE LEADERSHIP PLAN FOR AN INTEGRATIVE HEALING CENTRE

by

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Abstract

This study resulted in an Integrative Leadership Plan for an integrative healing centre in a northern Canadian city. As an Occupational therapist, the author sought partnerships among conventional and complementary and alternative medicine (CAM) practitioners and acknowledgement of the collective worth of this collaboration. The Integrative Leadership Plan gives the proposed business venture an ethical foundation to inspire respect and relationships among practitioners, healthcare providers, and patients. A direct content analysis method was used to identify the interactions of people through a literature review. Hermeneutic phenomenology exposed the phenomena of the human experience by utilizing integrative leadership and healthcare models of practices. The Integrative Leadership Plan draws on leadership literature and a review of relevant professional material; including examples from established businesses to present a clear vision and mission, sections on ethics and professionalism, a description of the characteristics of an ideal facility, and elements of a conventional business plan. This Integrative Leadership Plan is a first step towards establishing one venue where patients can address their physical, mental, emotional, and spiritual health with licensed and qualified practitioners.

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Acknowledgements

My community of support involves many people and I need to acknowledge their support during the last three years. My family and friends have observed my growth from a Rehabilitation Assistant to an Occupational therapist and soon to be a graduate of the Master of Education program. My employer and amazing coworkers have been flexible with my schedule to allow for class time, research, writing, and developing this project. Grande Prairie and area has an expanding community of healthcare professionals, healers, energy workers, and facilitators who have encouraged me to develop this Integrative Leadership Plan. And finally a huge thank you to Dr. Andrew Kitchenham, Dr. John Sherry, Dr. Willow Brown, Dr. Bryan Hartman, Dr. Dawn Hemingway, and Sandra Impey for guiding my project to what you read today. Without every single person who supported me, this project would not be possible. I hope to see my dreams become a reality in the years ahead.

Chapter 1: Introduction

Clinics around the world are promoted as offering integrative medical services. A quick Google search yields a list of integrative medical centres that are "healthcare institutions: to treat the whole person—mind, body and spirit—not just the disease" (Mayo Clinic, 2013, p. 10). The growth of public and private integrative medical centres over the last decade has been observed globally. Integrative centres diagnose and treat beyond the conventional medical model of practice to include the whole person, which has expanded medical treatments that originate from traditional, conventional, and alternative practices.

In Grande Prairie, we have a clinic called the *Northwest Wellness Centre*, with a mission "to create a patient centered wellness program that integrates the skills of different practitioners… [and] to promote optimal healing of the mind, body and spirit" (Northwest Wellness Centre website, n.d., para. 2). However, in my line of work as an Occupational therapist in Grande Prairie, I have not heard any conventional health professionals refer to this centre. When I reviewed this centre's website, I noticed that the primary practitioners were focused on complementary and alternative medicine (CAM) therapies and not on conventional options. The persistent divide between CAM in this, and other communities, provides opportunities to establish clinics that promote wellness through a truly integrative or complementary approach.

Grande Prairie is a northern city in Alberta that has become a growing centre for business and healthcare. Our community has outgrown our current hospital and Alberta Health Services estimates the opening of our new Grande Prairie Regional Hospital in 2017. With a diverse mix of publicly and privately funded healthcare services, this city is becoming a tertiary centre for conventional, traditional, complementary, and alternative medical practices.

With the growth of this community, Alberta Health Services offers a variety of leadership opportunities for frontline and managerial staff. Leadership has changed over the years from a top-down approach to a place where healthcare, and general businesses, recognizes the importance of leadership from any level. Some may consider this a bottom-up approach to leadership but I see an opportunity for integrative leadership.

Integrative leadership can change how Grande Prairie, and the world, view healthcare and service delivery into an integrative approach. Most of the general public, and this does include healthcare professionals, are unaware that our current healthcare system has an opportunity to integrate traditional, complementary, and alternative medical practices with conventional medicine. Integrative healthcare is forward thinking and occurring in other communities around the world. This study will provide the readers with knowledge of the research and fundamentals behind integrative leadership, integrative healthcare, and the business opportunity to meld conventional, traditional, complementary, and alternative medical treatments into one healing centre.

Purpose and Organization of the Study

In this study, I have developed a leadership plan (Chapter 4) for an integrative healing centre that aspires to bridge conventional, traditional, complementary, and alternative treatments. The purpose of this plan was to articulate a clear vision for a business venue that has potential to offer residents of a small Canadian city the benefits of an integrative healthcare approach that is gaining credibility internationally (cf. Benson-Henry Institute for Mind Body Medicine, 2014; Goldman, 2014; Mayo Clinic, 2013; National Centre for Complementary and Alternative Medicine, 2014). I have coined the term *Integrative Leadership Plan* for this study to describe one document that combines a vision of the ethics and professionalism of the proposed centre

with a more conventional business plan adapted from the Business Development Canada (BDC, n.d.) document.

Research Focus Questions

The central research question of this study was: *What is a defensible personal vision for an integrative healing centre in Grande Prairie?* Related questions are:

1. What is my vision for integrative healthcare?
2. How will I develop as an integrative leader to achieve this vision?
3. What kind of business will help to bring this vision to the Grande Prairie area?
4. What kind of venue or facility will be needed to bring this vision to life?
5. What relationship with other healthcare providers will support my vision?

Conceptual Approach to Leadership

My leadership approach, or conceptual framework, was drawn from the principles of *Integrative Leadership (*Hatala & Hatala, 2005*)*. These authors developed this framework to support the growth of individuals as healthcare providers, business owners, CAM practitioners, and community leaders. Integrative leadership seemed a fitting conceptual framework for providing healthcare because the approach is concerned with the healing of the whole person by addressing mental, emotional, and spiritual aspects as well as the physical remedies that are the focus of conventional medicine. The Integrative Leader is one who is physically intelligent with their actions; mentally intelligent with their self-awareness; emotionally intelligent by inspiring others; and spiritually intelligent by leading from a higher purpose (Hatala & Brown Hatala, 2003, p. 2).

Hatala and Hatala (2005) have synthesized their approach to leadership from a variety of prominent works in the leadership field (see also Collins, 2001; Covey, 1990; Goleman, 2002; Kouzes & Posner, 2002). Their approach to leadership emphasizes attention to the whole person for both leaders and followers, encourages meaning making, and working toward coherent personal and organizational values. With a comprehensive Integrative Leadership Plan in place, I am equipped with the knowledge to obtain a facility and arrange partnerships with a variety of healthcare professionals to begin offering integrative healthcare services. This framework will be explored further in Chapter 3 of this project.

The Emergence of Integrative Healthcare

Globally, especially in the United States, centres have been available for the public to explore conventional, traditional, complementary, and alternative health practice options with evidence-based research to support treatment. Harvard Medical School and Massachusetts General Physicians Organization were the founding members of the Benson-Henry Institute for Mind Body Medicine (BHI). Since 2006 (Benson-Henry Institute, n.d), this institution has integrated mind and body medicine through evidence-based research; training opportunities for staff and students; and through clinical treatment of physical and emotional impairments based on the work of Dr. Benson from the 1960s.

The seminal work of Myss (1996), a medical intuitive, discussed her partnership with Dr. Shealy at Harvard University that began as early as 1984. Although her original work is out of print, Myss (1996) had gone on to write a variety of books regarding medical intuition and diseases stemming from physical, emotional, mental, and spiritual sources. Therefore, it was no surprise that this highly regarded university would be associated with an innovative integrative health centre.

Dr. Shealy was one of the founding members, with Dr. McGarey and others, of the American Holistic Medical Association (AMHA) that began in 1978. The AHMA "was founded to unite licensed medical doctors who practice holistic medicine, and provide a 'safe space' for sharing, networking and collaboration" (AMHA, n.d., para. 3). This association has a variety of integrative fellowships with clinical, research, and online studies at a variety of universities, colleges, and medical centres around the United States. The longevity of this organization demonstrates the viability of integrating conventional healthcare with holistic practices.

Integrative Centres

Large centres, such as the Mayo Clinics, are part of a greater network called the Consortium of Academic Health Centres for Integrative Medicine (Consortium). The mission of the Consortium (Consortium, n.d.) has been to bring integrative healthcare to educational and healthcare facilities with evidence-based research, clinical care, policies, and procedures while supporting the educators and practitioners who foster the melding of conventional and CAM approaches. This collective voice has a membership of fifty-seven medical and treatment centres around the world and includes Canada's McMaster University and the University of Alberta. Some of these academic centres offer training opportunities for medical and allied health professionals.

On a national level in Canada, a variety of academic institutes, medical centres, organizations, and smaller centres are available to support integrative practices. In the area of mental health, the Canadian Institute of Natural and Integrative Medicine (CINIM) provides peer reviewed journal articles to support evidence-based research for treating patients with complementary and alternative medical practices. Larger entrepreneurial centres in Alberta, such as the Integrative Medical Institute of Canada and Hoffman Centre for Integrative Medicine

in Calgary, are environments in which medical and healthcare professionals have been able to diversify their conventional treatments.

Larger integrative centres are creating their own resources for their patients and the general public. The Mayo Clinic's (2013) publication, *The Mayo Clinic Book of Alternative Medicine and Home Remedies* utilizes a green, yellow, and red light system for herbs and other dietary supplements, mind-body medicine, energy therapies, hands-on therapies, and other approaches in an easy-to-use resource. The risks and benefits are simple to read for the public. The Mayo Clinic's Osher Centre for Integrative Medicine, Institute for Integrative Health, and Duke Integrative Medicine are examples of facilities providing the public with integrative healthcare in the United States.

Renowned universities and hospitals are supporting the future of integrative healthcare. Along with the universities mentioned earlier, a Google internet search lists University of California, University of San Francisco, Duke University, University of Minnesota, and so on as providing educational opportunities for integrating conventional medicine and CAM. In Canada, smaller centres are opening their doors in Vancouver, Calgary, and, to a limited degree to date, in Grande Prairie.

Integrative health centres are a growing trend in healthcare and has attracted my interest as both an allied health professional and as a CAM practitioner. The above facilities and centres are available now to the public and reinforce the future growth of an integrative healthcare system. Validation of my vision for an integrative healing centre is supported by the research in integrative leadership and the growing research in integrative practices and CAM therapies.

My Journey as a Healthcare Provider

Healthcare has been the primary focus of my career for years now; some would call it my life path. Healthcare is dynamic and always shifting in response to changes in policies and procedures, acuity of clientele, new programs, and funding. No one could ever refer to the current healthcare system as stagnant. At the same time, my own perspective as a healthcare professional has changed as a result of my experiences of working within the conventional healthcare system. Lately, the reasons I entered this line of work are not as evident. The values and beliefs ingrained in me during my career have become less congruent with those of our current system. It seems as though healthcare has become a business that revolves around budgets, policies, and procedures versus placing patients first.

I believe this incongruence was my call to action to create an integrative centre that would be a viable business but would also put the physical, mental, emotional, and spiritual health of patients and staff as the number one priority. Each of these areas is as important as the other three to create balance, health, and wellness. These values and beliefs made me decide to enter healthcare and to develop what I want to bring to the Grande Prairie area through an integrative healing centre.

I want health to expand beyond orthodox medicine into something that has an opportunity to be life transforming. These were the reasons I went into healthcare. I believed that I could help people get better through the rehabilitation model, whereas now I have been forced to support the need for documentation, form completion, and paper files versus direct patient care. My occupational therapy background has a solid foundation in assessing and treating the areas of physical, mental, emotional, spiritual, cultural, and environmental factors for a variety of clientele. The ability to offer one-to-one or group services to those who walk

through the door of this integrative centre goes back to the roots of my education and early career. I want the general public to have the opportunity to be leaders in their own health versus followers of what the healthcare system and insurance companies dictate through funding; direct by policies and procedures; due to waitlists with prioritization guidelines; and a history based on strong medical model practices.

Integrating my conventional qualification and experience as an Occupational therapist with the readings, courses, and trainings in Chakra Balancing, Craniosacral Therapy, Muscle Energy Techniques, and Medical Intuitive practices over the last year has expanded my repertoire of treatment options beyond my occupational therapy skills. Myss (1996) enlightened my awareness when I read her assertion that developing *symbolic sight* will

> enhance your intuitive ability because it will teach you a healthy objectivity that brings out the symbolic meaning of events, people, and challenges, most especially perhaps the painful challenges of illness. Symbolic sight lets you see into your spirit and your limitless potential for healing and wholeness. (p. 8)

I realized that something had been missing since the day I graduated from the University of Alberta in 2004 with a Bachelor of Science Occupational Therapy degree. I have been searching for other options to expand my career and I honestly thought that teaching or management was the answer. I felt that if I was stuck in my career that the only journey was to teach in an academic facility or by becoming a senior therapist, professional practice lead, or manager.

The way that Myss (1996) described symbolic sight in her seminal work captured many moments I have been experiencing for the last decade, especially regarding healing. Although the practices that Myss (1996) described are not supported by empirical or evidence-based research, her work is inspirational to me. As my career and knowledge expands, I believe that I find more fulfilment when my professional practice is part of mutual respect between

conventional, traditional, complementary, and alternative medicines. More importantly, I believe the public benefits from a more integrative model of practice.

I think of myself as an aspiring leader in integrative healthcare. My career and educational growth had placed me at a variety of crossroads where I started making choices regarding my present and future leadership practices. My graduate work in education had taught me the value of evidence-based research; report and proposal writing skills; exploring *collective worth* (Kaser & Halbert, 2009); and how powerful, yet subtle, leadership can be. I created a personal philosophy statement to guide my daily interactions as a health practitioner and leader. I continue to develop on a professional and personal level. My values and beliefs remain the guides of my actions, behaviours, and choices.

My Vision for an Integrative Healing Centre

Commercial properties are available to open a healing and conference centre that would follow integrative medical practices. An opportunity to support provincial health services with an integrative centre for conventional, traditional, complementary, and alternative medicine would benefit the public as well as physicians, allied healthcare providers, and CAM practitioners. The proposed healing centre, as described in Chapter 4, would be a central venue for assessment and treatment as well as health education in the areas of physical, mental, emotional, and spiritual well-being. This venue could also be used as a meeting space for recovery groups or wellness programs. Such a facility would complement a small city's regional services for disease, illnesses, and ailments.

This integrative centre allows me to combine my practices as an Occupational therapist, dance instructor, and CAM practitioner to occur in one environment. This would allow me to go back to my grass roots in occupational therapy by exploring the physical, mental, emotional,

spiritual, cultural, and environmental contexts in people's lives. The option of one centre is attractive to like-minded healthcare professionals, including physicians, nurses, allied health, and other licensed professionals to collaborate on patient care. As the business owner, I will be able to utilize the leadership skills I have learned through sports, community groups, healthcare, and graduate studies. I can carefully consider the practitioners who will offer services in this centre. I can also encourage conventional and CAM professionals to participate together in educational opportunities and promote a collective worth mindset as an alternative to the single unit mentality of some professions. In this venue, the integrative leadership framework is the foundation of my personal, professional, and business life.

As a leader, I want to open the doors of opportunity for people of the northern regions of Alberta and British Columbia. These people may be professionals in healthcare, CAM, and a variety of industries or those in recovery programs and the general public who want to make changes in their lives. I entered this healthcare profession to help people get well and somewhere along the way these opportunities have become more of a reactive system versus sustained support for patient empowerment. Doors to CAM treatments were opened for me because I was ready to explore options and opportunities to better serve my patients. Recently there has been a shift in thinking that encourages people to regain control over their wellness; to promote their strengths; and to question the effectiveness of conventional medicine alone. After years in the healthcare industry, I have learned that you cannot force people to change so I want the people who come to this centre to be ready to work toward wellness of mind, body, and soul through an integrative model of practice. Hatala and Hatala (2005) have offered a concise description of my vision for this healing centre:

> Through personal connection, thoughtful education, courageous and heartfelt application of these universal laws and principle in all facets of our life and work, each of us can

> become in time the fully human foundation upon which the coming age of wisdom, synthesis and integration may be built. (p. 203)

As others observe me living my life, managing my business, and providing leadership in the community with the integrity of my personal philosophy statement, I believe that healthcare professionals and the public will want to engage with the healing centre that I create.

Chapter Summary

In this chapter, I identified a problem – the chasm between conventional medicine and CAM – and I reframed it as an opportunity to create a plan for a healing centre designed to integrate these approaches. The northern community I live in has become a regional centre for healthcare and business. I see the opportunity to create an integrative healing centre as a successful and sustainable business. In making that statement, I also recognize that to build such a business I need to have a leadership plan in place.

An *Integrative Leadership Plan* supports my central research question of my personal vision for an integrative healing centre in Grande Prairie. I identified focus questions for this study and outlined my conceptual approach to leadership. In this chapter, I provided information on the emergence of integrative healthcare as a supporting rationale for the study and contextualized my purpose within a global movement. The chapter concluded with a description of my journey as a healthcare provider, which reveals my own motivation for this study, and an outline of my vision for an integrative healthcare centre.

The first three chapters of my project introduce the problem, provide a literature review, and outline the method that I have used to construct the plan. In the fourth chapter, I provide my Integrative Leadership Plan that deals with such topics as mission and vision; ethics; professionalism and relationships with colleagues, associates, and patients, including commitment to ongoing professional learning for healthcare providers; and the design and

maintenance of a facility to support the vision for this patient-centred business. The Integrative Leadership Plan concludes with elements of a conventional business plan, including marketing strategies, although financial details for a specific venue have not been included. The final chapter is a reflection on the steps toward becoming an integrative leader and summarized the relevant information to my research focus questions. I also documented my reflections during and after the planning process, especially those related to the development of the vision of me as a leader in integrative healthcare.

Chapter 2: Literature Review

The previous chapter highlighted the purpose for an integrative approach to healing while introducing the concepts of integrative leadership, integrative healthcare, and integrative centres. This chapter will provide the foundation for integrative leadership and integrative healthcare. Research will be presented in an unbiased format with regards to integrative healthcare and the association with complementary and alternative medicine.

Both academic and professional literature was reviewed to expand the rationale for an Integrative Leadership Plan and to support the development of a comprehensive leadership and business plan. By outlining the recent history of CAM and resources available for CAM practitioners, the reader gains an understanding regarding credentialing, research, categories of CAM treatments, publications, and mainstream resources. The next sections focus on communication challenges, collaboration opportunities, and involving others in engagement as this was important to consider for the development of the vision and the relationships sections of the Integrative Leadership Plan.

History of the Development of CAM

The Mayo Clinic's (2013) *Book of Alternative Medicine and Home Remedies* presented the history of CAM as it became more popular in the 1990s to support the mind, body, and soul work delivered by professionals. Other terms such as *traditional, unorthodox, unconventional, alternative, holistic,* and *integrative* can be applied to the various additional treatments that are included under the CAM umbrella. Holistic health comes from the word *whole,* in which the client utilizes conventional and CAM treatments for his or her health and wellness of mind, body, and soul ailments. The word *integra*, as the root word of *integrative*, also means to make whole.

The explosion in the popularity of CAM therapies prompted Eisenberg, Cohen, Hrbek, Grayzel, Van Rompay, and Cooper (2002) to discuss the need for credentialing CAM practitioners, such as chiropractors, acupuncturists, naturopathic doctors, massage therapists, and providers of herbal medicine in the United States. Since the 1800s, state legislatures and professional medical organizations have licensed physicians and allied health professionals, described as conventional, non-physician providers. Each profession has standards of practice in place so that the general public, and other healthcare professionals, can expect a certain level of care and competencies when receiving treatment. These authors made an important point about the regulation of healthcare professionals:

> ...legislative recognition trumps medical recognition: State legislatures can license providers and thereby grant citizens access to certain therapies, even if scientific debate has not concluded in favor of those modalities. (p. 965)

Eisenberg and associates brought forth the concern that conventional practitioners must have an educational background; be registered with a licensing board; maintain a level of competency; and provide healthcare based on evidence-based practices. At the time of this article it was determined that CAM practitioners did not have the same requirements in place. Lester (2010) explained in the United States that each state differs for each profession when it comes to credentials, licensing, competencies, education, and treatment delivery. When a healthcare professional or CAM practitioner is licensed in North America, or internationally, the patient is not always guaranteed safe or effective treatment. Unfortunately, licensing bodies can only ensure a certain level of requirements and rely on the honesty of each professional when completing required documentation annually.

A recent article in *Trends in Molecular Medicine* (Gorski & Novella, 2014) questioned the research practices of integrative medicine. The *Science & Society* section of this journal posed

the title "Clinical trial of integrative medicine: testing whether magic works?" and concluded with the following concerns:

> ...in these days of extreme scarcity of research funding, it is difficult to justify spending precious research dollars carrying out RCTs [randomized clinical trials] where the likelihood of producing a true positive trial is so low.....should be based on scientifically well-supported preclinical observations that justify them, preferably with biomarkers to guide patient selection and follow-up. Until scientific CAM and IM [integrative medicine] modalities achieve that level of preclinical evidence, RCTs testing them cannot be scientifically or ethically justified. That is science-based, rather than evidence-based, medicine. (Gorski & Novella, 2014, p. 476)

These authors wanted CAM modalities to be completed as preclinical tests in petri dishes (in vitro studies); followed by animal studies; ended with clinical trials with stronger methods to demonstrate science-based medicine versus evidence-based medicine. Other quantitative and qualitative studies are unable to follow the standards of research proposed as science-based medicine. The struggle for human based evidence is that not all scientific studies can follow the proposed guidelines suggested by Gorski and Novella (2014). The AMHA, BHI, Consortium, National Centre for Complementary and Alternative Medicine (NCCAM), and other organizations support evidence-based research to the best of their ability to provide effective and safe CAM practices around the world. The research presented the risks and benefits of such practices as to inform the educators, healthcare professionals, and CAM practitioners.

Although conventional, CAM educators, organizations, and providers attempt to provide the best possible service for their patients, history continues to demonstrate that none of these services will always meet the patients' needs or be safe at all times. The vision for the integrative healing centre is to create one facility that provides treatment options from conventional, traditional, complementary, and alternative medical practitioners, working in a collaborative environment, so the patient can be well informed of the risks and benefits of each treatment.

Current Resources for Integrative Practices and CAM

Integrative resources are growing in the area of leadership. *Integral Leadership Review, Journal of Healthcare Leadership*, *American Psychologist*, *Journal of Management*, *Journal of Leadership Studies*, and *Preventing Chronic Disease Public Health Research, Practice, and Policy* are all examples of journals that have published articles using the terms *integrative, collaborative,* and *collective* in the area of leadership and healthcare. These resources have articles and case studies that support the shift to a more integrative model of practice.

The resource most cited to define CAM comes from the NCCAM. This organization is a branch of the National Institute of Health and it is funded by the U.S. Department of Health and Human Services. Although this organization was scrutinized by Gorski and Novella (2014), it does fund a variety of evidence-based studies to support or discredit scientific research regarding CAM practices. The NCCAM describes CAM, or the preferred term *complementary health approaches*, as the practices that fall outside of conventional, European, or Western medicine. Nemer (2010), a medical doctor candidate at Harvard Medical School, organized CAM practices into five major categories: (a) *natural products* such as dietary supplements, (b) *mind-body medicine* such as meditation and acupuncture, (c) *manipulative and body-based practices* such as massage and chiropractic spinal manipulation, (d) *alternative medical systems*, including homeopathy, naturopathy, and traditional Chinese medicine, and (e) *energy healing* such as magnet therapy and Reiki (p. 2).

A significant amount of research from 2002-2014 provided a comprehensive review of the risks and benefits for CAM interventions. *The Journal of Alternative and Complementary Medicine*, *BioMed Central (BMC) Complementary and Alternative Medicine* journal, and other resources are available with research-based, peer-reviewed articles. Some of these articles are

available on PubMed, which is a popular search engine for healthcare providers. The authors have provided quantitative and qualitative evidence-based research on CAM treatments to support or negate the effectiveness of such interventions. Schjott and Erdal (2014) referred to the Regional Medicines Information and Pharmacovigilance Centres in Norway (RELIS) that has databases available for physicians, pharmacists, and allied health professionals to contact with questions regarding CAM practices. This network provided evidence to support these professionals when making a decision to add alternative medications during drug therapy with conventional medications. These resources have begun to provide the evidence-based research required to legitimize and elevate the status of CAM in comparison to conventional medicine. The legitimization of CAM is also aided by the collective strength of educational centres, healthcare facilities, and increasing membership in organizations supporting CAM treatments.

More mainstream publications have transpired to provide current evidence-based research accessible to the general public. Most recently, the Mayo Clinic and Hay House have published easy-to-read books to inform people of a variety of CAM options. The Mayo Clinic (2013) resource covered topics, such as *today's new medicine*, *guide to alternative therapies,* and *your action plan*. This resource provided an alphabetized list of therapy options and also referenced specific medical conditions, making it a quick reference for professionals and public.

Hay and Schultz (2013) collaborated to publish *All is Well: Heal Your Body with Medicine, Affirmations, and Intuition.* The authors developed a book that integrates a variety of healing methods by melding conventional interventions with alternative therapies and by focusing on the seven emotional centres of the body. Each chapter focused on one of the emotional centres and described the area of the body impacted; provided a variety of affirmations; and discussed the evidence-based science that corresponds with this centre. The

sections included clinical case studies and descriptions of conventional and CAM treatment options that included diagnostic interventions, pharmaceuticals, herbs, affirmations, behaviour modifications, and intuitive practices. Although Schultz was the primary author of this book, she often referred to Hay's lifelong research and included Hay's alphabetical table of common physical problems that provided the probable emotional cause and new thought patterns required.

Communication

One of the biggest risks with the use of CAM practices is the patients' lack of disclosure to their healthcare providers, which sometime occurs because the provider did not inquire or the patient did not feel comfortable having the discussion. For instance, Strouss, Mackley, Guillen, Paul, and Locke (2014) demonstrated that a patient's family and friends included approximately three quarters of CAM recommenders, only 15.5% of those recommenders came from obstetrical providers, and slightly more than 60 percent of obstetricians were cognizant of CAM use. A large number of pregnant women are utilizing CAM therapies and over a third is not reporting these treatments to their medical professionals. As with any conventional medical treatment, the contraindications need to be discussed between patient and physicians as there could be significant impact to the development of the fetus. The medical treatments can include conventional, traditional, complementary, and alternative practices.

Some authors (cf. McGregor, Puhl, Reinhart, Injeyan, & Soave, 2014; Skovgaard, Pedersen, & Verhoef, 2014; Strous et al., 2014) have referred to an absence of interest; poor physician knowledge of CAM; lack of communication; non-openness of physicians; patient fear of a negative response; differences in views; or lack of collaboration between providers as barriers for communication. These barriers can cause more harm than good for the patients these physicians and healthcare providers treat. As researchers are struggling to support or negate

CAM treatments, no wonder the medical practitioners are providing mixed messages to their patients.

Nemer (2010) described that less than 40 percent of CAM treatments are reported. This does not include other healthcare providers such as allied health or the CAM professions themselves. As most CAM therapies are regarded as self-care, as Nemer (2010) listed into five major categories, the ongoing lack of communication between patients and their healthcare and wellness providers often goes under reported in all areas of services. This demonstrates the need for improved communication between patients and those who treat them and among various types of healthcare providers. With over 60 percent of the public utilizing CAM or traditional practices for their physical, mental, emotional, and spiritual health, with no possible regards for the risks and contraindications with conventional medicine, the dangers once again outweigh the benefits. Communication has to improve to benefit all, including the public healthcare system, because in the end if there is a side effect the patients will end up at a physician's office or emergency room.

Among CAM advocates, there is some concern that physicians may inadvertently contribute to harm suffered by their patients because of lack of support for integrative practices and the poor communication that results from it. Adams, Cohen, Eisenberg, and Jonsen (2002) boldly stated that

> some CAM therapies in and of themselves can be hazardous, but harm can also occur indirectly when patients choose less effective CAM treatments instead of conventional methods that have demonstrated efficacy. In individual situations in which evidence supporting CAM therapies is good, more subtle forms of harm can manifest when a provider, either through bias against such therapies or lack of knowledge, presents conventional treatment as the only available option. (p. 660)

The ethical and professionalism concerns are huge when another professional, or general public, take into consideration the information above regarding communication between patients and

their physicians. If the licensing bodies take into consideration a physician or healthcare provider's personal bias as a risk to the public then that professional's license could be investigated. The annual requirements for a professional license, as mentioned earlier, take into consideration ongoing professional development. Licensing organizations consider reading journals; completing research; and attending educational opportunities as a requirement so exploration of traditional and CAM therapies would be considered valuable professional development for conventional medicine.

The medical risks are present if open communication and ongoing professional development does not become more prominent with all providers. However, integrative practices by various healthcare providers, not just medical doctors, have begun to bridge this gap, as discussed by Myss (1996) in her original work. The growth of integrative healthcare and integrative centres, as discussed previously in Chapter 1 and earlier in this chapter, is occurring globally. Integrated healthcare can provide options and choices for patients; give practitioners opportunities to explore promising practices for integrating conventional with traditional and CAM treatments; demonstrate professional respect for patient choices; and encourage communication between patients, physicians, healthcare professionals, and CAM practitioners. Bringing an integrative model of practice will assist in facilitating trusting relationships and effective communication related to healthcare.

Collaboration and Engagement

Integrative and complementary medical interventions are the present and the future of healthcare and wellness for the mind, body, and soul. For over a decade, researchers have identified the growing trend of CAM and traditional treatments occurring with conventional practices (search all Adams et al., 2002; Gorski & Novella, 2014; Kretchy, Owusu-Daaku, &

Danquah, 2014; Lester, 2010; McGregor, Puhl, Reinhart, Ineyan, & Soave, 2014; Nemer, 2010; Schjott & Erdal, 2014; Skovgaard et al., 2014; Strouss et al, 2014). Whether the researchers accept or negate these practices, the reality is integrative healthcare is growing. Medical centres, research, resources, and other like-minded professionals are out there in this world. Healthcare providers who are open-minded and educated about CAM can be of benefit to patients with a variety of symptoms and illnesses. Adams et al. (2002) reported that

> discussions between physician and patient are the heart of informed consent, and a physician's recommendations are often the beginning rather than the ending of an exchange that will ultimately determine the course the patient chooses. It can be very helpful to begin the discussion by focusing on general goals of treatment (for example, care vs. cure) rather than moving immediately to a consideration of specific interventions, which may lead the patient to prematurely choose therapy that may not serve his or her ultimate goals. The final choice of treatment belongs to the patient and should reflect his or her beliefs and values; physicians should seriously consider and try to respond to the patient's needs to the fullest possible extent without violating their own values. (p. 5)

These discussions are not only a physician's responsibility but also the responsibility of any conventional, traditional, complementary, and alternative healthcare professional as well, so that the best possible care is provided. Encouraging open and trusting communication for all is an important goal of integrative medicine. McGregor et al. (2014) discussed chiropractic interventions and the shift that has occurred with other professionals' attitudes while reminding the readers that no one profession can solely provide care for patients. This has been a principle of multidisciplinary teams in conventional medicine in acute and community settings for years.

Advocates of CAM recommend that this sense of teamwork be extended to CAM practitioners as well. Collaboration within integrative health centres strengthens the healing capacity within a community. Scott (2010) used terms such as *collective energy, shared governance, new synergies, collective wisdom, collective action, shared leadership, and integrated teams* when discussing an integrative model for physicians and nurse practitioners.

Leaders in other multidisciplinary systems recognize the need for collaboration, especially related to leadership. The term *collective worth*, which Kaser and Halbert (2009) applied to attitudes among education colleagues, encompasses all of Scott's terms and described the collaboration, trust, and respect of all healthcare professionals when working together for the good of the public.

Hatala and Hatala (2005) discussed engagement as *building a living organization* and the *spirit of life* within the business. Other pioneers of inner leadership use other terms and processes to support this style of leadership as well. Goleman, Boyatzis, and Mckee (2001) referred to *emotional leadership* as "a leader needs to make sure that not only is he regularly in an optimistic, authentic, high-energy mood, but also that through his chosen actions, his followers feel and act that way, too" (p. 44). Hatala and Hatala (2005) call this *involution* (inside out) versus *evolution* (outside in) as an integrative leader. Goleman et al. (2001) define this as *resonance* by putting into action the skills of self-awareness, self-management, social awareness, and relationship management, which are important foundations of *emotional intelligence.*

Both styles of leadership utilize a 360 degree feedback approach to leadership and evaluation of staff by becoming aware of the inner self; how it is presented as the outer self; what supports are required to continue to develop for the individual and personally success of being a leader; and the sustainability of a business. Hatala (2008) discussed the struggles for her and her husband while facilitating their leadership style to participants; approaching a Canadian university to develop a leadership program; and finally building a successful business in the oil and gas industry while still upholding their framework of integrative leadership. Engagement of participants, professionals, institutional leaders, and creating a successful organization while

relying on daily practices of integrative leadership and openness to receive positive and constructive feedback from the support systems. Goleman et al. (2001) referred to this as building a *community of supporters* with whom individuals can explore leadership skills without concerns of risk.

Fullan (2007) explained that collaboration and teamwork are dependent on those involved; their ability to cope with change during the planning; and action steps of the organization, leaders, and implementers. As leaders and innovators, one needs "to be open to the realities of others: sometimes because the ideas of others will lead to alterations for the better in the direction of change, and sometimes because the others' realities will expose the problems of implementation that must be addressed and at the very least will indicate where one should start" (Fullan, 2007, p. 109). These realities of others may include the staff of a business; the outside professionals and agencies involved; their licensing bodies; and the general public who pay for services. An exchange of ideas between the innovators and implementers will be required for sustainable success and creation of a culture within integrative healthcare.

Being aware that successful leadership and culture lasts approximately five to ten years (Fullan, 2007) prepares leaders to create dynamic businesses and system delivery by addressing the needs of the staff and community to maintain sustainability. Engagement through brainstorming, staff meetings, feedback forms or interviews with patients, one-to-one or large meetings with outside professionals and agencies, and self-reflection as the leader will be essential during times of change. Healthcare and businesses, just like education, cannot avoid change as many outside influences impact these systems. Fullan (2007) suggested more consideration of the change process as to prepare, plan, and implement policies and procedures more effectively.

Collaboration and engagement sets the tone for all interactions between professionals and patients within the integrative healthcare settings. Leadership and healthcare researchers (see also Adams et al, 2002; Fullan, 2007; Goleman et al., 2001; Hatala & Hatala, 2005; McGregor et al., 2014; Scott, 2010; Strouss et al, 2014) have provided substantial discussions regarding the importance of collaboration, most importantly communication, between and among professionals. This collaboration involves the engagement of leaders, healthcare professionals, traditional and CAM practitioners, employees at all levels, and patients. The ability for society to adjust to change and dynamic systems will determine the sustainability of the culture of integrative healthcare.

Chapter Summary

The history of the recent development of CAM has been documented over the last decade. Discussions regarding the need for credentialing and licensing; evidence and scientific-based research; and the impact on patients have been presented for both conventional and CAM professionals. A variety of resources have become available for CAM practitioners and conventional healthcare professionals through academic journals, website resources, and databases. The risks and benefits have been presented in these resources and have also become obtainable for the general public and consumer through mainstream publications.

The third section of this chapter contained specific information regarding communication. The concerns presented by researchers regarding the lack of communication between patients and healthcare providers have been documented. The risks involved have been identified and lead into the section regarding the benefits of collaboration and engagement. The translated points of the research in healthcare and leadership support for the development of an *Integrative Leadership Plan* by addressing the need for evidence-based research when creating

vision and mission statements, ethical considerations, professional interactions, and sustainable business.

Chapter 3: Research Methods

Chapter 1 presented the focus of the research and was followed by the professional literature review. In order to understand how I created my Integrative Leadership Plan (see Chapter 4), it was necessary to choose a specific qualitative methodology and then a specific research method. Given the exploratory nature of the research and the importance to me for examining lived experience, I chose a hermeneutic phenomenological approach as the methodology. In particular, I explored the importance of examining the text as the primary data source so I chose qualitative content analysis as the method.

The following sections of this chapter serve as an introduction to qualitative content analysis, and more specifically, directed content analysis. To frame the research, I begin with a discussion of the conceptual framework that drove the study. The research focus questions in Chapter 1 were the starting point to incorporate the theories and frameworks behind integrative leadership and medical centres through the literature review. The literature provided an opportunity to refine the theories and frameworks into the Integrative Leadership Plan presented in Chapter 4.

Conceptual Framework: Integrative Leadership

An integrative approach to healthcare is an innovation that requires an alternative approach to the management and leadership routinely provided in current healthcare systems. Hatala and Hatala (2005) developed an *integrative leadership* framework as private consultants to support the development of individuals as healthcare providers, business owners, CAM practitioners, and community leaders. Hatala and Brown Hatala (2003) described the characteristics of integrative leadership, as presented in Chapter 4.

Since Hatala and Hatala (2005) trademarked the term *Integrative Leadership* in the mid-2000s, this style of leadership has grown in popularity for leaders and practitioners of integrative medicine. The authors' book has been part of the San Francisco State University curriculum for integral health. Hatala and Dougan (2008) created the *Integrative Leadership Study Guide* as a workbook for those who wanted to practise integrative leadership in life, play, work, home, and business.

Hatala and Hatala (2005) presented seven steps toward becoming an integrative leader. I applied these points for my own reflection as a preliminary step towards creating my Integrative Leadership Plan. I have developed my inner integrative leadership style and built upon my outer integrative leadership skills through this process. Hatala and Hatala (2005) referred to this outer development as *Organizational Integration: Building a Living Organization* and stated that "an organization is made up of individuals, each of whom has a purpose, mission and role to perform for the sake of the overall good and in service to the organization's spirit and intent" (p. 211).

The spirit and intent is to build an integrative healing centre based on the concept that conventional, traditional, complementary, and alternative medicine can be melded together to best provide treatment for our patients. Partnering or hiring conventionally trained and licensed professionals, such as physicians, nurses, or therapists, who have expanded their therapeutic knowledge to include traditional or CAM treatments, is the vision for this integrative healing centre. By creating an environment with like-minded professionals, a living organization will be generated to have a "*spirit of life,* [where] there is high morale, strong team spirit, high performance and abundant creativity, which are positive attractors for success" (Hatala & Hatala, 2005, p. 211). As a leader, and creator of this planned integrative healing centre, I must consider and then regularly reflect on the following questions posed by Hatala and Hatala (2005):

> ...the natural questions that follow about how to build a Living Organization are: what conditions attract and allow the *spirit of life* to be present in an organization, and what conditions discourage it? What conditions allow the *spirit of life* to flourish and thrive, where elsewhere it merely exists and survives? And how can we bring the *spirit of life* back to an organization that may have lost, misplaced or forgotten it? (p. 212)

By utilizing the conceptual framework of Hatala and Hatala's (2005) integrative leadership, these authors have provided a solid foundation to build the vision and mission statements, explore ethical considerations, develop the principles of professionalism, envision the facility, and create a business plan. Their framework especially supports the collaboration and engagement work of Fullan (2007) along with Goleman, Boyatzis, and Mckee (2001) presented in Chapter 2, the final Integrative Leadership Plan document (Chapter 4) and the reflections section of Chapter 5.

Research Design

Qualitative research offers a variety of designs to analyze data since the 1950s (search all Berg, 2001; Graneheim & Lundman, 2003; Hsieh & Shannon, 2005; Mayring, 2000). For this particular study, content analysis was explored as the primary purpose was to provide the readers with knowledge and greater understanding of integrative leadership and integrative medical centres. Hsieh and Shannon (2005) reviewed the seven steps of qualitative content analysis as formulating the research question, sample selection, define the categories to be analyzed, outline the process for coding, implementation of the coding process from the defined categories, determine trustworthiness through the coding scheme, and synthesize the results. Although there were three content analysis designs available for coding and pulling out themes, this study was best suited for directed content analysis as theories regarding integrative leadership and medical centres were previously researched.

The central research question of *what is a defensible personal vision for an integrative healing centre in Grande Prairie* was framed early on in the development of this Project. Previous course assignments for my graduate studies had me formulate definitions for holistic health, holistic medicine, and alternative medicine; identify risks and benefits of CAM therapies; and create a personal philosophy statement as an occupational therapist and future leader. The literature review completed in those previous courses guided me to the development of this qualitative content analysis study.

Hermeneutic Phenomenology

Phenomenology is the search for what it means to be human (van Manen, 1990) and has been used for decades to understand why people do what they do. According to van Manen (1990), "the aim of phenomenology is to transform lived experience into a textual expression of that essence—in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful" (p. 36). To be sure, hermeneutic phenomenology often deals with interactions with real people, but it does include an analysis of multiple literary texts which was the focus of my research in the form of written articles, websites, books, and book chapters.

My search for what it meant to be human was actualized through reading myriad of scholarly works. I was interested in the study of lived experience through the writings of others, the explication of phenomena as presented to consciousness, the study of essences (i.e., being), the description of the experiential meaning we live as we live them, and a human scientific study of phenomena (van Manen, 1990).

Directed Content Analysis

The existing theories and conceptual frameworks regarding integrative leadership and integrative healthcare where presented in Chapter 1, and again earlier in this chapter, while being supported by the literature review (Chapter 2) as to move forward with a directed content analysis. The research focus questions included: What is a defensible personal vision for an integrative healing centre in Grande Prairie? What is my vision for integrative healthcare? How will I develop as an integrative leader to achieve this vision? What kind of business will help to bring this vision to Grande Prairie and area? What kind of venue or facility will be needed to bring this vision to life? and What relationship with other healthcare providers will support my vision? The analyzed sample selection included journal articles and books that related to topics of leadership, CAM, healthcare, well-being, and business with a central focus on the word *integrative.*

Selection of journals, books, and websites were reviewed from January 2014 to November 2014. The resources reviewed dated from 1982 to 2014. All website resources were eliminated based on lack of academic standards. Resources that dated later than 2004 were excluded and only journal articles within the last 10 years were included. Books and business plan were excluded as well as to keep the central focus of the content analysis on academic journals. Originally there were over 60 resources that were narrowed to 18 journals based on the inclusion and exclusion criteria. The initial coding categories included *integrative, teamwork, respect, risks*, and *benefits*. As this Project originated from the Mayo Clinic's (2013) and Hatala and Hatala (2005) books, it was decided to develop the category definitions from this literature.

The Mayo Clinic (2013) resource is based on a medicine, health, and well-being focus while Hatala and Hatala (2005) concentrated on leadership and personal development. Both

resources described a merging of concepts in their respect areas of research and expertise. For the purpose of defining the category of *integrative*, I have described this as the action of growing in an area of practice related to leadership and healthcare. By using the term g*rowing* it demonstrated the origination and ongoing development for each area of research.

Hatala and Hatala (2005) described their foundations for a leadership model based on the works of Goleman, Collins, Kouzes and Posner, and Cashman, especially when discussing the Living Organization development. A Living Organization is characterized by the interrelationship and connectedness of individuals; recognizing the opportunity to use competition along with cooperation and collaboration; creating alignment between an individual and the organization he or she is supporting; surrounding oneself with like-minded employees and individuals; and being engaged as leaders at any level of the organization. The Mayo Clinic (2013) resource used the words combining, working with, partnerships, blending, and relationships during the introductory chapters when referring to the healthcare provider and patient interactions. The term *teamwork* was chosen as it embraced both resources references to the importance of relationships between the medical practices and individuals involved with delivery and receiving of such practices.

Respect was an underlining factor for both books. The Mayo Clinic (2013) used the term *active learning* and described how the medical systems have changed between doctors, integrative practitioners, and patient interactions. The combining of medical practices of conventional, traditional, complementary, and alternative brought the need for addressing communication, personal values and beliefs, the right of choice for each individual, and how to support each individual on his or her healthcare journey. Hatala and Hatala (2005) discussed personal and professional respect by balancing individual stories, personality roles becoming

more cohesive, and honouring each person's unique path. As a category for this directed content analysis, *respect* has been defined as using communication to support the medical professionals and patients in regards to their healthcare journey.

An easy-to-use guide was formatted by the Mayo Clinic (2013) to identify the *risks* and *benefits* of CAM therapies with support of evidence-based research. The universal light system used at road intersections allowed the authors to use a red-light, yellow-light, and green-light system when a patient is considering CAM and traditional treatments with conventional medicine. Red described therapies that patient should not use or be under close supervision of a physician; yellow demonstrated the patient should take caution; and green meant the therapy was usually safe for most patients. The leadership resource focused on the *benefits* of developing as an integrative leader (Hatala and Hatala, 2005) for personal and professional growth. Hatala and Hatala (2005) utilized two case studies throughout their book to demonstrate the *risks* of their clients by not addressing the framework of integrative leadership, especially in regards to physical, emotional, mental, and spiritual intelligence. *Risks* have been defined as the body and system's negative response to utilizing integrative practices while *benefits* are the positive responses.

The coding process occurred by reviewing the 18 journal articles individually with the categories of *integrative*, *teamwork*, *respect*, *risks*, and *benefits* assigned. I created a table with the 5 category headings and definitions. Each article was reviewed and quotes were formatted into the table with the respective category heading so that one document had all the collected data. At times there were quotes that matched more than one category and were placed under both headings. I then read each category and highlighted text with predetermined codes that I

assigned, which are described below. I implemented the coding process alone and no computer software was utilized.

Each category, and its predetermined code, generated key words from the 18 articles that supported or negated the practice of integrative leadership and healthcare. Attempting to be un-biased was important as to determine trustworthiness with the coding and theme formation as to support the research question of what is a defensible personal vision for an integrative healing centre in Grande Prairie and related questions. I concluded with an analysis of the themes that presented themselves in regards to the integrative practices theories and frameworks (Hatala & Hatala, 2005; Mayo Clinic, 2013).

Integrative and action. The integrative category was defined as the action of growing in the area of practice related to leadership and healthcare. The predetermined code was the word *action* and the text was analyzed for verbs. Over 200 action words were identified in the text and similar words, such as change, changes, and changing were considered one verb or action code. I determined the key concepts that the literature was able to provide in regards to the action of growing as an integrative leader or developing an integrative healthcare system. Scott (2010) discussed how organizations and leadership have to be *redefined* by reframing the process of leadership by promoting collaboration and alignment at all levels. The code *develop* also included development or developing and was defined as emerging awareness, behaviors, and actions of leaders (Avolio, 2007; Carey, Phillipon & Cummings, 2011; Crosby, 2008; Hatala, 2008). *Creating* and *expanding* could be used interchangeably with the term developing. Scott (2010) used the term create in regards to formulation of something new while expansion encompasses growth from an established concept, idea, or skill (see also Clavelle & Bramwell, 2013). The need for *change* was enmeshed throughout all of the literature for and against

integrative leadership and healthcare. For the purpose of this study, *change* was focused around leadership practices and healthcare professionals' behaviours (Carey et al, 2011; Gandz, 2009; Scott, 2010). Innovation, or *innovate*, (Scott, 2010) was related to forward thinking and acceptance from professionals, patients, and leaders with new initiatives. *Impact*, and impacting, was defined by how actions or growth affect leadership, businesses, working relationships, healthcare, and communities in a positive or negative way (Avolio, 2007). Carey et al. (2011) used the term embracing in regards to change that occurs in leadership and healthcare but for this study *embrace* was expanded to people allowing, integrating, including, and implementing new practices. With regards to research (Gorski & Novella, 2014; Hsiu & Shannon, 2005; Shi, Li, Liu, Zhu, Wang, Wang, Han, Guan, & Wu, 2014) and development of integrative practices, it was important to *establish* methods of practice with guidelines, frameworks, and theories for safe and effective delivery. The final term *tailor* (Gandz, 2009) allowed for flexibility of individual visions amongst teams as to satisfy his or her needs.

The literature supported the idea that society needs to redefine healthcare and leadership. The development and expansion beyond the present theories and framework will change how healthcare is delivered. Leaders, on all levels, need to be innovative and embrace the integrative leadership and healthcare practices as to create sustainable systems. Established theories and frameworks for integrative leadership and healthcare are in place but can be tailored for each individual, whether a professional, practitioner, patient or partner. Integrative practices have the ability to make an impact in the current healthcare system, leadership models, and communities.

Teamwork and relationships. Relationship between different medical practices and the individuals involved with the delivery and receiving of integrative leadership or healthcare are who make up a team in this study. *Relationship* was the predetermined code and 60 terms were

located in the data. *Collaboration,* or collaborate, included physicians, clinicians, administration, senior staff, academics, and other individuals working together for a common good (Clavelle & Bramwell, 2013; McGregor, Puhl, Reinhart, Injeyan, & Soave, 2014; Minke, Smith, Plotnikoff, Khalema, & Raine, 2006; Scott, 2010). *Synergizing*, or synergy, was best defined by Scott (2010) who stated "the will, ideas, and execution of all participants is critical for the change processes and improving outcomes" (p.86). *Openness* (Carey et al., 2011) described a client's or patient's willingness for change but could easily be expanded to all of those involved with integrative leadership or healthcare. Being *receptive*, attentive to the concerns and input of others (Gandz, 2009), was a major factor when building relationships amongst the teams. How each individual interacted, or were being *interactive*, with each other determined the relationships or models of practice for leadership or healthcare (Avolio, 2007; Clavelle & Bramwell, 2013; Minke et al., 2006). McGregor et al. (2014) encouraged strong *cooperative* relationships between healthcare professionals as to benefit patient care but this can be expanded to all leaders, healthcare professionals, practitioners, researchers, academics, and patients to create healthy interactions among all by working together versus as individuals. The term *multidimensional* was defined by Strandberg, Ovhed, Borgquist, and Wilhelmsson (2007) with regards to therapies and entails using multiple services in regards to diagnostic and treatment options for patients.

Synergizing leadership and healthcare practices into a more integrative model will create a multidimensional style within leadership and healthcare systems. Collaboration and cooperation amongst professionals and patients within the organizations and community can only strengthen relationships and patient care. Being receptive and open to these style relationships and practices will help create a sustainable system.

Respect and communication. Over 80 different coded with the predetermined code communication. *Respect* was earlier defined as using communication to support individuals on their journey. *Language* was an opportunity to describe conflicts, perspectives, characteristics, and experiences with common words or actions as to lessen the opportunity for confusion (Hsiu & Shannon, 2005; Scott, 2010). Communication is the *exchange* of information, results, or questions between one or more individuals (Scott, 2010). Language helped formulate an *understanding* of words, phrase, and content (Hsiu & Shannon, 2005; Sherman, Eaves, Ritenbaugh, Hsu, Cherkin, & Turner, 2014) to support that individuals were clear in the context. Meaning was more described regarding clarity of content (Sherman et al., 2014) but *meaningful* was intended to be purposeful communication and actions as a leader or coach for this content analysis regarding respect (Carey et al., 2011; Gandz, 2009; Hatala, 2008; Scott, 2010; Strandberg et al., 2007). The ability to *capture* patients' or participants' connotations or experiences occurred when the professional interpreted what was important when he or she asked questions, created questionnaires or assessments, or formulated reports (Sherman et al., 2014; Shi et al., 2014). This came in a variety of *documentation* styles as this was how professionals ensured they were legally communicating between each other (Schjott & Erdal, 2014). *Listening* was an important component of communication as Strandberg et al. (2007) described it as "what the patient is actually saying…the patient experiences and what is the medical problem" (p.12) as often professionals only hear the words and not the content. This included *observations* of the healthcare professionals but was also described by coaches analysing behaviors and actions as to provide feedback (Carey et al., 2011).

Utilizing a common language is important so a mutual understanding can occur between two or more individuals. This supportive exchange allows for meaningful interactions to grow

relationships. Listening is the most powerful form of communication. By making accurate observations of professionals, patients, and community needs, an integrative leader or healthcare system can support any changes required. Ensuring that documentation is in place captures the healthcare and leadership journey as well.

Risks and negative. *Risks* were defined as the body and system's negative responses to utilizing integrative practices. This category was explored as to reduce bias and provide a thorough content analysis of integrative leadership and healthcare. The predetermined code was the term *negative* and over 160 codes were extrapolated. Interestingly enough, and continues to support the negative environment that many of us live in, 15 codes were defined.

The most utilized word was *lack,* meaning to not have enough, in the literature (Carey et al., 2011; Gandz, 2009; Hsiu & Shannon, 2005; Kretchy et al., 2014; Scott, 2010; Schjott & Erdal, 2014; Skovgaard et al., 2014). With empirical knowledge and professional experiences, some of the researchers used the term *skeptical* (Scott, 2010) that entails mistrust amongst people, practices, and research. This presented many *challenges* (Avolio, 2007; Carey et al., 2011; Clavelle & Branwell, 2013; Gandz, 2009; Hsiu & Shannon, 2005; McGregor et al., 2014; Scott, 2010; Schjott & Erdal, 2014; Sherman et al., 2014; Shi et al., 2014; Skovgaard et al., 2014) with regards to events, finances, leadership, organizational structures, professional groups, lack of research, communication, relationships, vision delivery, and policy and procedure development. These concerns have made leadership and healthcare *cumbersome* to navigate for the professionals and patients (McGregor et al., 2014) and also to delivery services.

Barriers have been identified when professionals wanted to practice to their full scope amongst other healthcare providers (Clavelle & Bramwell, 2013; McGregor et al., 2014; Strandberg et al., 2007) and amongst research methods (Gorski & Novella, 2014; Hsiu &

Shannon, 2005) to assist with supporting integrative leadership and healthcare. *Few guidelines* existed when delivering or researching CAM therapy and promoting integrative strategies in leadership, which presented the challenge to ensure safe care, supportive evidence-based research, and funding for services (Avolio, 2007; Gorski & Novella, 2014; Hsiu & Shannon, 2005; Kretchy et al., 2014; Scott, 2010; Shi et al., 2014).

All of this is *counter-productive* when the research reported poor focus on patient care and employee job satisfaction when there continues to be a division amongst professions and patients (Strandbert et al., 2007). When a profession was described as *alienated*, a strong term for segregated from others, then it is time for a change in practices (Gandz, 2009). Research often demonstrated a high level of *non-disclosure* between patients and professions due to poor communication and lack of trust in the relationship (Kretchy et al., 2014; Schjott & Erdal, 2014; Skovgaard et al., 2014; Strouss et al., 2014). This has led to *complications,* side effects and mortality, when traditional or CAM treatments were mixed with conventional therapy due to lack of disclosure or *dissatisfaction* and unhappiness with conventional medicine (Gorski & Novella, 2014; Kretchy et al., 2014; McGregor et al., 2014; Schjott & Erdal, 2014; Skovgaard et al., 2014; Strouss et al., 2014).

The researched demonstrated how current leadership and healthcare practices are *failing* the patients, employees, organizations, and communities (Avolio, 2007; Carey et al., 2011; Crosby, 2008; Gandz, 2009; Kretchy et al., 2014;; McGregor et al., 2014; Minke et al., 2006; Schjott & Erdal, 2014; Scott, 2010; Skovgaard et al., 2014; Strandberg et al., 2007; Strouss et al., 2014;). Avolio (2007) reported that "the researchers need to stop *underestimating* the many potential elements" with regards to creating more integrative strategies in the area of leadership.

Such *resistance* and barriers created amongst the professionals and public have no benefit for creating a healthier community.

Many skeptics and challenges for integrative leadership and healthcare are present. The lack of understanding and evidence-based research has created distention amongst many. The resistance and barriers from present healthcare systems and researcher is not patient and employee focused. Complications can occur; especially with the fear and anger reported by patients with physicians that have created a non-disclosure environment. The current system is cumbersome and at times counter-productive for professionals and patients to navigate their care. Integrative practices can feel alienated at times by research and other systems. Professionals and the public are feeling dissatisfied by the current leadership and healthcare systems. The current risks and negative consequences have to be reversed so that we can have a more positive experience as we navigate through our current systems.

Benefits and positive. *Benefits* were defined as the body and system's positive response to utilizing integrative practices. The predetermined code *positive* generated over 120 terms that were utilized for coding purposes. The emergence of 11 key words was defined by the literature. Integrative leadership and healthcare provided a *unique* practice for professionals and patients; meaning these practices differ in the qualities from previous theories and frameworks (Avolio, 2007). People are *inspired* to follow others and themselves into this new journey of healthcare and leadership (Gandz, 2009). Professionals and patients are *embracing* these practices in healthcare, organizations, and academic levels (Gorski & Novella, 2014) due to popularity and effectiveness. Encouraged by motivation and *empowerment* (Carey et al., 2011; Gandz, 2009; Hatala, 2008; Scott, 2010; Strandberg et al., 2007) by taking control of their leadership visions

and healthcare choices, people are exploring these practices with regards to self-awareness and making decisions they want to pursue.

Acceptance of integrated leadership and healthcare has demonstrated a positive effect for leaders, followers, organizations, research, and academic institutions (Avolio, 2007; Crosby, 2008; Gandz, 2009; Gorski & Novella, 2014; Kretchy et al., 2014; Minke et al., 2006 Schjott & Erdal, 2014; Scott, 2010;Strouss et al., 2014). The growth of these practices have allowed for *innovation* (Crosby, 2008; Scott, 2010) in new areas that had not been previous explored. People are now allowed to be creative and feel supported while taking leadership and service delivery risks. Professionals and patients are more *engaged* in their leadership and healthcare development with this new sense of empowerment by creating self-confidence through self-efficacy and drive (Avolio, 2007; Carey et al., 2011; Crosby, 2008; Scott, 2010). People are allowed to *malleable* by being flexible and adaptable with their choices and actions (Avolio, 2007; Scott, 2010).

The *energy* created through new treatment and leadership options is growing and the benefits are demonstrating positive effects with decreasing conventional medication use, increased job satisfaction, better performance and compliance, and facilitating new relationships in a variety of settings (Avolio, 2007; Carey et al., 2011; Clavelle & Brannwell, 2013; Crosby, 2008; Gandz, 2009; Minke et al., 2006; Scott, 2010; Strandberg et al., 2007; Strouss et al., 2014). Strandberg et al. (2007) reported that concepts were becoming *vividly alive* despite the differences in professions and theoretical backgrounds. With all the positive effects displayed in the literature, an increase in *trustworthiness* is occurring amongst leaders, professional, practitioners, researchers, academic institutions, and patients. This trustworthiness encourages research to provide reliable and valid evidence in today's society (Carey et al., 2011; Clavelle et

al., 2013; Crosby, 2008; Gandz, 2009;; Gorski & Novella, 2014; Kretchy et al., 2014; Minke et al., 2006;Schjott & Erdal, 2014; Strandberg et al., 2007; Strouss et al., 2014).

There is an opportunity being created with new energy due to a sense of empowerment for professionals and patients. The growing acceptance of this innovative style of leadership and healthcare has in turn increased the validity and reliability through trustworthiness. These practices allow for all to be engaged and inspire individuals to make positive changes in their work and home life. Integrative leadership and healthcare is a unique concept supported by various theories and models of practice. These are vividly alive and provide an opportunity to be malleable with these practices.

Themes. Through a directed approach of content analysis, patterns developed in the area of integrative leadership and healthcare. These meaningful patterns allowed for a phenomenon to emerge, which is called a theme. Integrative leadership and healthcare has been *embraced* and is *innovative* to say the least. Although Gorski and Novella (2014) were clear in their research of concerns regarding safety, research funding allocations, and the scientific methods of CAM therapies, they could not deny that society has *embraced* CAM treatments in conventional medicine and academic institutions. It was clear that integrative leadership styles are developing and have been *embraced* in a variety of healthcare, business, non-profit, and academic settings. The research has demonstrated the increased use of both practices for leaders at any level and patient care.

Innovation creates energy and inspires people to make different choices in regards to their healthcare and leadership journey. This is creating collaboration between professionals and patients, which benefits our publicly and privately funding systems. This exchange of

information and increase in evidence-based research for integrative leadership style and integrative healthcare delivery encourages people to be more engaged with their lifestyles.

Opposing themes presented themselves as well. With the presence of *resistance* and *barriers* there was also *openness* and *receptiveness* in the literature. *Skepticism* was opposed by an increase in *trustworthiness* for integrative practices. Concerns regarding the *few guidelines*, policies, procedures, and regulations regarding integrative leadership and healthcare fortified a reason to encourage the *creation* and *establishment* of new research guidelines, new policies and procedures in healthcare and academic setting, and legislative bodies are rethinking their regulations as well.

Emergence of Integrative Healthcare in Grande Prairie

My leadership plan for an integrative healing centre began with a systematic, personal reflection of the seven elements in becoming an integrative leader (Hatala & Hatala, 2005) as presented in Chapter 5. As a result of this process, I wrote both a personal and an organizational vision statement for my Integrative Leadership Plan supported by the research presented in Chapter 2 and this chapter. Recognizing that the leadership literature recommended collaborative vision building for organizations (Fullan, 2007; Gandz, 2009; Goleman et al., 2001), the organizational vision statement that I created as part of this study is a starting point for discussion when collaborators join my healing centre venture.

The review of the literature and professional publications, including the websites of established organizations, allowed me to gather more information related to specific five sections in my Integrative Leadership Plan which included: (a) vision and mission, (b) ethics, (c) professionalism, (d) facility, and (e) business plan. The literature review served as background

information for the points that I made briefly in my Integrative Leadership Plan. However, I considered the rationale for each point carefully and I describe that process in Chapter 5.

I gathered and reviewed background information, selected the information that contributed to my Integrative Leadership Plan sections, and wrote the corresponding points briefly but clearly. It was important that I remain reflective throughout this process, considering how each aspect of my plan for a healing centre related to my personal and organizational vision. I considered that my overall vision may have changed as I selected and recreated the information that contributed to a comprehensive plan that is internally consistent and also practical in terms of implementation. I reported the highlights of these reflections and any changes to my overall vision in Chapter 4. Chapter 5 is my reflections on the process of designing this Integrative Leadership Plan based on Hatala and Hatala's (2005) research and how it has contributed to my development as a leader in integrative healthcare. I have addressed each of my research focus questions specifically, summarizing what I have learned in Chapter 5.

In this Project, as part of this chapter, I have documented the process that I used to select or consider information relevant by using a directed approach to content analysis to each section of my Integrative Leadership Plan and recreated it as part of a concise and usable document. The Integrative Leadership Plan includes my personal and business vision and mission statements; ethics; professionalism; and the facility. The business plan includes a business overview, sales and marketing, operating plan, human resources plan, and executive summary. I have included information regarding the research behind the business and facility here to show the readers the rationale behind each of the sections. The information has been converted to a more concise form in the Integrative Leadership Plan. For example, the Facilities section has a checklist for mandatory or desirable features, such as ground level entrance, wheelchair accessible hallways,

doors, and washrooms, and adjacent parking with an adequate number of spaces. There were also spaces to make notes about a specific venue once I have obtained it.

The Facility

Accessibility is very important so a ground level entrance is required for anyone with mobility impairments. Multiple assessment and treatment rooms would be required so that the integrative professionals have space to provide care for the centre's patients. A minimum of two large studios are required to deliver classes, workshops, education courses, and recovery meeting spaces. A high visibility property, with ample parking, would provide ease for the patients coming through the doors of this integrative centre. Sound proofed walls and ceiling would dampen the noise as patients are accessing the treatment rooms, studios, washrooms, welcoming area, and merchandise area. Natural lighting benefits our patients' health and wellness so large windows or skylights are beneficial. Ease, comfort, and confidentiality are essential in such a centre.

From January 2014 until April 2014 I viewed over a dozen commercial sites with lease costs ranging from $9-30 per square foot. Some buildings also had extra management fees, tenant improvement costs, common area maintenance, utility costs, and property taxes above and beyond the rent rates. These sites varied from 1200-5577 square feet of space. A select few owners were willing to include, or at least negotiate, renovation costs but most renovations were the renters' responsibility. One particular building that suited all of the needs that I identified was going to be approximately $100,000 in renovations to build sound proof walls and ceiling, move electrical outlets and lightings, add laminate flooring, air and heating vents, and a washroom. My realtor suggested that a *Letter of Intent* be presented prior to making an offer to a commercial building owner. This letter is an opportunity for the owner to decide if he or she

wants to proceed with an integrative healing centre in the building for the minimum period of a five year lease. Once the letter of intent is approved by the owner, the next step is that the Alberta Real Estate Association requires a *Commercial Agreement to Lease* as an offer to lease the commercial space.

Most cities have designated permitted uses and discretionary uses of buildings in the city based on location. An integrative healing centre is considered a "personal service facility" and "commercial recreation facility, indoor" according to one city's bylaws. For each land use there is a minimum parking requirement determined by bylaw. If the commercial building was not a permitted use site, the integrative healing centre owner has to apply for change of use by appealing to a city growth committee. The city department would require an email diagram of the commercial building and diagrams to identify tenant improvements, accessibility, and parking requirements. Once the city has approved use of the commercial site for any variances required for an integrative healing centre, there will be a need for applications for commercial development permits, building permits, and business licenses to be completed.

The Business

The Alberta Government requires for all business names to be registered via Service Canada. The integrative healing centre in Grande Prairie is going to be named *The Peace Movement* because our region is called The Peace Region and the intention is for patients to move into a journey of integrative healing. *The Peace Movement* is available for a business name with a cost of $88.75 for sole proprietorship or partnerships; a fee of $598.39 for limited or incorporated businesses. The interesting fact regarding limited or incorporated businesses is that the owner of the commercial building can negotiate for a personal guarantee against the integrative healing centre owners' personal property as part of the lease agreement; a guarantee

for the value of the lease dropping 20% per year if the lease agreement is broken. In reality a limited or incorporated license does not legally stop a commercial owner from suing against the tenant's personal property if this is stated in the Commercial Agreement to Lease.

Even when an entrepreneur has enough capital to fund the lease agreement, renovations, and other costs, a formal business plan should be in place prior to signing any documents. The Business Development Bank of Canada (BDC) has been supporting Canadian entrepreneurs to develop business plans for over 65 years. The BDC website (n.d.) provided accessible resources, including a business plan template with a financial appendix, user guide, glossary, and business plan example; and other instructions and informative articles. I adapted this template as part of the Business Plan section of my leadership plan, although specific financial information has not been included in my academic Project.

Business owners have to include a general business overview, sales and marketing plans, operating plan, human resources, and an executive summary. Other details to consider are the physical location of the commercial building and accessibility for patients. It is also important to think about whether there will be opportunity for future growth; whether complementary services exist in the area of the commercial building; whether there is adequate parking for patients and staff; and the availability of signage for advertising. The age of the building is a consideration for maintenance costs, renovation costs, common-wall business services if it is not a single detached building, security systems, ability to sub-let commercial space, and the condition of equipment in place (for example furnace, air conditioner, and so on).

Chapter Summary

This chapter provided details regarding the conceptual framework of integrative leadership to support an integrative healthcare business. The directed approach to content

analysis provided five categories and predetermined codes to support or negate integrative leadership and healthcare. These categories and codes developed a meaningful pattern and themes emerged around embracing, innovation, and opposing characteristics of integrative practices. This research allowed for the development of the emergence of integrative healthcare and a leadership plan (Chapter 4) for Grande Prairie with an anticipated market globally of a sustainable and evidence-based business.

Chapter 4: Leadership Plan for a Healing Centre

In this project, the Integrative Leadership Plan was the focus of this study and has been presented here, as a separate document with its own table of contents. Fullan (2007) described "the role of planning is to design strategies that zero in on capacity building with a focus on results, have a bias for action, and refine and strengthen the strategy though close interaction with the field using evidence-based decisions as you go" (p. 107). My leadership plan supports Fullan's strategies for successful and sustainable planning, action plans, and dealing with changes while supporting Hatala and Hatala's (2005) model of integrative leadership for a healing centre in Grande Prairie, Alberta.

Chapter 3 provided the conceptual framework for integrative leadership; the qualitative research behind integrative leadership and healthcare; and the emergence of integrative healthcare globally. Hatala and Hatala's (2005) framework for integrative leadership was the foundation for this project and the following Integrative Leadership Plan. Their research was built on well-supported leadership literature and other fundamental of spiritual leadership spanning over the last 100 years.

A directed content analysis of 18 journal articles, from an original list of over 60 articles, provided evidence-based definitions for *integrative*, *teamwork*, *respect*, *risks*, and *benefits* for integrative leadership and healthcare. Predetermined codes in the areas of *action*, *relationships*, *communication*, *negative* responses, and *positive* responses were then explored through a coding process. *Integrative practices* and *action* allowed for the definitions for the codes: *redefine, develop, change, innovation, impacting, embracing, establishing, creation, expanding*, and *tailor* from the literature. *Teamwork* and *relationships* developed from the codes: *collaboration, synergy, interaction, openness, cooperative, receptive*, and *multidimensional*. *Respect* and

communication subsumed these codes: *language, exchange, documentation, meaning, understanding, capture, listening*, and *observation*. *Risks* and *negative response* derived from the codes of *challenges, skeptics, lack, underestimating, resistance, barriers, failing, complications, counter-productive*, and *few guidelines*. The *benefits* and *positive response* themes included *empowerment, acceptance, innovation, energy, unique, malleable, embracing, inspiration, vividly alive,* and *trustworthiness*.

Themes presented themselves through this qualitative analysis and were defined. *Embracing* and *innovation* were the major themes overall for supporting integrative leadership and healthcare. The research provided opposing terms that emerged in regards to *resistance* and *barriers* versus *openness* and *receptive*; *skeptical* versus *trustworthiness*; and *few guidelines* in place versus *creating* and *establishing* new guidelines, policies, procedures, and legislation. This systematic approach to qualitative analysis allowed for a thorough Integrative Leadership Plan that follows.

Integrative Leadership Plan for an Integrative Healing Centre

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Integrative Leadership Plan: The Peace Movement Healing Centre

This Integrative Leadership Plan was based on the work of Hatala and Hatala (2003, 2005, 2008) and research in the areas of leadership, complementary and alternative medicine (CAM), integrative practices, communication, collaboration, and engagement. The following sections outline my personal leadership and business plan for an integrative healing centre that would be based in Grande Prairie, Alberta. Be aware that this Integrative Leadership Plan has the opportunity for expansion to other communities in Canada and internationally.

Vision and Mission Statements

The vision and mission statement section includes those for the integrative healing centre, as the business, and my personal, as the owner and operator. Mission statements tend to be in the present while a vision statement reflects on future goals and actions plans. Hatala and Hatala's (2005) seven reflective questions, presented in chapter 5, assisted me in developing my personal and business statements.

My personal philosophy statement is as follows: I, Michelle Renee, am part of the shift that supports mutual respect between conventional, traditional, complementary, and alternative medicine so the public can benefit from an integrative model of practice guides my personal mission and vision statements. I refer to a shift in healthcare but Fullan (2007) states that "promoters of change need to be committed to and skilled in the change process as well as in the change itself" (p. 108) and as a promoter of change in healthcare I need my mission and vision statements to be open-minded to the fact that change is reflective in a dynamic versus static leadership plan.

My mission statement is that I am a dedicated and creative integrative healthcare professional who strives to surround myself with like-minded professions and entrepreneurs as to

build a solid foundation of resources for bringing the vision of an integrative healing centre to life. These will be the individuals who potentially will work alongside myself with our unique skills; may be the people who will facilitate workshops; are possible referral sources; may utilize the healing centre for their own healing journey; and most importantly will be the people who will support me along my leadership journey. Although integrative leadership is based on an inside out framework, it will be necessary for me to have outside support and guidance while developing this leadership style. As an emerging integrative leader, the completion of this Project, the Leadership Plan, and the Business Plan will allow me to share my knowledge, strength, and hope with others in my community to explore an integrative lifestyle through discovery of physical, mental, emotional, and spiritual intelligence.

My personal vision statement is to provide conventional, traditional, complementary, and alternative medical treatments options. As part of a global shift in healthcare, the integrative leadership framework offered at the healing centre will encourage people to explore a variety of treatment and educational options best tailored for each person as an individual. Although the latest evidence-based research will support the leadership style, more importantly the collaborative opportunities and treatment options within this healing centre, the collective knowledge of the professionals and public bring will have a larger impact overall. I will be open to the process of change within this centre, my community, and professional development required of the staff and me as a leader.

The mission of the Peace Movement Healing Centre is a welcoming environment for the public and professionals to explore conventional, traditional, complementary, and alternative medical practices in one atmosphere. The clientele may demonstrate physical pain, emotional stress, chronic diseases, mental health diagnosis, addictions, or many other symptoms. The Peace

Movement believes that an integrative approach to physical, mental, emotional, and spiritual well-being provides a more holistic approach to healthcare.

The Peace Movement Healing Centre is the future of health. I anticipate a decreased strain on conventional healthcare system and increased medical self-management by our patients. By having one environment that assesses and treats from an integrative healthcare approach, the patient benefits and creates a ripple effect in his or her community of what a healthy lifestyle exemplifies. This dynamic integrative healing centre will be conscious of the needs within our community and the healthcare system to create a sustainable business for the staff and patients.

Ethics

The Peace Movement Healing Centre has an open door policy that encourages collaboration with the patients, patient support system, employees, outside healthcare professionals, and the general public. Privacy is essential for the success of the patients' healing process so confidentiality documents will be reviewed upon initial assessments and as needed to ensure that sharing of information is permitted. During each session, the patient is entitled to discuss any questions or concerns with the practitioners regarding his or her physical, mental, emotional, or spiritual health. Patients will have access to reports to share with their other healthcare providers to ensure a collaborative opportunity. As with any other treatment options, the patients have the right to deny recommendations or discontinue services at any time. Likewise, The Peace Movement practitioners have the right to discuss with patients when treatment options are not improving the patients' well-being and also have the right to discharge patients if they miss three appointments with no notice.

The Peace Movement Healing Centre practitioners and administration staff will be recruited and hired with the highest standards of practice. Local Peace Country residents come

with extensive knowledge of rural concerns and treatment options for collaborating with outside agencies. Attempting to hire locally will be the mission of The Peace Movement prior to expanding our recruitment searches outside of the northern region. Each practitioner and administration staff will provide a recent resume that includes appropriate education, certifications, experience, and agree to complete a criminal record check prior to an interview with myself and other business partners. Prospective employees will be required to read Hatala and Brown Hatala's (2003) article *On becoming an integrative leader: Building an in-depth foundation for personal, professional and organizational success* or their (2005) book *Integrative Leadership* prior to the interview as questions will be developed based on this framework. Once the candidate is successful offered employment, a verification of his or her license with legislative bodies, proof of certifications with a review of a professional portfolio, copy of insurance policy, and criminal record check will completed.

As this centre will be utilized for workshops, conferences, meetings, and group sessions, the welcoming area will be open to the general public. The treatment rooms and large studios are intended to be sound proofed to allow for a variety of one-to-one and group sessions without concerns of noise. The administration staff uphold professional standards of practice by ensuring consent for the sharing of information has been provided by a patient prior to faxing information to outside professionals or agencies; take detailed messages for the practitioners while they are in session; and schedule appointments for patients as needed. Further research by the owners and me into the individual practitioners' ethical guidelines will occur prior to the opening of The Peace Movement. Ethical guidelines will need to be developed into the spirit of life and living organization, which may be based on medical, rehabilitation, and social models of practice. The ethical vision for The Peace Movement Healing Centre is to purchase a secure online

documentation system for ease of all practitioners and administration staff to allow for collaboration within our centre and outside associates.

Professionalism

To support The Peace Movement's mission statement, ongoing professional learning for all practitioners of conventional, traditional, complementary, and alternative medical practices is essential. Our integrative approach to physical, mental, emotional, and spiritual well-being will provide a holistic approach to healthcare and this centre will provide educational opportunities locally. Our centre's staff will be required to present his or her unique services a minimum of two times per year to increase awareness of treatment options to other Peace Movement staff, local professionals, outside agencies, and general public. By encouraging these presentations, we will be promoting dialogue and awareness with other staff, practitioners, potential referral sources, and self-referrals from the general public. Our mission is to have knowledgeable Peace Movement staff in regards to the variety of services offered. With the centre's leadership framework being based on Hatala and Hatala's (2003, 2005, 2008) literature, an immediate action plan will be to organize a workshop with these authors prior to opening the doors of the Peace Movement or within the first year as to develop a learning organization. Fullan (2007) encouraged developing learning organizations through each member expressing his or her aspirations, creating self-awareness, and developing capabilities together with a common investment. An integrative leadership workshop would be a platform to develop individual integrative plans along with a culture of a learning organization.

Other local professionals, practitioners, and facilitators will be approached to present at The Peace Movement Healing Centre or larger venues sponsored by our centre. The intention is to have the centre available from Friday evening until Sunday afternoon for classes, workshops,

and educational opportunities that will benefit the physical, mental, emotional, and spiritual well-being of the general public. As stated previously, local residents have a wealth of knowledge that impact our local community and by providing a venue for such presentations will only benefit all. When local facilitators are not available, or will not benefit for the greatest good of our community, a collaborative search of national or international facilitators will be sponsored by The Peace Movement Healing Centre. All presenters will be selected to support our mission for the public and professionals to explore conventional, traditional, complementary, and alternative medical practices in one atmosphere while address a need for an integrative approach to physical, mental, emotional, and spiritual healthcare. This will also engage in a community of support for all those involved with the integrative healthcare movement.

As professional development is essential for continuing competencies and job satisfaction, The Peace Movement's vision is to financially support each staff with a minimum of one educational opportunity outside of the community. This support can be in the way of funding the course or workshop fee, travel, or accommodations. Professional development funding for the practitioners and administration staff will demonstrate our commitment to staff and patient growth.

Facility

The Peace Movement Healing Centre will be a one-stop facility for conventional, traditional, complementary, and alternative services. The hours of operation for the centre's services will be Monday to Thursday from 6:00 am to 10:00 pm and Friday from 6:00 am to 5:00 pm as to allow for one-to-one and group sessions in the treatment rooms or studios. Administration staff will be operating the welcoming area, telephones, faxes, computer appointments, and centre approved merchandise Monday to Friday from 8:00 am to 5:00 pm.

Otherwise the practitioners and facilitators will be responsible for these duties outside of administration hours. The Peace Movement offers rental of the large studios from Friday at 5:30 pm to Sunday 5:30 pm for longer workshops, classes, and educational opportunities. The hours of operation and administration support will be reviewed quarterly to ensure patient and staff safety, availability of practitioners or facilitators, financial feasibility, and patient-centred care.

The initial Peace Movement Healing Centre will have a minimum of three treatment rooms and two studios. Each treatment room will have a small desk, telephone, laptop accessibility with secured internet, massage table, resource library as needed, two chairs, dimmer lighting, and corkboards for poster resources. These treatment rooms will comfortably support the needs of the practitioners and patients for individual services. A storage room with additional chairs, resources, and space for individual practitioner's assessment or treatment tools will be easily accessible and organized with staff collaboration. The laundry area will provide sheets, pillow cases, extra pillows, and blankets that can be laundered onsite by the practitioners or administration staff. A bonded cleaning service will maintain the nightly cleaning needs of the welcome area, treatment rooms, and studios as to ensure that hygiene standards are maintained.

The studios will have separate entrances to allow for accessibility and minimal disturbances between studios and treatment rooms. Each studio will be equipped with audio equipment for workshops, classes, and educational opportunities. Audio-visual equipment, such as projectors and wireless microphones, will have to be rented from an outside service or arranged by facilitators. The storage room will have folding tables, folding chairs, yoga mats, large pillows, and other resources required to support group sessions. The dimmer lighting

system and window finishing will be in place to allow for individual practitioner and facilitator needs.

The Peace Movement Healing Centre will have the following requirements when selecting a commercial property:

- Ground level accessibility
- Wheelchair accessibly hallways, doors, and washrooms
- Adjacent parking with adequate number of spaces
- Ability to sound proof the centre
- Light dimmers and electrical outlets
- Natural lighting
- Ability to renovate for three treatment rooms, two studios with laminant flooring, welcome area with administration space, wheelchair accessibility, laundry room, storage room, and locked storage of patient files
- Visible signage and advertising opportunities
- Heating and air conditioning
- Ability to abide with city zoning bylaws
- Desirable attributes would include staff kitchen, private office for owners, opportunity for business expansion, and close proximity to like-minded businesses

Business Plan

The following business plan was adapted from the Business Development Canada (2014) for inclusion with my Integrative Leadership Plan. As this is not a legal document and the best estimate and accurate information was provided for submission. Potential business partners and

investors will evaluate potential financial risks prior to agreement into legal documentation with The Peace Movement Healing Centre.

Business overview. The Peace Movement Healing Centre, Incorporated will be the legal name of this integrative healthcare facility in Grande Prairie, Alberta, Canada. At present the owner can be contacted at halimahealth@hotmail.com or 780-933-4658. The mission of the Peace Movement Healing Centre is a welcoming environment for the public and professionals to explore conventional, traditional, complementary, and alternative medical practices in one atmosphere. The Peace Movement believes that an integrative approach to physical, mental, emotional, and spiritual well-being provides a more holistic approach to healthcare. The Peace Movement Healing Centre is the future of health. We anticipate a decreased strain on conventional healthcare system and increased medical self-management by our patients. By having one environment that assesses and treats from an integrative healthcare approach, the patient benefits which creates a ripple effect in his or her community by modeling a healthy lifestyle.

Our major demographic will include a variety of patients with medical conditions that require assessment and treatment; patients who are beginning their integrative healthcare journey; patients who are maintaining or improving their well-being through one-to-one or group sessions; and local professionals or agencies exploring conventional, traditional, complementary, and alternative medical interventions. Our services are considered a personal service and indoor commercial recreation facility according to the City of Grande Prairie zoning bylaws. Similar commercial facilities are present in Grande Prairie but The Peace Movement Healing Centre will be unique, with licensed practitioners in conventional medicine who also provide traditional, complementary, or alternative medical services.

This centre will be privately funded by patient fees, insurance companies, employers, and scholarship opportunities. We anticipate that the public healthcare system will provide accreditation to such a centre and eventually public funding will become available as the trend in integrative healthcare grows. Integrative healthcare is supported in the United States of America with facilities and universities being funded and this growing trend is being observed in Canada as well. Our conventional healthcare system is attempting to support our patients' disease by being responsive and this is overburdening the system. We intend to be responsive and proactive in the prevention of further disease processes. Because this is a forward thinking healthcare model, we are prepared to start our centre within a smaller commercial site and grow as the integrative healthcare system becomes popular among professionals and the public.

Our major competition will be the smaller businesses that offer a single service in traditional, complementary, and alternative therapies. Yoga and fitness studios may offer similar group sessions but most will not be reviewed and supported by licensed healthcare providers. Our centre is similar to the *Northwest Wellness Centre* in Grande Prairie but we will ensure the conventional medical component is included with the traditional, complementary, and alternative practices. The Peace Movement Healing Centre will also be dedicated to professional and personal development of our staff, other practitioners, other healthcare professionals, and the general public with one-to-one sessions, group sessions, workshops, classes, and educational opportunities. Our studios will provide a meeting space for professionals, community groups, and recovery programs that are essential for building a healthier community.

Sales and marketing plan. As previously stated, The Peace Movement Healing Centre will be financially supported by private paying patients, insurance companies, employers, and scholarship funding. Initial assessment fees will cost more due to the length of time required and

the following sessions will be based on the treatment interventions required. One-to-one services often have a larger fee than group sessions due to the practitioner or facilitators time. Insurance companies, such as Worker's Compensation Board, Alberta Blue Cross, and Great West Life, will be billed according to their patients' policy fees. Employers will be charged in accordance to each healthcare professional services and market rates. Scholarships will be based on individual patient applications and by available funds raised by The Peace Movement Healing Centre community of support. These funds may be available by profits incurred by our centre and will be decided by business partners.

Advertising and marketing will be essential for the success of this integrative healing centre. Web-based services, signage, posters, brochures, magazine and newspaper advertising, travel and accommodations for business promotions, trade fairs, professional photography, professional journal advertising, and sponsoring of events will require funding. Word of mouth amongst professionals, practitioners, and public will be our biggest asset in successful sales and marketing to generate referrals for our services. Advertising and promotional services will have to be researched to determine the effectiveness prior to our business purchasing.

Operating plan. A variety of commercial sites have been viewed in Grande Prairie from January 2014 until April 2014. These buildings provided an array in lease fees, locations, management fees, tenant improvement costs, common area maintenance, utility costs, property taxes, and lease agreements. The initial Peace Movement Healing Centre facility will require a minimum of 2500 square feet of space to accommodate three treatment rooms, two studios, welcome area, administration space, storage, laundry, and washrooms. A minimum five year lease is standard for Grande Prairie commercial sites as purchasing a commercial building is not feasible at this time.

Start-up costs will include treatment room furniture, studio audio equipment, welcome area furniture, laundry room appliances, storage space equipment, cleaning supplies, washroom supplies, computer equipment, telephone and fax equipment, linen, pillows, chairs, tables, display cabinets, wall and window finishing, and utility service installations. If renovations are required for this commercial facility, a budget will be developed with the business owners and contractors.

The Alberta Government, City of Grande Prairie, legal institutions, and financial institutions have fees for applications, permits, completion of documentations, licenses, and insurance requirements. Each fee will be presented in a detailed Financial Plan to potential investors or business partners. Further research and development may be required to secure financial equity beyond my personal investment of funds.

Human resources plan. The Peace Movement Healing Centre depends on the collaboration of licensed conventional healthcare professionals with traditional, complementary, or alternative certification. Experienced or recently graduated administration staff provides the required support for a successful business. Each employee will be respected as an asset to this centre and will be encouraged to collaborate in the day-to-day operations of this business. Licensed physician, registered nurse, physiotherapist, occupational therapist, dietician, social worker, registered massage therapist, chiropractor, speech language pathologist, psychologist, and cultural advisors will either be employed or contracted for services. Two administration staff will be required for the day-to-day operations in regards to patient services, data entry, billing of services, and a variety of other duties depending on education and experience. Cleaning and security services will be considered as well.

Competitive wages, benefit plans, and pension plans will be researched. Alberta Government Employment Standards will be adhered to in regards to employee safety, general holidays and general holiday pay, hours of work, rest periods and days of rest, request for leave of absence, overtime hours and pay, termination of employment and pay, and vacation requests and pay. Performance assessments will be completed annually based on the 360 degree model of feedback from employee, employers, coworkers, and patients. Annual training and development will be required as per professional legislative requirements, employees areas of interests and the Peace Movement Healing Centre will provide funding to support professional development for all employees. Attending fellow coworkers' workshops, presentations, classes, and sessions will be supported with paid hours of work.

Executive summary. The Peace Movement Healing Centre is a community-centre based on integrative healthcare assessment and treatment options; collaboration with professionals and agencies; and has opportunities for personal or professional development in the areas of conventional, traditional, complementary, and alternative medicine. We recognize the need for a one-stop environment for the public and professionals to explore a variety of physical, mental, emotional, and spiritual treatments. Initial development of this centre was created by Michelle Dacyk, an Occupational therapist with over fifteen years of experience in conventional, complementary, and alternative medicine. Her recent leadership education has encouraged her to explore a more integrative style of leadership and healthcare that will benefit professionals and the general public.

Recognizing the need for integrative health in the northern region of Alberta, The Peace Movement Healing Centre will provide ground breaking and innovative approaches to disease management, disease recovery and remission, and improvements in the areas of mind, body, and

soul. Collectively bringing a variety of services to one location is the future of healthcare, personal development, and professional development. One-to-one and group sessions will be developed based on the need of the patients and professionals in Grande Prairie and area, which has become the hub of the north zone for healthcare services.

Initial investments will require $100,000 for creating such a healing centre with qualified professionals and patient centred employees. Recruitment of local professionals, practitioners, facilitators, and administration staff will benefit the needs of our patients as we will understand local and rural concerns with regards to healthcare delivery, personal and professional development, and community needs for such a venue. An investment in the Peace Movement Healing Centre is an investment in our community.

The Peace Movement Healing Centre, Inc. has been a well-researched facility based on leadership and healthcare principles while recognizing the need to bridge the gap between conventional, traditional, complementary, and alternative medicine. This is a sustainable business with opportunities to expand nationally and internationally. Similar integrative medical centres have demonstrated the need for this forward thinking system of healthcare and have been successful in delivering this style of medical practices. Grande Prairie has an opportunity to open an integrative healing centre now with the expansion of Alberta Health Services' new Grande Prairie Regional Hospital opening in 2017. Thank you for your consideration of this leadership and business plan as an investment opportunity in our community for the health and wellness of the citizens of northern Alberta and British Columbia.

Chapter 5: Reflections

The purpose of this chapter was to reflect on the process of developing myself as an integrative leader and to ensure the research questions have been sufficiently addressed through reflection of the problem, review of the literature, and by completing the content analysis with a concise leadership and business plan. I presented this information in my literature review with the history of CAM; provided resources in support and against CAM; and discussed communication, collaboration and engagement. Chapter 3 presented the direct content analysis to support the hermeneutic phenomenology of integrative leadership and healthcare. In this chapter, I describe the process, report the highlights of my reflections, and describe changes to my overall vision.

Integrative Leadership

As stated in the conceptual framework section of Chapter 3, a starting point for my Integrative Leadership Plan was to reflect on the questions that follow, adapted by Hatala and Hatala (2005). The reflections below assisted with the development of the vision and mission statements; addressed professionalism; created the details within the facility section; and provided information required for the business plan. Leadership research has demonstrated that a successful leader needs to use the structure of a framework as to develop his or her leadership style (cf. Fullan, 2007; Goleman et al., 2001; Hatala & Hatala, 2005; Kaser & Halbert, 2009). For my framework I have selected Hatala and Hatala's (2005) seven steps toward becoming an integrative leader as this was developed from the principles and theories of reflective practices.

My Ideal Self

Although Goleman et al. (2001) formulated a five-part process designed to rewire the brain toward more emotionally intelligent behaviours, I found that adapting Hatala and Hatala's

(2005) following questions reflected a more concise vision of my Ideal Self: Who do I want to be? What is my personal vision? What are my hopes, wishes, dreams and desires for me? I want to be what I call *Mother Teresa Big.* I believe that I am meant to be on this earth to do something positive for my community, my country, and my world. Small acts now that lead to something large is how I envision myself. My personal philosophy statement is as follows:

> *I, Michelle Renee, am part of the shift that supports mutual respect between conventional, traditional, complementary, and alternative medicine so the public can benefit from an integrative model of practice.*

By creating an integrative healing centre locally, I believe that this small facility can ripple into something bigger for my community and branch out to other communities and provinces. I am aware that similar facilities are around the world and I would encourage collaboration with such integrative communities.

Healing of physical, mental, emotional, and spiritual dis-ease, a term to describe a discontent with one's self, can come from many sources. I, and many others, have realized that this is an internal job of the individual versus outside work only. If I can assist one person along his or her healing journey by being a positive example with my life then my job has been completed and the ripple has started.

My Mission

When reflecting on my personal and business mission, the following questions are a starting point: What is my purpose? What do I want to do and whom do I want to serve? How do I best use my gifts, abilities and talents to achieve my goals, aims or aspirations and make a purposeful and meaningful contribution? My purpose was to start with myself on the healing journey before I could give any of my energy away. I did not know this when I entered my

career in rehabilitation and the cost my physical, emotional, and mental health at times. My personal philosophy statement supports my current ability to create a healing centre after I went through a challenging career journey. I have to always be in tune with my body to ensure that I am honouring my purpose and not sacrificing myself as I did previously.

I want to continue to create opportunities for physical movement through dance as I believe this is a healthy way to release stress, create heat in the body, encourage deep breathing, and tone and stretch muscles. I find dance is a way to get out of my head and into my body as to release any negative thoughts for a moment. At present my clientele is predominantly female but I encourage all genders and ages to dance to their abilities in a loving way by being in tune with their bodies; adjusting the dance moves so not to cause injury; moving at their own levels and intensities; and respecting any injuries by not pushing through to cause more pain.

On a therapeutic level, my career in rehabilitation medicine has provided me with an opportunity to work alongside a variety of people. Both staff and patients have taught me many life lessons that have molded me into the person I am today. My current concerns with the present healthcare systems have led me to explore outside conventional medicine and provided me abilities to heal others by being in tune with their bodies. The human body has more to say on a cellular level that most people will choice to listen to or prefer the survival habit of denial. I have become a therapist who can use conventional and CAM practices, depending on the patient's request, to explore self-healing options.

My Surreal Self

Being aware of how I present myself to my family, friends, coworkers, and public is important for self-awareness and self-management as discussed by Goleman et al. (2001). Reflecting on the following questions allows me to be more aware of my Surreal Self: Who am I

as a personality? What are the behaviors, thoughts and emotions I express publicly in my daily life? What are my preferences? What are my strengths, blind spots, and areas for development? What are my constructive habits that allow me to realize my Ideal and personal vision? What are my destructive habits that are limiting my development as an Integrative Leader?

I would describe myself, and others would agree, as a social butterfly. Personality tests would define me as an extrovert and I do gain my energy from being around people. In general, my outer appearance will have a smile and my inside appearance is a positive one. I am only human and people can read me like a book if I am in disagreement, disappointment, confusion, or frustration with a situation as my body language will convey this.

As I develop into a more spiritual person, I am finding more contentment by being silent in nature, my home, and even my vehicle. My thoughts are usually analyzing or questioning events in my life and I find these quiet times is when I get clearer answers. This has been an area of development for the last decade but more prominent since returning to Grande Prairie in 2011. I would also consider my silent moments, meditation, dance, listening to music, daily motivational or reflective readings, and journaling to be part of my constructive habits. I believe that these habits are what have drawn me to my Ideal Self.

I, like many, continue to have destructive habits as well and these self-destructive habits do not align with the vision of my Ideal Self and for the Integrative Healing Centre. At times, I get very frustrated with conventional medicine that I verbally complain about our healthcare system instead of respecting what diagnostic and pharmaceutical benefits that can be provided. As a leader, I find myself at times being demanding and directive towards those I work with in my career and community groups versus embracing individual differences and their personal rate at completing tasks. I have awareness and acceptance of my destructive habits so my focus has

been on creating actions that develop my Ideal Self. By creating a community of supporters, I can as these individual to be frank and honest with me to confirm my own personal reflections.

My Real Self

The single question of "who am I now" (Goleman et al., 2001, p. 48) was too general for developing my Integrative Leadership Plan so I answered the following questions: Who am I as character or individual? What are my strengths and my gaps? Often people describe me as fearless but they do not know the real me. When I act on big adventures or solo experiences; create workshops or other events; and delve into personal wellness opportunities, there are huge fears that cross my mind. Will people attend or understand what I am trying to create? Can I really do this alone? Is this safe? What if I fail or are unable to complete? Am I fit enough in this body? Have I truly spent enough planning and thinking through the delivery of this dance routine or workshop?

I am real like everyone else. I have fear, shame, guilt, resentments, anger, pain, and tears. At times, I do not even know that these negative emotions are present until I find myself wanting to be away from everyone; wanting to detach by hiding in a quiet room at the office or putting my music on so I don't hear anyone. Or my physical body shows me signs of pain, in the way of muscle tension or headaches, and then I have to look at the emotional or mental source if no acute injury is present.

Literature and research (Hay & Schulz, 2013; Myss, 1996) have taught me over the years to listen to my body. My strength is that I am in tune with my mind, body, and soul to address these negative patterns and old survival habits. I also have an amazing support system to explore my actions, thoughts, or pain so that I do not spiral down into an unhealthy place too long. These people know me because I am willing to be open about my deepest and darkest secrets as

you are only as sick as your secrets. I guess my biggest strength is I believe that you can change your physical, emotional, mental, or spiritual health at any point in your life; at any age. This belief keeps me from getting stuck too long and to continue to move forward with progress over perfection.

Integrative Leadership Learning Plan

Being aware of my gaps, accepting these gaps versus struggling with them, and then creating an action plan is essential for developing as a leader. Integrative leadership poses the following questions: What is my learning plan that will allow me to build on my strengths and address and reduce my gaps? Where do my Ideal, Real, and Surreal selves overlap or differ? How can I build on my strengths? What can I do to help fill in my gaps? What are my learning preferences?

Being a therapist, I believe it would be wise to create a learning plan with short and long-term goals as to keep me accountable to my integrative leadership development. As I have been in contact with one of the authors of *Integrative Leadership* (Hatala & Hatala, 2005) previously, I would like to send a copy of this Project once it is approved by the committee. This would confirm and validate if my Integrative Healing Centre and personal plans coincide with Integrative Leadership.

Another short-term goal would be to contact my legislative licensing body to confirm what unorthodox interventions are acceptable as an Occupational therapist and what insurance coverage I will require to practice my conventional and CAM interventions. As for other practitioners, ensuring their credentials, licensing requirements, insurance coverage, and criminal record checks would address some of the ethical concerns presented as an integrative business

owner. This goal would address ethical concerns some may have regarding credentials and those practicing in my business.

I am continually learning by reading daily; watching online presentations; attending classes and workshop; and have a service commitment to my recovery program that will immediately build on my strengths and address any gaps. This is essential to maintain my competency as a therapist and CAM practitioner. My current licensing body for occupational therapy requires that professional development occurs annually.

Long-term goals can be as small or large as I am financially able to support. I want to attend a workshop presented by the authors of *Integrative Leadership* (Hatala & Hatala, 2005) so I can be surrounded by like-minded people; create an Integrative Leadership network system; and ensure the reading I have completed resonates with other Integrative Leaders. I have encouraged my chakra balancing instructor to develop her level-two workshop so that I can attend but this may not occur. I do not want this to be a barrier in my development so I will explore other national or international options for attending a Caroline Myss workshop in 2015. Craniosacral interventions have been a complementary technique to my other hands-on sessions so I will complete a course in Canada next year to increase the body parts I am able to treat; current certification in treating head, neck, lumbar, and pelvis misalignments. As for the healing centre, I will share my Integrative Leadership Plan and business plan (Chapter 4) with local entrepreneurs as a business of this magnitude will need financial support. My preference would be to not include a financial institution but locate investors as business partners and use personal funds via the sale of my residential properties in Alberta and British Columbia.

As for where my Ideal, Real, and Surreal selves overlap I can see a common theme regarding the importance of self-care. My personal self-care regime comes through music,

dance, recovery program work, life-long learning, friend and family support, journaling, open-minded and positive outlook on life, and close contact with my Higher Power who I call Mother Nature. One, or all, of the above self-care items are part of my daily life so I can have my Surreal Self and Real Self are closer to my Ideal Self.

I have a darker personality that I often refer to my *Shadow Side*. I would say this is where my Ideal, Real, and Surreal selves differ and an internal conflict arises. Because I am aware of both my light and shadow sides, I allow myself to experience both but make a conscious decision not to stay in a negative or old survivor pattern for too long. Healing occurs when you make a decision to address this side, or past experiences, versus ignoring it or stuffing it on the shelf to collect dust. Reflecting on this decision-making now, I am encouraging others to do the same within the walls of my Integrative Healing Centre so this difference is actually heading towards my Ideal Self. I can share my strength, hope, and experiences with others who come through my life and this will demonstrate my integrative leadership as well.

So how can I build on my strengths and fill in my gaps as an integrative leader? I am a hands-on learner versus implementing something from a book. Because of my preferred learning style, I can attend courses, workshops, and conferences to build on this strength and also fill in the gaps when wanting to expand a current skill or learn a new one. I can be more open to my supporters regarding my desires to build on the strengths and reduce the gaps so they can hold me accountable as well. I know my quiet meditative state can be expanded to more moments per day; increasing the time I spend in a meditative state; or exploring a variety of meditation options, such as walking meditation and guided meditation. I have heard that prayers are my moment to talk to my Higher Power while meditation is my time to listen for my Higher Power's

guidance. I have an addiction to being busy and tend to not listen very well so by being in a moment of stillness will help fill in my gaps in my Integrative Leadership Learning Plan.

Applications and Experimentation

Hatala and Hatala (2005) suggest that by "practicing and experimenting with new behaviors, beliefs, feelings and values that build on my strengths and minimize our gaps will allow me to move from my Surreal to my Real Self, and from my Real to my Ideal Self" (p. 177). I love the concept of experimenting as that does not force me to commit to any new practices. I can explore my local, national, and international options for training without attaching a different style, daily practice, or therapeutic modality to my life. I can take what I want and leave the rest into my lifestyle. As for application, with my current busy lifestyle I have to mindfully schedule items in my day planner, set timers on my cell phone, and use post-it notes in my office space, home, and vehicle. These are the strategies that have successfully worked when I have trained to complete fitness events; development of workshops or new routines; implementing new therapeutic interventions; and completing my educational requirements. Intentions, goals, or deadlines that are written down have a history of being more successfully completed in my life.

Throughout my bachelor degree, and now again with my graduate studies completion, I have to ask my support system to decrease the amount of invitations to social events. As an extrovert, I find it very easy to be around people versus applying the necessary time required to complete my education; practice the skills acquired through workshops or certification programs; and even allow myself the extra time for meditation. I suspect this same request to my family and friends may occur when opening up a business as well in the first year. As with anything

else in life, balance and moderation are essential to lessen the opportunity for physical pain and mental or emotional burn out.

With the amount of personal work I have been completing, especially since 2011, I believe my surreal self is much closer to my real self. Going from my real self to ideal self is underway as well. With the exploration of commercial real estate earlier this year, I had an opportunity to identify my strengths and gaps as a potential business owner. When Hatala and Hatala's (2005) integrative leadership concepts became present in my life, I really felt that this was a framework that would meld well into my already developing leadership style and business. I appreciate forms of structure that do not box me into a style but instead allows me to explore and create internal beliefs and values. I can reflect now and see a pattern of career choices that allowed for black and white concepts to meld into a shade of grey so that I was not categorized into one area of practice.

Being the extrovert personality that I am, developing networking relationships has been very important to my personal and career development. For my physical self, I have the Bellyfit International and Zumba companies providing me with music, choreography, and business support to continue to develop. I also surround myself with physically-active people to go on outdoor hikes, cross-country skiing, attend fitness classes, and go to a variety of dance events. Although I rarely utilize these services anymore, I can contact my registered massage therapists or discuss physical ailments with my rehabilitation medicine coworkers as to ensure optimal physical health. I have once again been exploring my body image and weight concerns with a sponsor as well. For my emotional and mental self, I regularly attend the Al Anon Family Group, which provides me with a safe outlet to express or listen to others impacted by another person's alcohol use. This is the group that I found my spiritual self as well so I am fortunate

that the members of Al Anon, and other recovery programs, are willing to support me on this journey.

Relationships and Associations

I have previously discussed the term *community of supporters* and the question "who can help me" (Goleman et al., 2001, p. 51) can be expanded with the following questions: Who will support me on my integrative life and leadership journey? Who will help me identify me strengths and gaps? Who will support me in my life experiments, application and practices? Although many relationships were identified previously, I have an opportunity to be more specific with this question. For Bellyfit support, I can directly contact the Chief Executive Officer, Technician Specialist, and Master Trainers. In regards to my Chakra Balancing interventions, I locally can contact my local instructor and mentor as she provided me with my training plus she is available to advise me with yoga practices. Craniosacral support will come from my instructor and friend in British Columbia, along with my local mentor and friend who practices Craniosacral interventions in Grande Prairie. As my friends are also my instructors and mentors, I truly believe they can assist me in creating a safe environment in which I can implement my applications and experiments as a leader.

As for my healing centre, I want to continue to be in contact with the authors of *Integrative Leadership* (Hatala & Hatala, 2005) to develop integrative leadership and create the spirit of life with the staff, patients, and community. Local owners, and Occupational therapists, of private rehabilitation medicine companies in Grande Prairie have been available to discuss any questions I have regarding private services in and around the Peace Country Region.

My Al Anon and Alcoholics Anonymous family allow me to share my experiences during my weekly support groups. When I need more one-to-one opportunities, I have two

sponsors who know my struggles and strengths. They are present to be my sounding board and share their experiences and hope. When needed, I can return to my 12 Steps or Tradition Work with any struggle I am having and these people will provide their interpretations but not provide me with guidance. My journey is based on internal work at the moment with outside support.

I have some amazing leaders within my personal and professional circles. I have had the pleasure of working with a woman has been a therapist, manager, and director throughout her career in the north and has been available to provide guidance as an assistant, therapist, and now as I complete my graduate studies. She has pulled me off the edge when I wanted to quit; has opened her office door for me to brainstorm; and was willing to be on my Project Committee. I know she, along with my current managers, will help me develop as a leader in conventional healthcare if I wish to continue.

There are so many more people that I could identify in this reflection section. I have not identified my blood family members as I struggle at time to be my authentic self with them. I do not really know why I do not completely share my real, surreal, or ideal selves with them at this time. For the most part, they are supportive of my journey but not to the same level as others I have named above.

Summary of the Research Focus Questions

Beyond the Integrative Leadership Plan, the overall focus of this Project was to develop a personal and organizational vision. Covey's (n.d.) website *the community* encourages the development of "your mission statement [because it] becomes your constitution, the solid expression of your vision and values. It becomes the criterion by which you measure everything else in your life" (para. 8.). The authors that have been included in this Project have been part of

the development of my personal vision as an integrative leader and the organizational vision for The Peace Movement Healing Centre, Inc.

Vision for Integrative Healthcare

Integrative healthcare, or integrative medicine, is an innovative combination of "conventional medicine with CAM therapies of proven safety and effectiveness" (Nemer, 2010, p. 2). My proposed integrative healing centre captures the essence of integrative healthcare by having licensed conventional professions with supplementary training in traditional, conventional, or alternative medicine. I believe that integrative healthcare will redefine health practices globally and is well supported by research from medical facilities, educational institutions, and journal articles dating back to the mid-1980s. Evidence-based researchers and government-funded agencies may have to tailor their policies and procedures for traditional and CAM research as some of these therapies cannot be replicated in vitro.

Risks and benefits occur in conventional medical practices currently. Integrative healthcare has the opportunity to provide patients with expanded treatment options beyond our standard healthcare system in which the patient can weigh out risks and benefits amongst conventional, traditional, complementary, and alternative therapies. This framework for healthcare delivery goes beyond a physician's bias and values to include the patients' values and beliefs in regards to their physical, mental, emotional, and spiritual health.

Development as an Integrative Leader

Hatala and Hatala's (2005) holistic approach to leadership encompasses my personal and organizational vision for an integrative healing centre. This style of leadership was developed from "science and technology, spirituality and religion, philosophy and psychology, governments, organizations and individuals" (Hatala & Hatala, 2005, p. 35). Instead of viewing

each separately, these authors integrated years of science, traditions, and development theories into a leadership framework that I can use to achieve my personal and organizational vision.

Leadership development from an inner self (search all Covey, 1990; Goleman et al., 2001; Hatala & Hatala, 2005; Mackoff &Wenet, 2000) is my primary focus. The seven questions posed by Hatala and Hatala (2005) assisted me to reflect in depth my vision as an integrative leader for my day to day life, as a leader in conventional healthcare, and my mission as a leader for The Peace Movement Healing Centre. Once I have developed a solid foundation as an integrative leader on a personal level, my vision is to create a living organization with a spirit of life amongst the staff, outside professionals, and general public to have a sustainable business.

My involution development as an integrative leader will create an evolution of healthcare into an integrative model of delivery to my patients. Professional and personal development, along with reflective practices, will be essential for all of those involved; especially in the area of my own development. My integrative leadership learning plan; the experiences through applications and experimentation; and the relationships and associations I create will guide me through my journey as an integrative leader.

The Grande Prairie Business

The vision of The Peace Movement Healing Centre is an innovative and forward thinking business for healthcare delivery in northern Alberta. By creating one environment that patients and professionals can enter the doors to be assessed, treated, and educated by licensed professionals with an integrative model of practice will inspire a shift in our current healthcare delivery. An integrative focus on conventional, traditional, complementary, and alternative interventions that are proven to trustworthy will allow for a sustainable business.

Grande Prairie is a growing northern community and regional centre for healthcare with patients traveling from northern Alberta and British Columbia. The Peace Movement Healing Centre will offer a merchandise area with natural products, mind-body medicine, manipulative and body-based practices, alternative medical systems, or energy healing interventions to address physical, mental, emotional, and spiritual healing. These services will be delivered in one-to-one or group sessions for patients and professionals. This centre will be a hub for personal and professional development for integrative healthcare and leadership practices.

The staff will be encouraged to be part of this integrative living organization and assist with the growth of the spirit of life through his or her personal and professional development. Hiring and mentoring of staff will come from an integrative leadership framework developed by Hatala and Hatala (2005) and will be the spirit of life for The Peace Movement Healing Centre. Staff will be encouraged to be part of the shift in healthcare to an integrative model of care for our patients. Collectively we will walk the walk and talk the talk of integrative healthcare in our centre and community.

Venue or Facility Required

The integrative healing centre facility has a few requirements to bring the vision to life. Accessibility to the merchandise, treatment rooms, and studios daily is essential for personal and professional development of the patients and outside professionals and agencies. Each area will be equipped according to the needs of the Peace Movement staff, facilitators, and patients. Community groups will also have access to meeting spaces in the studios spaces as well. This healing centre has to be convenient in the design and location to ensure all that enter the doors can have a positive experience.

Commercial properties will require ground level entrance; wheelchair accessibility throughout the facility; adequate parking; sound proofing environment for confidentiality and comfort; adjustable lighting for each session; adequate square footage to allow for renovations; visible advertising opportunities; adjustable heating and cooling system; and ability to lock patient files to maintain ethical standards. A number of desirable attributes will be explored at each property but not required to open the doors of The Peace Movement Healing Centre. Community bylaws will require the centre to apply for zoning permits as well.

Relationships with Others

Synergizing and collaboration with other people is not only a vision for my personal and professional development but more my mission from today and into the future. Although my initial research focus question was to discuss my relationships with healthcare providers, I believe that needs to be multidimensional to Peace Movement Healing Centre staff, outside healthcare providers, outside agencies, potential facilitators of workshops or classes, community group members, natural product sales people, patients, family, friends, and mentors. As an integrative leader, and potential business owner, I have to develop this community of support to allow for my applications and experimentations.

I believe in the collective worth of each individual, no matter his or her education or association to me, as you never know the influence that person may have on your life. Some of my most influential teachers have come from the most unlikely situations. I continue to develop, as a healthcare professional, leader and individual. I continue to create openness with a variety of practices, therapies, and leadership styles. Although I may or may not agree to all the information provided to me, I can take what I want and leave the rest. These people who enlighten me with this information and learning opportunity can still be a teacher to me, even if I

do not like their personalities. I learned years ago from Stone Zander and Zander (2000) the concept that leadership can occur from any chair, which means to me that all of my relationships can teach me something and help me to develop into a integrative leader within my home, my employment, and my community.

Engagement of patients, and especially integrative healing centre staff, will be essential for this healing centre to be sustainable. Accountability for both patient and staff will need to be addressed through assessments, recommendations, therapeutic practices, documentation, follow-up and discharge practices. Although encouraging engagement between the integrative healing centre staff with the patients' family or specialty physicians may be challenging at times, allowing for a variety of educational opportunities at the centre, presentations at conferences, one-to-one meetings, or providing actual integrative treatments to all will be the starting gate to integrate with medical model healthcare staff.

Chapter Summary: The Process and Changes

The concluding section of this chapter is my final reflections on the process of designing this Integrative Leadership Plan and how it has contributed to my development as a leader in integrative healthcare. Many factors have been taken into consideration to develop this Project, including the leadership and business Plan. I had to focus on what I considered the problem with our current healthcare system, the local community context, what integrative healthcare looks like, my personal journey in healthcare, and overall what is my vision for an integrative healing centre in Grande Prairie, Alberta. The research from literature and websites then had to support or discredit my vision as an integrative leader; desire to utilize traditional and CAM therapies with conventional healthcare; reflect on present and future integrative centres; and identify the strengths and gaps in communication, collaboration, and teamwork.

I wanted to create the facility and business for an integrative healing centre that fit with my leadership style and research helped me explore the method for achieving this goal. Embarking on the journey of qualitative research allowed me to narrow down the research to provide a language I can use with healthcare professionals, outside agencies, and patients. Direct content analysis provided an un-biased review of the journal articles and the hermeneutic phenomenology method allowed the research to become a textual expression of integrative leadership and healthcare. Through personal reflections and review of the literature, a completed Integrative Leadership Plan that supported integrative leadership, integrative healthcare, and a business plan. Overall, this Project revealed my vision for viable integrative healing centre for Grande Prairie and worldwide.

References

Adams, K. E., Cohen, M. H., Eisenbeg, D., & Jonsen, A. R. (2002). Ethical considerations of complementary and alternative medical therapies in conventional medical settings. *Annals of Internal Medicine*, *137*(8), 660-664. Retrieved from http://www.chiro.org/alt_med_abstracts/FULL/Ethical_Considerations_of_Complementary_Alternative.html

American Holistic Medicine Association (2014, May 25). [website]. Retrieved from http://www.holisticmedicine.org

Avolio, B. J. (2007). Promoting more integrative strategies for leadership theory-building. *American Psychologist*, *62*(1), 25-33. Retrieved from http://tigger.uic.edu/sph/phtpg/Content/Reading%20Room/Articles/Integrative%20strategies%20for%20leadership%20theory%20building.pdf

Benson-Henry Institute for Mind Body Medicine (2014, May 25). [website]. Retrieved from http://www.massgeneral.org/bhi

Berg, B. L. (2001). *Qualitative research methods for the social sciences 4th ed.* Boston, MA: Allyn and Bacon.

Business Development Canada (2014, April 8). [website]. Retrieved from http://www.bdc.ca/en/advice_centre/tools/business_plan/pages/default.aspx

Canadian Institute of Natural and Integrative Medicine (2014, May 25). [website]. Retrieved from http://www.cinim.org/index.php/main/page/about

Carey, W., Philippon, D. J., & Cummings, G. G. (2011). Coaching models for leadership development: An integrative review. *Journal of Leadership Studies*, *5*(1), 51–69. Retrieved from http://web.b.ebscohost.com.hinc.lib.ucalgary.ca/bsi/pdfviewer/pdfviewer?sid=ec97303d-f15c-4450-be94-8f7b3c2e79f6%40sessionmgr113&vid=1&hid=125

Clavelle, J.T., & Bramwell, K. (2013). An integrative model for professional peer review. *JONA*, *43*(6), 318-320. Retrieved from http://www.researchgate.net/publication/236939641_Nurse_PractitionerPhysician_Collaborative_Practice_An_Integrative_Model_for_Professional_Peer_Review

Consortium of Academic Health Centres for Integrative Medicine (2014, May 25). [website]. Retrieved from http://www.imconsortium.org/about/home.html

Collins, J. (2001). *Good to great.* New York, NY: Harper Collins.

Covey, S. R. (1990). *Principle-centered leadership.* New York, NY: Simon and Schuster.

Covey, S. R. (2014, October 27). *The community empowering your greatness.* [website]. Retrieved from https://www.stephencovey.com/sample-mission-statements.php

Crosby, B. (2008). Theoretical foundations of integrative leadership. *Integral Leadership Review.* Retrieved from http://doc2pdf.pdf24.org/state.php?id=blog_64534600-1416546246-201674218&lng=en

Dalen, J. E. (1998). Conventional and unconventional medicine: Can they be integrated? *Archives of Internal Medicine*, *158*(20), 2179-2181. Retrieved from http://www.chiro.org/alt_med_abstracts/FULL/Conventional_and_Unconventional_Medicine.shtml

Dictionary.Com (2014, October 23). [website]. Retrieved from http://dictionary.reference.com/browse/heal

Eisenberg, D. M., Cohen, M. H., Hrbek, A., Grayzel, J., Van Rompay, M. I., & Cooper, R. A. (2002). Credentialing complementary and alternative medical providers. *Annals of Internal Medicine*, *137*(12), 965–973. Retrieved from http://www.researchgate.net/publication/10988144_Credentialing_complementary_and_alternative_medical_providers/file/9c960528f89759512d.pdf

Fullan, M. (2007). *The new meaning of educational change (4th ed.).* New York, NY: Teachers College Press.

Gandz, J. (2009). Compelling visions: Content, context, credibility, and collaboration. *Ivey Business Journal.* Retrieved from http://iveybusinessjournal.com/topics/global-business/compelling-visions-content-context-credibility-and-collaboration#.U809Q7FnPzh

Goleman, D. (2002). *Primal leadership.* Boston, MA: Harvard Business School Press.

Goleman, D., Boyatzis, R., & McKee, A. (2001). Primal leadership: The hidden driver of great performance. *Harvard Business Review*, *79*(11), 42-53. Retrieved from www.changeforchildren.co.uk/uploads/primal-leadership.pdf

Gorski, D. H., & Novella, S. P. (2014). Clinical trials of integrative medicine: Testing whether magic works? *Trends in Molecular Medicine*, *20*(9), 473-476. Retrieved from http://www.cell.com/trends/molecular-medicine/fulltext/S1471-4914(14)00103-8

Graneheim, U. H., & Lundman, B. (2003). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, *24*(2), 105-112. Retrieved from http://intraserver.nurse.cmu.ac.th/mis/download/course/lec_566823_Graneheim%20-%20Jan%2025.pdf

Hatala, L. M. (2008). Integrative leadership: Building a foundation for personal, interpersonal and organizational success. *Integral Leader Review*. Retrieved from http://integralleadershipreview.com/author/lhatala

Hatala, R. & Brown Hatala, L. M. (2003). *On becoming an integrative leader: Building an in-depth foundation for personal, professional and organizational Success.* Retrieved from http://www.banffcentre.ca/leadership/library/pdf/integrative_leader.pdf

Hatala, L. M. & Dougan, C. (2008). *Integrative leadership. Study guide: Let spirit be the lead of your life.* Calgary, AB: Printcor.

Hatala, R. J. & Hatala, L. M. (2005). *Integrative leadership.* Altona, MB: Friesens Corporation.

Hay, L. & Schulz, M. L. (2013). *All is well: Heal your body with medicine, affirmations, and intuition.* Carlsbad, CA: Hay House, Inc.

Health Canada (2014, October 23). [website]. Retrieved from http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2011-hcs-sss/index-eng.php

Hsiu, H.F. & Shannon, S.E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277-1288. Retrieved from http://qhr.sagepub.com/content/15/9/1277

Kaser, K. & Halbert, J. (2009). *Leadership mindsets: Innovation and learning in the transformation of schools.* New York, NY: Routledge.

Kouzes, J., & Posner, B. (1995). *The leadership challenge.* San Francisco, CA: Jossey-Bass Inc.

Kretchy, I. A., Owusu-Daaku, F., & Danquah, S. (2014). Patterns and determinants of the use of complementary and alternative medicine: A cross-sectional study of hypertensive patients in Ghana. *BMC Complementary and Alternative Medicine*, *14*(1), 44. Retrieved from http://www.biomedcentral.com/1472-6882/14/44

Lester, M. (2010). Credentialing: Understanding the education, training, regulation, and licensing of complementary health practitioners. *National Centre for Complementary and Alternative Medicine.* Retrieved from http://nccam.nih.gov/sites/nccam.nih.gov/files/D451.pdf

Mackoff, B. & Wenet, G. (2000). *The inner work of leaders: Leadership as a habit of mind.* New York, NY: AMACOM Books.

Mayo Clinic (2013). *Mayo clinic book of alternative medicine and home remedies: Two essential home health books in one.* New York, NY: Time Home Entertainment Inc.

Mayring, P. (2000). Qualitative content analysis. *Forum: Qualitative Social Research, 1*(2), 266-269. Retrieved from http://www.qualitative-research.net/index.php /fqs/article/view/1089/2385

McGregor, M., Puhl, A. A., Reinhart, C., Injeyan, H. S., & Soave, D. (2014). Delivery among chiropractic factions: results from a randomly sampled survey. *BMC Complementary and Alternative Medicine, 14*(1), 51. Retrieved from http://www.biomedcentral.com/ 1472-6882/14/51

MedicineNet. (2014, October 23). [website]. Retrieved from http://www.medicinenet.com/ script/main/art.asp?articlekey=33527

Minke, S. W., Smith, C., Plotnikoff, R. C., Khalema, E., & Raine, K. (2006). The evolution of integrated chronic disease prevention in Alberta, Canada. *Preventing Chronic Disease: Public Health Research, Practice, and Policy, 3*(3). Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1637790/pdf/PCD33A102.pdf

Myss, C. (1996). *Anatomy of the spirit: The seven stages of power and healing.* New York, NY: Random House.

National Cancer Institute (2014, October 23). [website]. Retrieved from http://www.cancer. gov/dictionary?cdrid=454746

National Centre for Complementary and Alternative Medicine (2014, March 8). [website]. Retrieved from http://nccam.nih.gov

Nemer, D. (2010). Complementary and alternative medicine in the United States. (Master's thesis, Harvard Medical School). Retrieved from http://improvehealthcare.org/wp-content/uploads/2011/08/1-4-1-PB.pdf

Northwest Wellness Centre (2014, March 21) [website]. Retrieved from http://www.northwestwellnesscentre.com

Schjott, J. & Erdal, H. (2014). Questions about complementary and alternative medicine to the Regional Medicines Information and Pharmacovigilance Centres in Norway (RELIS): A descriptive pilot study. *BMC Complementary and Alternative Medicine, 14*(1), 56. Retrieved from http://www.biomedcentral.com/1472-6882/14/56

Scott, E. S. (2010). Perspectives on healthcare leader and leadership development. *Journal of Healthcare Leadership, 2010*(2), 83-90. Retrieved from http://www.dovepress.com/getfile.php?fileID=7047

Sherman, K. J., Eaves, E. R., Ritenbaugh, C., Hsu, C., Cherkin, D. C., & Turner, J. A. (2014). Cognitive interviews guide design of a new CAM patient expectations questionnaire.

BMC Complementary and Alternative Medicine, *14*(1), 39. Retrieved from http://www.biomedcentral.com/1472-6882/14/39

Shi, G. X., Li, Q. Q., Liu, C. Z., Zhu, J., Wang, L P., Wang, J., Han, L. L., ...& Wu, M. M. (2014). Effect of acupuncture on *Deqi* traits and pain intensity in primary dysmenorrhea: analysis of data from a larger randomized controlled trial. *BMC Complementary and Alternative Medicine*, *14*(1), 69. Retrieved from http://www.biomedcentral.com/content/pdf/1472-6882-14-69.pdf

Skovgaard, L., Pedersen, I. K., & Verhoef, M. (2014). Use of bodily sensations as a risk assessment tool: Exploring people with multiple sclerosis' views on risks of negative interactions between herbal medicine and conventional drug therapies. *BMC Complementary and Alternative Medicine*, *41*(5), 492-499. Retrieved from http://www.biomedcentral.com/content/pdf/1472-6882-14-59.pdf

Stone Zander, R. & Zander, B. (2000). *The Art of possibility.* New York, NY: Penguin Group.

Strandberg, E. L., Ovhed, I., Borgquist, L., & Wilhelmsson, S. (2007). The perceived meaning of a (w)holistic view among general practitioners and district nurses in Swedish primary care: A qualitative study. *BMC Family Practice*, *8*(1), 8. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1828160/

Strouss, L., Mackley, A., Guillen, U., Paul, D. A., & Locke, R. (2014). Complementary and alternative medicine use in women during pregnancy: Do their healthcare providers know? *BMC Complementary and Alternative Medicine*, *14*(1), 85. Retrieved from http://www.biomedcentral.com/1472-6882/14/85

van Manen, M. (1990). *Researching lived experience.* New York, NY: State University of New York Press.

Appendix A: Glossary

allied health

Health Canada refers to "allied health professionals (health care professionals other than physicians and nurses)" (Health Canada, n.d., para 38.), including social workers, physical therapists, occupational therapists, recreation therapists, diagnostic imaging technicians, laboratory technicians, and a variety of assistants.

alternative therapy

The National Centre for Complementary and Alternative Medicine (NCCAM) refers to alternative therapy as "using a non-mainstream approach in place of conventional medicine" (NCCAM, n.d., para. 2.).

collective worth

is a term based on Kaser and Halbert's (2009) research regarding appreciative inquiry, collective worth implies that each member has the ability to contribute to the greater good of a team or an idea.

complementary and alternative medicine (CAM)

systems, practices, and products that are not generally considered part of conventional medicine" (NCCAM, n.d., para. 2.).

complementary medicine

NCCAM states that complementary "generally refers to using a non-mainstream approach together with conventional medicine" (NCCAM, n.d., para. 2.).

conventional medicine

"Conventional medicine: Medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals, such as

physical therapists, psychologists, and registered nurses. Other terms for conventional medicine include allopathy and allopathic medicine; Western medicine, mainstream medicine, orthodox medicine, and regular medicine; and biomedicine" (MedicineNet, n.d., para. 1.). Conventional medicine is practiced by physicians, surgeons, and allied health professionals who use assessments skills based on evidence-based research. Conventional treatments are based on diagnostic or physical tests results and may include medications, surgeries, and therapies. The history of the medical profession is grounded in European or Western science.

emotional intelligence

a term developed by Goleman, Boyatzis, and McKee (2001) in which "an emotionally intelligent leader can monitor his or her moods through self-awareness, change them for the better through self-management, understand their impact through empathy, and act in ways that boost others' moods through relationship management" (p. 48).

healing

In holistic practices, healing addresses the areas of mind, body, and soul. Each is not a separate entity but all require attention on a regular basis to create balance in one's life. When in balance, a person will feel comfort with his or her physical, mental, emotional, and spiritual body. The verb heal means "to make healthy, whole, or sound; restore to health; free from ailment" (Dictionary.Com, n.d., para. 1.).

holistic medicine

Strandberg, Ovhed, Borgquist, and Wilhelmsson (2007) described medicine as "health as viewed from the perspective that humans and other organisms function as complete, integrated units rather than as aggregates of separate parts" (p. 1). Alternatively "a

philosophy of nursing practice that takes into account total patient care, considering the physical, emotional, social, economic, and spiritual needs of patients, their response to their illnesses, and the effect of illness on patients' abilities to meet self-care needs" (p. 1). The authors compared these definitions and stated "it would appear that the meaning of holism in international literature differentiates between medicine and nursing. Medicine implies complementary and alternative medicine, while holistic nursing means to view all a patients' aspects in the present situation" (p. 1).

ideal self

imagining who you want to be is the premise of ideal self but Hatala and Hatala (2005) refer to it as the "consciously formulated image of who we would like to be" (p. 8).

integrative healthcare

Nemer (2010) referred to integrative medicine or integrative healthcare as a combination of "conventional medicine with CAM therapies of proven safety and effectiveness" (p. 2).

integrative leadership

Hatala and Hatala (2005) referred to integrative leadership as "a wholistic approach to leading oneself and others in a reflective, conscious, thoughtful and responsive way" (p. xxi) based on four domains of intelligence and three levels of awareness. These authors are paid consultants and have trademarked this term, which is why I have capitalized it throughout this study. However, it is important to note that their notion of integrative leadership is a synthesis of theory and practice described by established leadership scholars, which are discussed later in Chapter 3, and applied creatively to healthcare.

medical intuitive

Myss (1996) described medical intuitive as "the ability to help people understand the emotional, psychological and spiritual energy that lies at the root of their illness, dis-ease, or life crisis" (p. 5).

orthodox

describes assessment and treatment techniques that fall within the professional healthcare or CAM scope of practice as defined by educational institutes, licensing bodies, policy makers, and media. The National Cancer Institute (NCI) defines orthodox medicine as "a system in which medical doctors and other healthcare professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery. Also called allopathic medicine, biomedicine, conventional medicine, mainstream medicine, and Western medicine" (NCI, n.d., para. 1.)

real self

Goleman, Boyatzis, and McKee (2001) describe this as how "others experience you" (p. 48) but another perspective is "our Individuality or Character that is our more private thoughts and feelings about our world" (Hatala & Hatala, 2005, p. 8).

resonance

is emotional intelligence in action through self-awareness, self-management, social awareness, and relationship management (Goleman, Boyatzis, & McKee, 2001).

surreal self

"Our personality, our image of self...that we publicly show to the world" (Hatala & Hatala, 2005, p. 8) describes the self-reflection of one's surreal self.

symbolic sight

"A way of seeing and understanding yourself, other people, and life events in terms of universal archetypal patterns….a healthy objectivity that brings out the symbolic meaning of events, people, and challenges, most especially perhaps the painful challenge of illness" (Myss, 1996, p. 8).

traditional medicine

Kretchy, Owusu-Daaku and Danquah (2014) referred to traditional medicine (TM) as "relevant in the healthcare system and [revealing] the values, behaviours, and the socio-religious structure of the indigenous" (p. 2) cultures. In Alberta, traditional medicine may be practiced by local First Nations people and address spiritual as well as physical healing.

true self

Hatala and Hatala (2005) describe true self as "the level from which wisdom, higher knowledge, genuine compassion, authentic happiness, original inspirations and higher sensory perception flow into our conscious" (p. 8).

unconventional medicine

is similar to unorthodox medicine, in which a professional provides assessment or treatment options that may be perceived as out of scope for that profession. This may be viewed as non-Western medicine, traditional indigenous practice, or CAM interventions. Dalen (1998) reports that "complementary and alternative medicine are also termed unconventional medical therapy" (p. 2215).

unorthodox

McGregor, Puhl, Reinhart, Injeyan, and Soave (2014) reviewed orthodox and unorthodox chiropractic practices in Canada. For example, for chiropractors, unorthodox refers to practices beyond manipulations and adjustments of the spine, which were the early roots of this profession. Unorthodox can be said to be assessment or treatment options that are outside the core traditions of the educational institutes, licensing bodies, and policy makers.