Authenticity in Occupational Therapy Leadership: A Case Study of a Servant Leader

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Key Words: interpersonal relations • mentor • qualitative method

Objective. The purpose of this qualitative study was to examine the leadership of occupational therapy educator Sr. Genevieve Cummings at the College of St. Catherine in St. Paul, Minnesota, from 1960 to 1994.

Method. In-depth interviews were conducted with faculty, staff, administrators, and friends who knew her work intimately. Themes regarding her leadership were synthesized from the interview data and compared with trends in the leadership literature.

Results. The predominant themes representing the major elements of her success as a leader were enabling others, focusing on the greater good, collaborative visioning, and leadership through caring and service. The findings indicate that Sr. Genevieve led in a uniquely authentic manner by serving the needs of students, faculty members, and the profession.

Conclusion. Sr. Genevieve was an effective, authentic, and accomplished leader throughout her career. Her contributions had a significant impact on the field of occupational therapy and occupational therapy education. The legacy of her leadership serves as a model for others in occupational therapy who must balance multiple challenges, pressures, or roles and be able to work effectively with others.


The purpose of this study was to examine the work of Sister Genevieve Cummings, MA, OTR, FAOTA, as a leader in occupational therapy education from 1960 to 1994 and to offer a variety of opportunities to learn about the effectiveness of her leadership. In this study, the perspectives of others regarding her contributions as a unique and effective leader in occupational therapy are examined and attempts are made to understand these contributions within the context of the leadership literature.

In addition, by examining Sr. Genevieve’s story, occupational therapists may develop their own meanings about her life work and determine the usefulness of the themes that surfaced from the data analysis. This story provides all occupational therapists with an opportunity to make connections with their own efforts to become effective leaders.

I met Sr. Genevieve for the first time in 1987 when I became the director of an occupational therapy assistant program in southern Minnesota. I had heard a lot about her work at the College of St. Catherine and looked forward to meeting her at a regional educational meeting. She was not the dynamic person that I had expected; she was a plainly dressed older woman who was very quiet for most of the day in this large group. When she finally did speak at that meeting, she concisely and eloquently summarized

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Sr. Genevieve the Leader

Sr. Genevieve was a nationally known and respected leader in occupational therapy education at the College of St. Catherine in St. Paul, Minnesota, from 1960 until her death in 1994. Under her direction and leadership, St. Catherine’s occupational therapy program earned high regard from other occupational therapy educators and practitioners, both regionally and nationally. The manner in which she related with others was quiet, respectful, supportive, and always focused on their needs.

Sr. Genevieve began her career in occupational therapy as a student at the College of St. Catherine in the late 1940s. After working as both a clinician and an educator in Virginia in the 1950s, she returned to the College of St. Catherine in 1960 to assume the roles of department chair and assistant professor. She served as occupational therapy department chair from 1960 to 1970, and again from 1976 to 1994. Between 1970 and 1976, she served as the province director of the Sisters of St. Joseph of St. Paul and maintained teaching responsibilities at St. Catherine. While at the College of St. Catherine, she served as chair of the entire college faculty from 1979 to 1990 and received the college Faculty Teaching Award for teaching excellence in 1979 and 1985.

Sr. Genevieve was also recognized for her efforts as a regional leader in occupational therapy through her work with the Minnesota Occupational Therapy Association (MOTA) and the MinnDak Council on Education, which served Minnesota and the Dakotas. In 1990, she was recognized as the Minnesota Occupational Therapist of the Year and had previously received the MOTA Communication Award in 1987 and the MOTA Certificate of Appreciation in 1982.

Her contributions to the American Occupational Therapy Association (AOTA), especially from 1961 to 1983, also show her leadership and commitment to serving the profession. Sr. Genevieve served the AOTA as chairperson of the Accreditation Committee from 1967 to 1970, as chairperson of the Council of Standards from 1961 to 1967, as chairperson for the Commission on Standards and Ethics from 1978 to 1983, as Minnesota representative to the Representative Assembly from 1976 to 1982, and as member of the Occupational Therapy Program Director’s Council of the Commission on Education from 1979 to 1994. For much of that time, she served as the parliamentarian for the Program Director’s Council. In addition, in 1976, she was nominated as one of two candidates on the ballot for AOTA president. Finally, in 1983, Sr. Genevieve was elected to be a Fellow of the American Occupational Therapy Association in recognition of her contributions to the Association for more than 20 years.

During her work as chairperson of the Council on Standards and as an AOTA Executive Board member, Sr. Genevieve helped to develop and refine the ongoing guidelines for practice, facilitate the incorporation of the American Occupational Therapy Foundation, and develop guidelines for the education of occupational therapy assistants. As the second chairperson of the Commission on Standards and Ethics, Sr. Genevieve led the development of the first procedures for the investigation of complaints of ethical violations by occupational therapy practitioners and of the first policies to discipline those who violated AOTA’s professional ethics.

It seems important for occupational therapists to learn more about their work through the work of others in the profession, such as Sr. Genevieve. A historian may find in the occupational therapy literature the history of the field itself and its procedures and techniques, but little has been written about individual practitioners or educators. Very few, if any, specifically documented stories exist about occupational therapists who were leaders in the profession and who helped to guide the profession since its founding in the early part of the 20th century.

Sr. Genevieve’s contributions to the profession, through her work at the College of St. Catherine, unveil a substantial career and leadership on a variety of levels. Her story, like the story of so many other leaders in occupational therapy from her generation, could easily have been overlooked and remained untold. Sr. Genevieve did not draw attention to herself or her work, and one has to look closely to even recognize her place as a significant leader in and contributor to the ongoing development of the field. Occupational therapy practitioners generally learn to focus on the needs of others and develop a sense of satisfaction and achievement by seeing others increase their own levels of competence. Focusing on the needs of others was exemplified in Sr. Genevieve’s work and leadership style.

What makes the story of her leadership both interesting and important is the way Sr. Genevieve went about her work. She was not a particularly charismatic or dynamic person, yet those who knew her well have clearly described the importance of her life’s work and leadership on local, regional, and national levels. Her contributions had a “behind-the-scenes” flavor; her work was very important but not particularly public. Sr. Genevieve’s ability to conceptualize, develop a vision, and maintain the central values of occupational therapy allowed her to complete her diverse and busy agenda without much fanfare. She was able to bring the thoughts and ideas of diverse groups of practitioners together in order to implement major initiatives. The fact that some of these initiatives remain in place today is a testament to her leadership.
today, such as AOTA procedures for dealing with ethical violations, indicates the significance of her efforts.

Literature Review of Leadership

Historically, in the study of leadership, inherent traits were initially believed to be the key to identifying potential leaders. Leadership has been examined by numerous researchers from a variety of disciplines over the past 50 years, and one line of thinking suggests that good leaders are born with specific leadership traits that cannot be learned (Cunningham & Carol, 1986). Subsequent theories suggest that leaders arise from the ranks of ordinary people, depending on the events that are occurring at a given time (De Pree, 1987). Although initially plausible, the situation-based models have proven to be no more satisfactory than the trait models because many examples of effective leadership seem to not depend on situation. Other models have examined specific leadership styles (e.g., autocratic, democratic) and the specific leadership functions related to the task at hand (Verba, 1961). These various models have proven insufficient over time because many types of persons in many different circumstances have been successful leaders.

Contemporary views regarding leadership have emerged from qualitative studies that explored the essence of persons who are acknowledged leaders in their fields, including business, education, and health care. In an extensive qualitative study, Bennis and Nanus (1985) found five leadership competencies common to the 90 leaders they studied. These competencies, or behaviors, were attention through vision, meaning through communication, trust through positioning, the creative deployment of self, and dealing effectively with failures. Kouzes and Posner (1995) suggested the existence of the following leadership practices: challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart. On closer examination, many common threads run among the competencies that Bennis and Nanus (1985) suggested and the leadership practices that Kouzes and Posner (1995) suggested.

According to Terry (1993), leadership is enigmatic and diverse and should be defined within the context of the individual leader’s history and practices. He said that leadership is simply a subset of the human experience and cannot be reduced to a set of “techniques, quick fixes, or heroes” (p. 14). Terry concluded that to understand a person’s leadership, one must engage with the life of that person and view his or her leadership as a lifelong journey toward personal fulfillment. Similarly, Greenleaf (1977) suggested that leadership is more than specific styles, models, or approaches. He discussed the importance of leaders being trusted by his or her constituents and of having a vision, values, and competence to which others can relate. In addition, Greenleaf suggested that effective leaders need to be accepting and empathetic; have a spirit of energy that sustains them in their work; and, most importantly, lead by serving the needs of others. By putting the needs of others before his or her own, a leader will be truly effective.

Finally, Greenfield (1986) believed that one of the most important tasks of a leader is to create a moral order that brings the leader and followers closely together through a sense of common or shared purpose. In essence, Greenfield indicated that leadership depends not so much on the leader’s personality, but on what the leader does. The most successful leaders seem to simply be themselves and to serve the needs of their constituents through vision, empathy, open communication, and creative problem solving. Without a specific leadership “set,” looking at each leader individually and learning from what each has done is important. Sergiovanni and Corbally (1986) suggested that when studying leadership, “the emphasis should be on the leaders themselves as actors on the stage in a human drama....It is the character of the leaders and not the leadership characteristics which should be the focus of inquiry” (p. 118).

The purpose of the present study was to develop an understanding Sr. Genevieve’s leadership and how it was perceived by the persons who worked most closely with her. The challenge was to develop such an understanding of Sr. Genevieve as a leader despite the selfless, quiet, and methodical manner in which she approached her work in occupational therapy.

Method

This study used a modified life story approach for writing about the important and public aspects of people’s lives without engaging in a complete biography (Clifford, 1962). This approach allowed the focus to be on Sr. Genevieve’s professional work as a leader in occupational therapy education rather than on additional biographical data not related to that aspect of her life. Garraty (1957) said that even the lives of ordinary people are worth writing about, as long as they are written truthfully and impartially. In addition, Edel (1957) indicated that reporting actual stories and comments from informants helps to make a story (narrative) unforgettable. Finally, Clifford (1962) reminded the life-writer not to portray the subject as a villain or a hero, but to let the reader decide the significance of the subject’s accomplishments. Methodologically, this study can also be considered an ethnography because the purpose was to gain understanding of leadership through the rich descriptions of Sr. Genevieve’s leadership as provided by the informants (Morse & Field, 1995).

Informants

Interviews were conducted with faculty, staff, administrators, and friends who knew Sr. Genevieve in order to learn how she approached and completed her work as an occupational therapy educator. Three key informants were two occupational therapy faculty members who worked with Sr. Genevieve for more than 20 years and a newer faculty...
member who worked with Sr. Genevieve very closely. These key informants suggested other faculty members, staff members, and administrators as possible informants as the process of determining potential informants snowballed. Each informant gave his or her verbal consent to participate and be tape recorded. The study was approved by the Educational Leadership Department at the University of St. Thomas, St. Paul, Minnesota. During the interview process, the informants were encouraged to describe Sr. Genevieve’s leadership and significant events that would demonstrate her leadership. Twenty-nine interviews were conducted, with each lasting approximately 1 hour.

Procedure

The interviews began 18 months after Sr. Genevieve’s death, and for many of the informants, discussing her in any context was a difficult and emotional experience. Most of the interviews were completed on the campus of the College of St. Catherine. Other interviews were completed off-campus at the informants’ homes for their convenience. A semistructured interview format was used to guide the initial interviews and included questions about Sr. Genevieve’s approach to her work as a teacher, administrator, mentor, and leader. Additional questions addressed her values, priorities, assets, areas for improvement, accomplishments, and examples of leadership.

Additional data were obtained by examining departmental and personal files provided by the occupational therapy faculty, by reviewing Sr. Genevieve’s former course evaluations from students, and by reading a former student paper that included a series of interviews with Sr. Genevieve. Further information was obtained about Sr. Genevieve’s work via telephone and e-mail conversations with persons who had worked with her at AOTA and who knew her well.

Data Analysis

All interviews were audi-taped, transcribed, and initially coded into 38 unique categories that reflected potential themes discovered in more than one interview. Initial analysis of each interview generated reflective notes that allowed me to begin to categorize the initial information into significant emerging themes (Marshall & Rossman, 1989). These emerging themes generated more questions that were discussed with the key informants, who were each interviewed three times. In the subsequent analysis, 4 major themes were distilled from the original categories. The interviews were discontinued when data saturation became evident.

The data were handled fairly and reasonably, using multiple data collection sources and review methods (Bogdan & Biklen, 1992). Triangulation involved the use of follow-up interviews with key informants to clarify and confirm initial categorization of themes and the examina-

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Results

The Servant Leader

Sr. Genevieve’s leadership as an occupational therapy educator, as the informants of this study described, is most closely related to the aforementioned work by Greenleaf (1977) regarding servant leadership. The themes outlined here represent an abbreviated glimpse of the 4 major themes and the 25 subthemes identified in the complete data analysis.

Theme One: Enabling Others

From the informants’ perspective, Sr. Genevieve’s first priority was teaching her occupational therapy students in any way that would promote enhanced learning opportunities for them. Faculty members emphasized the importance she placed on her own teaching, and she did not allow a busy outside schedule to interfere with her students’ needs. In addition, she allowed faculty members to focus on their own teaching and scholarly activities by placing few additional demands on them. As the occupational therapy program expanded at St. Catherine’s, Sr. Genevieve mentored many new faculty members who began their academic careers at the college. Subthemes included here are students and teaching first and mentor and role model.

Students and teaching first. The informants expressed ideas about the importance Sr. Genevieve placed on students and the learning process:

She was invariably student-focused. It was sort of her way of testing whether something was worth doing or not. If it helped the students, then it was worth doing. If it helped the faculty, it was just nice [unless it helped faculty help students].

She was a very, very good teacher. I remember thinking she was one of the smartest women I knew, a most inspirational woman. I thoroughly enjoyed her classes. She made kinesiology interesting and fun, and it was very easy to learn. Other students were initially afraid of this class because of previous experiences with science courses, but she made the material easy to understand. It was effortless learning.

Mentor and role model. The informants believed that Sr. Genevieve modeled the importance of focusing on the needs of students and accepting individual differences. In addition, she was the primary role model for many faculty members as they began their careers in education:

She taught me a lot, even validated my own thinking about taking people from where they were and helping them grow. In my own way, I am trying to carry on her tradition of taking each individual student and really listening to where they are at and to know that their story is a real one. Also, she gave people hope; no matter what their life circumstances were, she always had time to listen to them. In the vast majority of cases, you could see students a few years later being stronger and having natural talents that maybe they did not even recognize previously.
Genevieve was my treasured friend. She was my confidant, my role model and mentor. She really left a legacy and reaffirmed my faith in occupational therapy. She helped me to become politically involved, again, with the focus on the greater good. She was a role model in the way she cared for others. I respect the mentoring she gave me, and I try to give that back to students and new faculty members, to continue the chain.

In her absence, I still see her as my leader and my guide. I feel her presence all the time. I believe our relationship is continuing in another dimension—I really do. I feel her influence is very strong. I do not often think of Sr. Genevieve as gone. Spiritually, she is very much still here. You know, I used to think people died and that was the end of them. But the immortality of her influence has been profound. I am even more aware of her influence in her absence.

Theme Two: Focusing on the Greater Good

The stories in this theme offer a glimpse of the manner in which Sr. Genevieve went about her work. It is possible to learn from the things she did well as a leader and to examine her external focus as an important aspect of her leadership. Subthemes include here are the greater good, pieces of the puzzle, praise and acknowledgment, and didn’t reveal herself.

The greater good. Informants believed that one of Sr. Genevieve’s assets was being able to understand important issues at multiple levels. Particularly, she was able to make good decisions while seeing both departmental needs and the larger needs of the institution, which is evident in this comment about increasing the size of the occupational therapy program:

I was the person who told her that the college really needed the occupational therapy program to take additional students, and she was quick to tell me it was going to be a real burden. However, if the college needed the revenue and we had the ability to do it, she would support it. I really think she saw both sides of it. I believe she was good at seeing the broader institutional view, which I think is difficult for some faculty who focus on their own departmental needs.

Pieces of the puzzle. Following her death in 1994, faculty members were amazed that Sr. Genevieve had developed the ability to work on tasks too numerous for most people to handle effectively:

When she died, I kept thinking of [her work] as a puzzle. She had this giant puzzle and now [occupational therapy faculty members] were each going to share the pieces. We could all put the puzzle together, and it all fit, but no one had to do the whole puzzle by themselves. She was doing [the whole puzzle] by herself. She had little pieces that other people were doing on the fringes, but she had the whole picture in view at one time.

Praise and acknowledgment. The informants believed that Sr. Genevieve required minimal praise or acknowledgment for her professional work; however, some believed that she did not provide enough praise and acknowledgment for the professional accomplishments of the faculty. The informants’ rationale was that she required little external acknowledgment for her work and simply did not recognize that others had a different level of need for such recognition:

I think she could have been a little more generous with compliments to us. I do not think she knew the rest of us could have used them or that a compliment from her would have meant so much to us.

While she didn’t offer positive feedback very often, I still keep the tenure review she wrote for me in my desk drawer. I value it more than an unending stream of compliments someone else might give to me. I still pull it out every once in a while to see where I am if I need to.

Didn’t reveal herself. The informants also believed that Sr. Genevieve could have shared more about herself with others to strengthen their working relationships. The informants indicated that they would like to have known her better as a person. She reportedly took the time to find out about the lives of these persons but revealed nearly nothing about herself. Many of the informants reported feeling “cheated” by not getting to know Sr. Genevieve personally:

I think it took a lot of work to get to know her personally. She was not a person who told you much about herself. It took a long time to get to know what she was thinking and feeling, but even then, I still had to ask. I did feel a really close bond to her, but I do not feel like she really reciprocated. In some ways, it felt like she robbed us of knowing who she was.

I had a great deal of respect for her and would talk to her often about professional activities. I never really knew her personally, and that is the mystery. I never really knew how she did so much. She was simply quite effective. I wish I could have known her better.

Theme Three: Collaborative Visioning

Nearly every informant mentioned that Sr. Genevieve thought about issues on a level of complexity that most persons were not able to do. They believed that she was able to envision ideas and see possibilities that most occupational therapy practitioners could not even imagine. Many informants believed that Sr. Genevieve contemplated her work in occupational therapy and the needs of the profession in an extraordinarily holistic, inclusive, and thoughtful manner that was beyond the grasp of most of her colleagues. A faculty member described Sr. Genevieve’s unique ability to think and envision as if we would be out there running to second base, and she was still eyeing the ball.” Subthemes included here are pointing the direction, seeing the connections, consensus building and summarizing, powerful presence, and a genuine person.

Pointing the direction. Faculty members and administrators believed that Sr. Genevieve had a vision for the department, the college, and the field of occupational therapy, being especially sensitive to current trends and issues:

I think she was a visionary. I think she knew where she wanted the department and the profession to go.

She anticipated the needs and changes that had to occur well in advance of them needing to occur, and yet, knowing that, she never forced her vision on other people.

Seeing the connections. Faculty members believed that her ability to see connections where others could not set her apart from other leaders:
She had an understanding of how things fit together and set up structures, knowing they would lead things in a certain direction. Somehow, it was an understanding that most people do not seem to have, but she did. She saw the broad picture, and that was always very helpful to me. We relied on her. I can see that now.

*Consensus building and summarizing.* Also evident was that Sr. Genevieve valued consensus and was adept at facilitating the collaboration necessary to reach consensus:

> She was on quite a few campus committees and was chair of the college faculty. She was a very key player because she was very good at getting people to come to consensus.

In any decision when there was contention or disagreement, Genevieve was a voice of reason [that] facilitated compromise. She could see the common threads and pull together the essence of a conversation.

*Powerful presence.* Sr. Genevieve was a powerful person in the eyes of many who worked closely with her. She was seen as a keenly intelligent person who commanded respect for the way she thought about and approached her work, and she had a commanding presence:

> Genevieve was a powerful person, but she probably did not think of herself that way. I think she would have viewed herself as an effective person, a contributor. I think, in her mind, power would have been associated with selfishness, and I doubt she saw herself that way.

In any decision when there was contention or disagreement, Genevieve was a voice of reason [that] facilitated compromise. She could see the common threads and pull together the essence of a conversation.

*A genuine person.* Many informants believed that Sr. Genevieve was an effective leader because she always had a quiet confidence in herself and was always genuine:

> Genevieve showed the world that there was a different way of being a leader. She was a model of leadership because of the way she treated people, because she was able to diffuse interpersonal issues. She showed us a way of leading that was different, and I think that was her most important contribution.

In her, I saw strength, healthy collaboration, autonomy, and leadership through knowledge. If you take leadership of yourself, gain strength, gain skills, and gain solid thinking, effectiveness as a leader will take care of itself. Genevieve was an effective leader because she embodied these things in a natural way. She led by being herself.

**Theme Four: Leadership Through Caring and Service**

This final theme relates more to Sr. Genevieve's personal characteristics, as identified by the informants, that seem to have had an impact on her effectiveness as a leader and her unique ability to interact comfortably with the various constituent groups she encountered daily. Apparently, she treated everyone in a decent, respectful, and caring manner that was somehow different from other leaders the informants encountered. There is something inherently intriguing about a leader who is at least as successful as other leaders yet is such a “regular” person in most respects. Subthemes included here are **supportive and giving, commanded respect, a focused listener, everyone counts, and working the system.**

*Supportive and giving.* Sr. Genevieve seemed to hold in her heart a basic acceptance and respect for others. She held many important leadership positions yet seemed most comfortable just being one of the group:

> She always found time for you. Even when she was very busy, she always gave you her full attention when you walked into her office. She was always interested in your family and what was going on in your life. She communicated that she was very concerned about you as a person. She was so easy to trust and had a genuine interest in your life beyond the classroom.

Genevieve was selfless and never drew attention to herself. She was humble but not weak. More importantly, she was always focused on the process of what we were engaged in. However, along with that process, she had a sincere respect and genuine caring for others. It was a part of her [and her leadership].

*Commanded respect.* Even though Sr. Genevieve did not fit the mold of the classic, outgoing, inspirational leader, she was respected as a leader in occupational therapy for her contributions and thorough knowledge of the field:

> She was able to cross the boundaries of many different factions; she was respected from one end of the spectrum to the other. She was also very respectful when we [faculty members] chose to do anything different from what she had suggested to us. In addition, she was respected for her wisdom; she was able to see what we could not.

I think people respected her for all the things she had done [as a teacher, mentor, friend, and role model; as someone who was highly thought of]. Her careful ways of doing things meant she was not the kind of person to develop many resentments. She had a gentle way of making changes and was respected for it.

*A focused listener.* Apparently, Sr. Genevieve had a way of listening that allowed her to focus on the details of a discussion and process the information, often with her eyes closed, which was confounding to some:

> I respected her ability to listen carefully to a discussion, then summarize it, and put forward what was being said in the form of a proposal, people could generally accept. She was the master of bringing divergent points of view to a conclusion that seemed acceptable to nearly everyone; her ability to listen was absolutely amazing.

I remember many faculty meetings where she would close her eyes and appear to be sound asleep. Then something critical would come up and she would be right there, asking questions as if she had just processed [the past] 45 minutes in her head. I’d swear she had been sound asleep. Her ability to synthesize and listen absolutely amazed me.

*Everyone counts.* To the informants, Sr. Genevieve had a natural respect and concern for all persons in all aspects of her personal and professional life. As an educator, she always put the needs of the students before her own, or anything else. Even though faculty members knew that the needs of the students came before their own, they also knew how important they were as individuals to Sr. Genevieve:

> I always felt she liked me as a person. She cared about my personal life and my family. That was part of her leadership to me. She operated from a sense of what was right and from a sense of goodness. I always knew she cared about me.

*Working the system.* Many informants reported that Genevieve had a good understanding of the political environment on campus and her own ability to “work the system” when it was necessary. She was aware that she could...
use her influence if she felt strongly about a situation, but she preferred not to do this often. She liked to see things resolved without unnecessary intervention:

There was a student who had applied to the program and had parents and other relatives with very strong connections at the college. The family had assumed the student would be automatically accepted to the program by using the family name. When [the student] was not accepted, the college president called, and [Sr. Genevieve] told the president to lay off. She reminded the president about ethical values and social justice, and the subject was never approached again. It gave us the strength to do the same thing again a couple of years later after her death.

Discussion

Terry (1993) believed that leadership is more than an accumulation of personal traits inherited at birth or a certain configuration of traits as suggested by personal trait theories of leadership. Terry also described leadership as more than the ability to develop groups of others, as team leadership theory suggests. Although Sr. Genevieve was able to coordinate and develop faculty groups as a department chairperson, the essence of her leadership was more than simply getting others to accomplish their goals. I believe the essence of Sr. Genevieve’s leadership is best understood within the context of Sergiovanni and Corbally’s (1986) reminder to focus on the character of the leader, including how and what the leader does rather than on a specific set of leadership characteristics or predetermined leadership styles.

To the informants in this study, Sr. Genevieve appeared to be an authentic leader by serving the needs of others. Each of the four themes identified in this study suggests that Sr. Genevieve focused on the needs of others and included others in her initiatives. In addition, she showed no pretense; she was who she was. Those who worked for and studied with Sr. Genevieve described her almost reverentially, but this was who she was to them. She was, to them, an authentic leader whose leadership was not easily categorized or classified in traditional terms. According to Terry (1993), leadership is not something to be predetermined scientifically but is to be understood as lived human experience in whatever form it is manifested.

I did not have preset notions of the specific nature of Sr. Genevieve’s work as a leader in occupational therapy education before initiating this study; I hoped that a picture of her leadership would emerge from the voices of those who knew her and her work the best. It was clear to me, however, that her contributions to the field of occupational therapy made her a candidate worthy of consideration as an educational leader.

I believe that Sr. Genevieve’s leadership may be understood most clearly within the context of servant leadership as identified by Greenleaf (1977). Greenleaf described a servant leader as one who leads by ensuring that the needs of others are met. By doing so, the leader facilitates the effectiveness of his or her followers by allowing them to feel safe and important, thus increasing their overall accomplishments. In keeping with Greenleaf, Sr. Genevieve was an authentic servant leader who was able to accomplish a great deal by ensuring that the needs of her students, faculty, department, college, and the profession were given first consideration. The informants in this study indicated that Sr. Genevieve’s focus on the needs of others did not seem to be a conscious approach; authentically serving the needs of others holistically and inclusively was simply part of who she was.

Greenleaf’s (1977) ideas about the leader as servant suggest that good leaders essentially say, “Come with me” (p. 15). In general, people seem to be willing to risk failure while in pursuit of success to the extent that they believe strongly and positively in the leader. Believing in the leader is especially important when the future is uncertain or the risks are the greatest. Most of the faculty members and students at the College of St. Catherine seemed comfortable with Sr. Genevieve leading the way. Her perceived wisdom, gained through years of experience, and her calm demeanor were reassuring to them, especially during difficult or trying times.

Additionally, Greenleaf’s (1977) concept of a servant leader is of one who is better than most at leading people toward an identified goal, is accepting and empathetic, and is never rejecting. Servant leaders recognize the need to regroup or properly pace themselves and are able to sense the unforeseeable and bridge the information gap in new and uncertain situations. Most of the informants believed that Sr. Genevieve was accepting, patient, and empathetic and that she demonstrated the ability to successfully adapt when her initiatives were unsuccessful.

According to Greenleaf (1977), good leaders are able to conceptualize, be in the right place at the right time, see serving others as healing, be persuasive, and know when to make educated guesses or be conservative. Reportedly, Sr. Genevieve was quietly persuasive and was able to conceptualize at a level that most others had not attained. Finally, servant leaders provide for the community and believe changes begin internally, a description that seems especially relevant to Sr. Genevieve.

These characteristics of servant leaders are evident in Sr. Genevieve’s story and help to accurately represent her as an authentic servant leader. In the strongest and best sense of servant leadership, Sr. Genevieve served her students, the faculty, the College of St. Catherine, and the field of occupational therapy. Her approach to her work as an educator is consistent with the holistic and humanistic principles at the core of occupational therapy today.

I believe that focusing on the needs of others in order to accomplish specific goals or initiatives is not a commonly acknowledged leadership practice. By providing for the needs of the persons who are crucial to accomplishing a desired task or goal, the leader sends a message to his or her constituents that task completion or goal attainment is not possible without them. In addition, when collaboratively
developing a vision for an organization or group and leading in a manner that is caring and inclusive, the leader indicates that each constituent plays an important role in achieving group success.

These examples provide occupational therapy clinicians and educators with an opportunity to assess their own approach to the leadership challenges they encounter in everyday practice. To lead by considering the needs of others first may yield a greater level of satisfaction and effectiveness for occupational therapy practitioners who assume leadership roles and responsibilities.

Conclusion

The story of Sr. Genevieve’s work as a leader in occupational therapy education is powerful; through her work, she served and touched the lives of many people as an educator. Sr. Genevieve dedicated her life and gave her personal skills and talents to the needs of others in a very personal, caring, and deliberate fashion. From talking with those who knew her best, a greater understanding for the work she did as an occupational therapy educator and how she served her students, faculty, the College of St. Catherine, and the profession has been developed.

As others examine this leadership study, they are likely to develop an understanding of Sr. Genevieve’s leadership that is meaningful to them in personal ways. The richness of her story lies not in any specific set of interpretations of the meaning of work and leadership but in the relevance and significance of her leadership when compared with one’s own work and leadership in occupational therapy.

Sr. Genevieve demonstrated her effectiveness as a leader through a commitment to serving others genuinely and inclusively. Like the work of so many occupational therapy practitioners, her influence and leadership have made the field better and stronger. Sr. Genevieve’s contributions will retain an important, although not particularly visible, place in the history of the development of the field of occupational therapy. ▲

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