Professional Growth Plan:

A Pathway to Healthcare Administrative Leadership

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Vision Statement

As a doctoral student at New Jersey City University, my goal is to move into a senior leadership role in healthcare as an Administrative Director. I intend to lead through a combination of transformational, servant, and adaptive approaches in order to improve organizational systems, support diverse clinical and administrative teams, and promote fair access to care.

Northouse (2022) argued that leadership is best understood as a process rather than a trait, which means that the capacity to lead can be developed deliberately over time. This plan reflects that assumption. Rather than treating leadership as something I will simply grow into once I hold a title, I have structured the next five years around specific experiences, credentials, and relationships that will build the competencies the role requires. My aim is to encourage innovation, foster teamwork, and lead with integrity in an environment defined by regulatory complexity, workforce shortages, and persistent disparities in health outcomes.

Current Strengths

An honest assessment of my present capabilities provides the foundation for this plan. My academic training has given me a working knowledge of leadership theory and healthcare policy, which allows me to interpret organizational problems through more than one conceptual lens instead of defaulting to a single management style. That training is reinforced by a commitment to servant leadership. Greenleaf (1977) described the servant leader as one who begins with the desire to serve and only afterward chooses to lead, and this orientation shapes how I approach both patients and staff: I treat the well-being of the people doing the work as a precondition for organizational performance rather than a byproduct of it.

I also bring a natural alignment with transformational leadership. I am energized by building shared vision and by helping colleagues see how their individual contributions connect to a larger purpose, which Northouse (2022) identified as central to transformational influence. This is supported by strong interpersonal and communication skills in team-based environments, particularly in settings where clinical and non-clinical staff must coordinate. Finally, my public health background has given me a critical understanding of structural inequality and health disparities, so I am able to recognize when an operational problem is in fact an equity problem that requires a different kind of intervention.

Areas for Growth

The gap between my current profile and the Administrative Director role is primarily one of strategic and operational experience rather than values or interpersonal capability. Four areas require deliberate attention.

First, I need to strengthen strategic leadership through systems thinking and change management. I am comfortable diagnosing problems at the unit level, but directing change across an entire service line requires the ability to anticipate how a change in one department will propagate through others. Second, I need to develop adaptive leadership skills. Heifetz et al. (2009) distinguished technical problems, which can be solved with existing expertise, from adaptive challenges, which require people to change their priorities and habits. Much of what confronts healthcare leadership today falls into the second category, and I have had limited opportunity to practice guiding a group through that kind of sustained discomfort.

Third, I lack practical experience in financial operations and human resources management in a hospital setting. Budget construction, payer mix, labor cost modeling, and personnel policy are core to the director role and cannot be learned adequately from coursework

alone. Fourth, I need to build professional credibility and influence through certification, peer-reviewed publication, and participation in interdisciplinary and policy advocacy networks. Credibility of this kind accrues slowly, which is why the timeline below begins these efforts early rather than deferring them until after graduation.

SMART Goals and Timeframes

The following goals are specific, measurable, achievable, relevant, and time-bound, and each addresses one or more of the growth areas identified above.

- Complete a Lean Six Sigma Green Belt or Healthcare Leadership Certificate (October 2025–March 2026), addressing systems thinking and process improvement.
- Conduct two informational interviews with hospital administrators (September–November 2025) to clarify the actual scope of the director role.
- Secure a healthcare administration internship or practicum (apply by January 2026; begin by May 2026), addressing the operations and human resources gap.
- Join the American College of Healthcare Executives (November 2025) to establish a professional network.
- Attend the American College of Healthcare Executives Congress on Healthcare Leadership (March 2026).
- Be selected as one of the twenty inaugural American International Institute of Medical Sciences, Engineering and Innovation Junior Fellows (2026–2027 cohort). I will submit a complete self-nomination package — curriculum vitae, professional photograph, biographic profile, and three referees — by August 2026; if selected, I will complete all eight Pillars of Performance across the monthly mentoring sessions

(September 2026–April 2027) and present a Capstone Convergence Studio project at the Great Connections Gathering (by August 2027).

- Submit a conference abstract related to leadership in healthcare (by October 2026), building scholarly visibility.
- Apply for an administrative fellowship, such as those offered by Mount Sinai or HCA (September–November 2027).
- Begin American College of Healthcare Executives fellowship credentialing (summer 2028), with board certification completed by 2030.

The fellowship goal addresses the adaptive and strategic leadership growth areas directly, since the program is organized around convergent problem framing rather than technical problem solving. It also accelerates the credibility and network objectives by placing me in a mentored, international cohort at the intersection of health, innovation, and policy.

Action Plan With Milestones

The goals above translate into the following sequence of checkpoints, each with a firm date so that progress can be verified rather than assumed.

- Enroll in a Lean Six Sigma or leadership certificate program by October 15, 2025.
- Complete two leadership interviews and write reflective summaries by November 30, 2025.
- Submit internship or practicum applications by January 31, 2026.
- Attend the American College of Healthcare Executives Congress and identify at least three network contacts in March 2026.
- Submit the American International Institute of Medical Sciences, Engineering and Innovation Junior Fellows self-nomination package by August 2026; if selected,

complete the Challenge Brief and Convergence Map by December 2026, the Innovation Concept Package and Impact Plan by April 2027, and present the Capstone Convergence Studio at the Great Connections Gathering by August 2027.

- Submit a conference abstract by October 2026.
- Apply to administrative fellowship programs in fall 2027.

Sequencing matters here. The certificate and informational interviews come first because they are low-cost and inform the internship search; the American International Institute of Medical Sciences, Engineering and Innovation fellowship year overlaps the practicum and supplies the mentored leadership formation that coursework cannot; and the administrative fellowship application follows both because it depends on demonstrable operational experience.

Mentorship and Support Plan

Development of this kind is not a solitary process. I will identify a healthcare executive mentor by December 2025, prioritizing someone currently serving in a director or vice-president role who can offer candid feedback on how I present myself in administrative settings. Beginning in January 2026, I will schedule biannual review meetings with that mentor to assess progress against the milestones above and to revise them where circumstances have changed.

Selection as an American International Institute of Medical Sciences, Engineering and Innovation Junior Fellow would add a second, structurally different source of mentorship, since each Fellow works with assigned faculty mentors on a year-long capstone rather than in an open-ended advisory relationship.

Alongside individual mentorship, I will participate in university leadership workshops beginning September 2025 and use peer coaching groups to test how leadership theory holds up against practice. Peer groups serve a function that mentorship does not: they surface blind spots

among people facing comparable challenges at a comparable stage, which makes it easier to hear criticism without defensiveness.

Evaluation and Reflection Plan

Progress will be evaluated through four mechanisms. Biannual self-assessments beginning January 2026 will measure movement on each of the four growth areas. A quarterly leadership journal will document specific incidents, the decisions I made, and what I would do differently, creating a record that supports pattern recognition over time.

Structured feedback from my mentor and from faculty will provide an external check on my self-assessment, since self-report alone tends toward generosity. Finally, a formal review each August will determine whether the goals and timelines in this plan remain appropriate or require revision. A growth plan that is never amended is a plan that is not being used.

Integration of Leadership Theories

Three theoretical frameworks inform this plan, each addressing a different dimension of the Administrative Director role.

Transformational Leadership

Northouse (2022) described transformational leadership as a process in which leaders raise the motivation and morality of both themselves and their followers through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. In a hospital context, where burnout and turnover directly affect patient outcomes, these behaviors are operationally significant rather than merely aspirational. I will apply this framework when introducing process improvements learned through Lean Six Sigma training, framing changes in terms of patient impact so that staff experience them as meaningful rather than imposed.

Servant Leadership

Greenleaf's (1977) servant leadership provides the ethical anchor for my practice. The core test he proposed — whether those served grow as persons and become more likely themselves to serve — offers a standard for evaluating administrative decisions that purely financial metrics cannot supply. This framework will guide how I approach staffing decisions, resource allocation, and the treatment of frontline employees whose concerns often reach administration last.

Adaptive Leadership

Heifetz et al. (2009) argued that adaptive challenges require leaders to regulate distress rather than eliminate it, giving the work back to the people who must ultimately change. Healthcare reform, technology adoption, and shifting reimbursement models are adaptive challenges of exactly this kind. Developing this capacity is the most difficult of my growth areas because it requires tolerating conflict and ambiguity rather than resolving them prematurely, and it is the primary reason the plan prioritizes hands-on operational experience and mentored convergent practice over additional coursework.

Conclusion

This Professional Growth Plan translates a long-term goal into a sequence of dated, verifiable commitments grounded in established leadership scholarship. Drawing on Northouse (2022), Greenleaf (1977), and Heifetz et al. (2009), and connected to my academic experience at New Jersey City University, it outlines a path toward becoming a hospital Administrative Director over the next five years.

The plan is deliberately written to be revised: the annual August review exists because the healthcare environment, and my own understanding of it, will change. By combining

research, practical leadership experience, and ethical practice, I intend to make a measurable difference in healthcare operations and in the health of the communities those operations serve.

References

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