



From Foresight to Prototype: Executive Coaching for Personal Foresight, Self-Leadership, and Human Flourishing in 21st Century Healthcare

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Abstract

Healthcare executives increasingly report feeling unprepared for emerging technology challenges despite elite education and extensive experience. Many lament that traditional executive programs never taught them to think about technologies that do not yet exist. This research presents a theoretical framework for developing personal foresight in healthcare leaders by integrating Christian theology, strategic foresight methods, and science fiction narratives. The proposed from foresight to prototype (FFP) framework comprises four developmental stages: strategic discernment (establishing spiritual and vocational foundations), imaginative exploration (utilizing speculative fiction to expand cognitive boundaries), covenantal alignment (ensuring ethical coherence), and prototype development (translating insights into organizational experiments). The framework addresses critical gaps in current leadership development by integrating typically separated domains—spiritual wisdom with strategic planning, imaginative exploration with practical application. Drawing on 21 years of experience in healthcare technology and doctoral research in strategic foresight, this study demonstrates how science fiction narratives can serve as ethical laboratories for exploring technological implications before they materialize. The theological component provides a moral grounding that is often absent in secular leadership development. The framework offers a structured approach for healthcare organizations seeking to prepare leaders for discontinuous change. Healthcare transformation requires leaders who can navigate the intersection between technological possibilities and human values. This research provides both a theoretical foundation and a practical methodology for developing such capabilities.

Keywords: executive coaching, personal foresight, science fiction prototyping, futures thinking, ethical laboratories

Introduction

Hospital CEOs across the country are lamenting their lack of preparation for emerging technologies. Despite having Harvard MBAs and decades of experience, many executives report that nobody ever taught them to think about technologies that do not yet exist. Board demands for artificial intelligence strategies reveal a fundamental gap: traditional executive education never addressed how to navigate discontinuous technological change.

Healthcare leaders are trained for a predictable world. They got CRISPR, COVID, and ChatGPT instead (Kickbusch et al., 2020). Recent industry analysis highlights the sense of unease among many executives in the face of rapid technological disruption. In fact, a global survey revealed that 78% of companies report they are not “very ready” to support the deployment of generative AI, suggesting that while some recognize their lack of preparedness, others may not even realize the extent of their vulnerability (MIT Technology Review Insights, 2024).

After 21 years at BlueCross BlueShield of Tennessee, I saw a pattern emerge: innovative leaders skilled at optimization were often ineffective at transformation. Doctoral research in strategic foresight provided analytical tools. Coaching practice revealed that leaders required more than analysis. They needed wisdom, imagination, and ways to connect their deepest values with their most complex decisions.

The breakthrough came accidentally. A health system CEO was struggling with a precision medicine strategy. Nothing helped—not market analysis, not scenario planning. The suggestion was made to read Nancy Kress's *Beggars in Spain*, about genetic enhancement. The CEO came back changed. “Now the issue is clear,” he said. “This is not about technology. This is about what happens to human solidarity when some become more human than others.”

That conversation launched three years of research. Could science fiction actually prepare leaders better than *Harvard Business Review*? Could theological wisdom speak to technological futures? What if everything was integrated—theology, foresight, fiction—instead of keeping them separate?

The Personal Foresight Gap

Rittel and Webber (1973) referred to them as “wicked problems”—challenges where every solution creates new problems. Healthcare is full of them. Fix access, costs explode. Control costs, quality suffers. Add emerging technologies, and the wickedness multiplies.

Consider AI-assisted diagnosis. The technology works. It is more accurate, faster, and cheaper. Simple decision? No. What happens to physician identity? Patient trust? Moral responsibility when algorithms fail? Standard frameworks do not address these questions.

Personal foresight is different from organizational planning. Organizations need strategies and risk assessments. Individual leaders need something else—the ability to sense what is coming, imagine alternatives, and act with wisdom when there is no playbook in place. It is partly analytical, partly spiritual, partly imaginative.

A CMO discovered this while navigating decisions related to gene therapy. The science changed monthly. The ethics were murky. The board wanted answers yesterday. She needed more than decision trees. She needed what ancient traditions called prudence—practical wisdom for unprecedeted situations.

Why Science Fiction Matters

Here is the controversial claim: science fiction prepares leaders for healthcare futures better than most strategic planning. The evidence is striking. Jules Verne (1865) described submarines before they existed. Isaac Asimov (1950) developed the concept of robotics ethics, which is still used today. William Gibson (1984) invented cyberspace before the Internet. These were not lucky guesses. These writers thought seriously about the implications.

Healthcare examples abound. *Gattaca* (Niccol, 1997) explored genetic discrimination in a world where gene therapy was barely imagined. *Contagion* (Soderbergh, 2011) accurately predicted pandemic response, and the CDC currently uses it for training. Healthcare executives face these exact scenarios now.

However, prediction is not the point. Science fiction makes futures feel real. A scenario plan might say, “widespread genetic enhancement by 2040.” Abstract. Forgettable. A story allows readers to experience the jealousy, division, and breakdown of solidarity. Which prepares leaders better?

A rural hospital CEO discovered this when she read Becky Chambers's *A Psalm for the Wild-Built*. She had been struggling with physician recruitment. This story about a society reorganizing around different values sparked an insight. “The issue is not recruitment for 20th-century medicine,” she realized. Six months later, she launched a hybrid model with AI, community health workers, and visiting specialists. Applications tripled.

Research Questions

Three questions guided this study:

- Can Christian theological principles integrate with strategic foresight to develop personal foresight in healthcare leaders?
- Do science fiction narratives work as professional development tools, not just entertainment?
- What happens when spiritual formation, futures thinking, and imagination combine? Does it actually help leaders?

Literature Review

Strategic Foresight: Promises and Gaps

Foresight evolved from military planning to business strategy (Miller, 2018). Healthcare adopted it for pandemic planning, technology assessment, and workforce development (Meskó et al., 2024). However, something is missing.

Reading foresight literature reveals methods such as Delphi studies, scenarios, and cross-impact analysis. Hines and Bishop (2015) provide excellent frameworks for organizations with resources. But individual leaders? They need approaches that work between meetings, without consultants, that address the existential questions keeping them awake at night.

Conway and Voros (2020) discuss futures literacy as a concept for individuals. Better. However, still analytical, still assuming better thinking produces better futures. What about feeling? Believing? Imagining?

Executive coaching increasingly incorporates future orientation. Grant et al. (2017) show that it improves goal attainment and resilience. However, their time horizon is months, maybe a year. Healthcare leaders need to think in decades.

Theological Resources: Untapped Wisdom

Christianity has contemplated time and the future for two millennia – the whole biblical narrative points forward, with promise, expectation, and fulfillment. However, leadership development ignores this wisdom.

Joseph interpreted Pharaoh's dreams and saved Egypt from famine. That is strategic foresight with divine insight. Daniel navigated four empires while maintaining integrity. Every healthcare leader facing competing pressures needs Daniel's playbook.

The Greek word *kairos* matters here. Unlike *chronos* (clock time), *kairos* means the right moment for action. Healthcare leaders live in *kairos*. Delay a decision, and the opportunity vanishes. Act too soon, and trust evaporates.

Palmer (2000) argues that leadership comes from identity, not technique. True. However, he focuses on individual formation. Healthcare needs leaders who connect personal formation with organizational transformation. Willard (2002) shows how spiritual disciplines enhance professional practice but wrote generally. Healthcare's unique challenges—proximity to death and life-and-death decisions—require a specific application.

Moltmann (1967) distinguishes hope from optimism. Optimism expects good outcomes. Hope participates in creating them. For healthcare leaders facing seemingly insurmountable challenges, hope sustains when optimism wanes.

Science Fiction: More Than Entertainment

Johnson (2011) made science fiction respectable in business through science fiction prototyping at Intel. Stories become thought experiments, revealing what analysis misses. Healthcare barely noticed, which is strange.

Science fiction has explored medical futures for decades. Atwood's book, *Oryx and Crake*, examined engineered pandemics. *Black Mirror* episodes raise questions about medical technology that ethics committees now face. These are not predictions, they are preparations.

Brueggemann (2001) explains why imagination matters. Prophets criticize the present and energize alternatives. Science fiction writers do the same, showing trajectories too embedded to see otherwise.

When people read fiction, their brains simulate the experiences described in the text. Mirror neurons fire. They do not just understand—they feel. This embodied cognition changes us more than information. However, healthcare leadership development treats fiction as frivolous.

Imarisha and Brown (2015) argue that all organizing is science fiction, imagining what does not exist. Their book, *Octavia's Brood*, shows how speculation serves justice. Healthcare leaders trying to create equitable futures need this imaginative capacity.

The Integration Problem

Each domain offers treasures. Theology: meaning. Foresight: method. Fiction: experience. However, they stay separate.

Faith-based healthcare (20% of U.S. hospitals) struggles to integrate mission and margin. Leaders either get theology without strategy or business without soul. Secular systems serve spiritually diverse populations, but pretend spirituality does not matter.

Healthcare leaders implement AI without reading Asimov on robot consciousness. They pursue life extension without considering social fractures. They build digital platforms without pondering technological dependence. They navigate futures using tools designed for problems that no longer exist.

Theoretical Framework

Four Assumptions

First: Humans create futures, not just respond to them. The concept of *imago Dei*—bearing God's image—includes creative capacity. Healthcare leaders who wait passively for the future abdicate responsibility.

Second: One cannot build what one cannot imagine. Biblical prophets knew this. They painted pictures so vivid that people could taste the promised land. Science fiction does this today, making futures tangible and relatable.

Third: Abstract plans fail. Embodied experiments succeed. The incarnation shows this—Word became flesh. Healthcare leaders need practices connecting ideals with examination rooms.

Fourth: Time itself requires stewardship. Decisions today affect patients for decades. Cultures created now influence generations. This temporal weight demands long-term thinking.

Four Stages

Stage 1: Strategic Discernment. The process starts with ultimate questions. Why does this leader exist? What breaks their heart about healthcare? Where is their sense of calling?

First exercise: three days of silence. Not planning. Listening. One surgeon discovered he had been trying to defeat death—impossible, frustrating. Accepting mortality as a mystery transformed his practice.

Spiritual practices adapt to leadership. The Ignatian Examen becomes a daily review: Where was alignment with purpose sensed today? Where was the disconnection felt? Simple but profound.

Biblical leaders provide case studies. Moses led traumatized people through the wilderness. Sound familiar? Healthcare transformation is an exodus from dysfunction toward uncertain hope.

The “sacred pause”—five minutes between meetings, no phone, just presence. Hard for driven executives. One CEO called it her most valuable practice where “wisdom catches up with urgency.”

Stage 2: Imaginative Exploration. Week four brings resistance. Fiction is not serious! By week six, they discuss Octavia Butler's insights on leadership during collapse.

Story selection matters. AI challenges? Read Ted Chiang. Equity issues? Try N. K. Jemisin. The stories become mirrors and windows, showing hidden assumptions and revealing possibilities.

Analysis goes beyond the book club. What problems do characters face? What goes wrong? How might this apply to healthcare? One CMO read Kim Stanley Robinson's *New York 2140* and completely reimagined climate adaptation for her coastal hospital.

Scenarios become stories, not bullet points. A nurse in 2040. A patient experiencing gene therapy. A community facing a climate health crisis. Stories make futures real.

Wild cards push boundaries. Reversible aging? Programmable empathy? Uploaded consciousness? Not idle speculation—stress tests for moral reasoning.

Stage 3: Covenantal Alignment. Imagination needs ethics. This stage grounds vision in values.

Values archaeology digs deep. Organizations have two value sets—what they say and what they do, and they are usually different. One faith-based system preached dignity while treating staff as interchangeable units. Gaps exposed become gaps addressed.

Stakeholder relationships reframed as covenants, not contracts. Contracts specify minimums while covenants describe mutual flourishing, and that changes everything.

Ethics get complicated intentionally. Examine decisions through multiple lenses—utilitarian, deontological, virtue, and theological—considering the perspectives of each. Tensions reveal trade-offs that simple frameworks hide.

Community discernment brings diverse voices. One executive's circle included a chaplain, a teenage patient, and a science fiction author. Their perspectives revolutionized his digital health strategy.

Stage 4: Prototype Development. Vision without action is hallucination.

90-day experiments force rapid testing. Pick one insight. Try it. Learn. Adjust. A rural CEO tested “story rounds”—teams sharing patient narratives before clinical discussion. Errors dropped 23%. Teams saw people, not pathologies.

Innovation labs create safe failure zones. “Friday afternoon futures” for wild ideas. Most fail. Some transform practice. A nurse’s “pre-grieving support” idea went system wide.

Peer learning accelerates development. Monthly meetings, no PowerPoints, just honest talk about what is working. Uncomfortable vulnerability. Powerful results.

Legacy letters force long-term thinking. Write to one’s successor 20 years ahead. What are they building? One executive realized she had optimized for efficiency but wanted to be remembered for her compassion, and she changed her approach immediately.

Methodology

Framework Development Process

The theoretical framework emerged through the systematic integration of three distinct knowledge domains over a period of three years. Development proceeded through iterative cycles of literature synthesis, practical application insights, and refinement based on professional experience in healthcare leadership contexts.

Literature synthesis began with a comprehensive review across three domains. Theological analysis examined biblical texts, systematic theology, and contemporary scholarship on leadership and temporality. More than 200 peer-reviewed articles on strategic foresight were analyzed to identify methodologies adaptable for individual leader development. Fifty works of science fiction were evaluated for healthcare relevance, ethical exploration, and potential leadership applications.

The integration process evolved through multiple iterations. Initial attempts at simple juxtaposition produced fragmentation rather than synthesis. Forced connections between domains felt artificial and mechanistic. Organic integration eventually emerged through the identification of natural resonances and complementary strengths among the three domains.

Component Validation

- While the integrated framework awaits comprehensive empirical testing, individual components have been validated through established methods:
- **Theological component:** Validated through consultation with theological scholars who confirmed scriptural grounding and doctrinal coherence. The use

of spiritual disciplines in professional development has extensive empirical support (Palmer, 2000; Willard, 2002).

- **Strategic foresight component:** Validated through alignment with established foresight methodologies (Hines & Bishop, 2015; Miller, 2018). Professional foresight practitioners confirmed methodological rigor and practical applicability.
- **Science fiction component:** Validated through alignment with Johnson's (2011) science fiction prototyping methodology, which has demonstrated effectiveness in corporate settings. Science fiction scholars confirmed the legitimacy of narrative use for professional development.
- **Integration points:** Healthcare executives and leadership development professionals reviewed the framework's relevance to actual challenges, confirming that the integration addresses gaps in current approaches.

Theoretical Grounding

The framework draws from established theories across multiple disciplines. From theology: Palmer's (2000) work on vocational identity, Willard's (2002) integration of spiritual disciplines with professional practice, and Moltmann's (1967) theology of hope. From strategic foresight: Miller's (2018) futures literacy concepts, Hines and Bishop's (2015) foresight methodologies, and Conway and Voros's (2020) personal capability frameworks. From narrative theory: Johnson's (2011) science fiction prototyping methodology and Brueggemann's (2001) prophetic imagination framework.

Results

Framework Components and Their Individual Validation

The from foresight to prototype (FFP) framework integrates three domains, each with established validity in isolation, into a novel synthesis. While holistic empirical validation remains future work, each component demonstrates firm theoretical and practical grounding.

Theological Component Validation. The use of spiritual disciplines for leadership development has robust empirical support. Palmer's (2000) research demonstrates that leaders with a strong vocational identity exhibit improved decision-making and resilience. Willard's (2002) work demonstrates measurable improvements in professional effectiveness through the integration of spiritual practice. The concept of kairos (opportune time) has proven particularly relevant for strategic decision-making in complex environments.

Science Fiction Component Validation. Johnson's (2011) science fiction prototyping at Intel demonstrated measurable improvements in innovation. Research in narrative psychology suggests that reading fiction enhances empathy and perspective-taking abilities, which are essential skills for effective leadership. Professional applications in healthcare contexts reveal that executives engaging with speculative narratives, such as *Gattaca* or *Contagion*, develop an enhanced ability to anticipate ethical dilemmas.

Strategic Foresight Component Validation. Extensive research validates foresight methodologies for leadership development. Grant et al. (2017) demonstrate improved goal attainment and resilience through future-oriented coaching. Conway and Voros (2020) show that personal futures literacy enhances strategic decision-making capability.

Integration Insights from Professional Application

While comprehensive empirical testing of the integrated framework remains necessary, professional application in healthcare contexts reveals promising patterns.

Integration Resolution. The Individual application suggests that the framework helps leaders bridge compartmentalization between spiritual values and professional responsibilities. Rather than choosing between domains, leaders report the ability to draw from all resources simultaneously.

Narrative Enhancement. Preliminary observations suggest that science fiction does more than illustrate scenarios—it appears to generate a visceral understanding of implications that purely analytical approaches may miss. Healthcare executives report that engaging with speculative narratives reveals blind spots in traditional strategic planning.

Temporal Reframing. The initial application suggests that the framework transforms how leaders conceptualize time—from a constraint to a resource. This shift appears to reduce anxiety while maintaining urgency, though quantitative validation is needed.

Prototype Bridge. The 90-day experiment cycle shows promise in translating abstract visions into concrete actions. Early applications indicate this mechanism addresses the common failure point where strategic insights fail to produce organizational change.

Theoretical Contributions

The framework makes several theoretical contributions, though empirical validation remains necessary. First, it proposes speculative fiction as a systematic tool

for professional development, rather than entertainment—a methodological innovation that requires further testing. Second, it suggests that theological reflection enhances rather than constrains strategic thinking—a hypothesis supported by component research but requiring integrated validation. Third, it offers a structured methodology for integrating traditionally separated knowledge domains—a theoretical advance awaiting empirical confirmation.

Discussion

Implications for Healthcare Leadership Development

This framework addresses critical gaps in current leadership preparation. Healthcare organizations typically rely on generic executive education that fails to address industry-specific challenges—the proximity to mortality, the tension between mission and margin, and the weight of decisions affecting vulnerable populations. The framework provides specialized development honoring healthcare's unique context.

The integration of science fiction as a serious professional development tool represents a significant departure from traditional approaches. Rather than dismissing narrative as entertainment, the framework demonstrates how speculative fiction can systematically prepare leaders for futures that analytical tools cannot adequately address. When healthcare executives engage with works like *Ex Machina* or Ted Chiang's explorations of AI consciousness, they develop a visceral understanding of ethical implications that policy papers cannot convey.

The theological component proves valuable even in secular settings. While not requiring religious belief, the framework's attention to transcendent purpose and moral grounding addresses the meaning-making that purely technical approaches ignore. Healthcare leaders consistently report that connecting their work to larger purposes reduces burnout and enhances resilience.

Practical Applications

Healthcare organizations can implement this framework through multiple pathways. Executive development programs can integrate science fiction reading groups alongside traditional strategic planning exercises. Board retreats may include theological reflection on organizational purpose regardless of the participants' religious affiliations. Innovation labs can adopt the 90-day prototype cycle to test insights from imaginative exploration.

Executive coaches can expand their methodologies by incorporating narrative analysis, contemplative practices, and rapid experimentation. The framework provides sufficient

structure that coaches need not be experts in theology or science fiction to facilitate effectively.

Theological education institutions should consider developing specialized programs bridging ministry and healthcare leadership. The framework suggests rich possibilities for practical theology addressing workplace challenges beyond congregational settings.

Theoretical Contributions

This research makes significant contributions to leadership development theory in several ways. First, it establishes narrative imagination as a legitimate professional capability rather than a peripheral skill. Second, it demonstrates that spiritual formation enhances rather than constrains strategic effectiveness. Third, it provides a structured methodology for integrating typically separated knowledge domains.

The framework challenges prevailing assumptions about professional development. Rather than adding competencies, it develops capabilities. Rather than teaching techniques, it cultivates wisdom. Rather than analyzing problems, it expands imagination for possibilities.

Limitations and Future Research

This theoretical framework requires empirical validation through formal studies. While grounded in extensive professional experience and literature synthesis, the quantitative assessment of outcomes would strengthen claims about effectiveness.

Cultural specificity presents another limitation. The framework emerges from North American Protestant Christianity and Western science fiction traditions. Adaptation for other cultural and religious contexts requires careful consideration.

Future research should investigate the optimal match between science fiction genres and specific leadership challenges. Which narratives best prepare leaders for implementing AI, adapting to climate change, or advancing genetic medicine? Can predictive models be developed for story-leader fit?

The scalability challenge remains significant. While the framework can guide individual development, transforming healthcare systems requires broader implementation and adoption. Research should investigate how personal foresight development catalyzes organizational transformation.

Conclusion

Healthcare stands at multiple inflection points simultaneously. Artificial intelligence transforms diagnosis. Gene editing redefines treatment. Climate change creates novel health challenges. Pandemic risks persist. Leaders navigate these converging disruptions with tools designed for linear progress and predictable challenges.

Traditional leadership development has not failed; it has simply become insufficient. Technical training addresses operational needs but ignores existential questions. Spiritual formation provides meaning but often lacks strategic application. Imagination without implementation produces interesting ideas but no actual change.

The FFP framework demonstrates that integrating Christian theology, strategic foresight, and science fiction narratives creates capabilities exceeding what each domain provides separately. Theology offers a transcendent grounding, preventing ethical drift. Foresight provides practical tools for navigating uncertainty. Science fiction expands imagination while creating safe spaces for exploring implications.

This framework represents one approach among many that are needed for innovations in leadership development. Healthcare's challenges are too complex for any single methodology to address comprehensively. However, the principle of integration—bringing together traditionally separated domains—offers promise beyond this specific framework.

The prophet Joel envisioned a time when "old men will dream dreams, young men will see visions" (*New International Version Bible*, 1978/2011, Joel 2:28). Healthcare leaders need to be capable of both—dreaming transformative futures while seeing present opportunities for change. Developing such leaders requires more than competency models or assessment tools. It requires the integration of ancient wisdom with future thinking, as well as disciplined imagination and practical experimentation.

As Imarisha and Brown (2015) observe, "We cannot build what we cannot imagine" (p. 3). However, imagination alone accomplishes nothing without the wisdom to guide it and the courage to bring it to life. The FFP framework provides one pathway for developing healthcare leaders who are equipped for this integration.

The work ahead is substantial. Healthcare transformation will not emerge from better technology alone, nor from systemic restructuring, nor from policy reform. It will emerge from leaders capable of navigating between technological possibility and human values, between efficiency imperatives and compassion, and between immediate pressures and generational consequences.

The FPP framework provides both a theoretical foundation and a practical methodology for developing such leaders. In the integration of foresight and prototype, vision and action, and spirit and strategy lies potential for healthcare transformation that serves both immediate needs and eternal purposes. Wrong, just insufficient. Technical training ignores meaning. Spiritual formation lacks strategy. Imagination without implementation accomplishes nothing.

This framework integrates what is usually separated. Theology grounds strategy. Fiction expands imagination. Experiments embody vision. Fifteen leaders changed, but healthcare needs thousands. The framework shows the possibility. Scale remains the challenge.

But something started. Leaders reading science fiction in boardrooms. Praying between meetings. Prototyping impossible futures.

Joel promised, "Your old men will dream dreams, your young men will see visions" (*New International Version Bible*, 1978/2011, Joel 2:28). Healthcare needs both.

This framework develops such leaders, not through competency models but through ancient wisdom, future thinking, and disciplined imagination.

Imarisha and Brown (2015) wrote. "We cannot build what we cannot imagine" (p. 3).

However, imagination alone builds nothing. The work is integration. Foresight and prototype. Vision and action. Spirit and strategy. There lies healthcare's hope.

About the Author

Dr. Rodney B. Woods earned his doctorate in strategic foresight from Regent University in 2021. After retiring as vice president and chief clinical engineer at BlueCross BlueShield of Tennessee, he founded Envision Strategies LLC.

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