Leadership in Healthcare Organizations: A Retrospective Study

Berhane Aradom Tedla
Ohio, U.S.A

Abdu Selim Hamid
Stockholm, Sweden

Abstract---Leadership is the working component of any organization; it's the nerve cell for organizations to exist, function, progress, and flourish by utilizing human and material resources wisely and effectively. Hence, the study of leadership, particularly, in the healthcare sector is very important to bring about quality service delivery both in private and public sectors. The 21st century is characterized by a high pace of changes in technology, social, economic and political, and that healthcare leaders will have a tremendous impact on the lives of many people around the globe, if they possess the technical and functional competences of leadership styles. Leaders at all levels of a healthcare culture can learn the timeless and inevitable lessons through participating stakeholders to have their voices on the critical healthcare issues. The purpose of the review is to explore and highlight the importance of leadership in healthcare organizations. Throughout the review, the authors have learnt that a genuine healthcare leadership bypasses old practices and involves everyone. The study discovers that the complexities, challenges and barriers of healthcare industry are inherent and inevitable, but through thorough and further leadership study in the field, they can be somehow understood, minimized and be used as steppingstones. The study also discovered that leaders who have global and interdisciplinary perspectives can create a wonderful organizational culture that can withstand turbulences.

Keywords---healthcare leadership, healthcare leaders, healthcare challenges.

733

Introduction

No industry is as dynamic as a healthcare organization (Judy, Nicole, Omnia, Margot, Marie & Robert, 2020). Local, national and international changes within the arena of politics, economy, culture and technological advancement, not only impact governments, but also influence the practice of healthcare organizations. Healthcare organizations have been experiencing considerable challenges and complexities to change, and provide adequate and quality services. In a challenging environment, healthcare organizations need to ensure the technical and specialized expertise. At the same time, the healthcare sector needs to develop the leadership capacity in order to meet day-to-day challenges, adapt to uncertainties and complex working environments swiftly, and move to the future successfully.

In the 21st century, healthcare leaders are expected to know more about the importance of leadership, and its impact on the healthcare sector, especially in policy strategies and ethical decision-making process (Perez, 2021). The paper argues that the delivery of healthcare service relies highly on the growing of individual leadership skills, competencies and interdisciplinary professional consciousness of healthcare leaders. Although, there are a number of internal and external factors that shape the delivery of healthcare services, such as government regulations, expectations, expansion of sites, complexity of systems, changes in practices, global pressures, and technological advancement, the impact of leadership is incomparable and most apparent than all.

Effective leadership is elusive, and yet very crucial to meet public challenges, provide quality services, and maximize the existing human potential. It is only through the collaborative work of stakeholders that healthcare organizations could be in a position to implement effective and dynamic leadership in the entire system (Nor'ashikin, Alexei, Dick & Inga, 2017). As leadership has a profound impact on providing and delivering quality services, its importance at all levels is paramount, especially when healthcare organizations encounter challenges and uncertain situations.

With the escalation of global pressures, the challenges might not be always one-directional. Managers comprehend that over-management or administration is not yet enough without leadership skills, cross-functional teams and collaborative environment. There is a fear that hospitals, healthcare systems and other organizations are restrained within certain bounds and little led. The act of leading has a central significance in expanding the over-controlled practices of healthcare organizations. The importance of leadership in improving healthcare organizations has double edge purpose. At the lowest level, effective leadership nurtures individuals and collective potentials, while at the highest level it equips professionals with the skills, competence and the vision.

The purpose of the review is to explore and highlight the importance of leadership in healthcare organizations. The researchers have conducted a thorough review of literatures with the hope to understand what it takes to be an effective leader in a healthcare organization. The review has given a considerable focus on the importance of leadership in creating a salubrious environment without going deep

into the nature of healthcare organization. To this end, the following questions were advanced throughout the review with an attempt to answer and understand the nature of leadership in healthcare organizations:

- What is leadership in a healthcare organization, and why is it critical and elusive?
- Who are healthcare leaders, and how do they lead?
- What are the challenges and barriers of healthcare organizations?

Review of Literature

Complexity, challenges and barriers of healthcare

The importance of competent and skillful leaders is incomparable, but current leaders are physically and mentally exhausted, and burned out by the stress and lack of clarity in the healthcare organization (Judy et al., 2020). Innovation and change rarely happen without a cost ((Vanderpyl, 2012). The healthcare industry is complex and multifaceted (Nor'ashikin et al., 2017). Due to this, healthcare leaders are exhausted and doubtful of their ability to rebuild the organization with the sense of direction (Rogers, 2012). Similarly, Oster (2011) discovers that the position of a leader in a healthcare organization is complex, difficult, frustrating, politically dangerous and often without thanks. This could be the main reason as why there are a number of complexities, challenges and barriers in organizations associated with healthcare delivery system. However, Gryskiewicz (1999) stated that innovative leaders turn negative turbulence into positive turbulence and that positive turbulence creates a good atmosphere. Similarly, Perez (2021) explains that when change is needed, leaders should be change agents.

It's true that healthcare leaders have been challenged more than ever to create care delivery processes that ensure patient safety (Parrotta et al., 2012). Numerous social, political, economic and technological factors continue to thrust and shape many directions for change. With time, healthcare organizations change and become more complex. Large healthcare organizations may be the most complex in history and that even small ones are barely manageable ((Nor'ashikin et al., 2017)). Similarly, Rubino (2007) explains that healthcare industry is dynamic and characterized by a constant change. Simply put, dynamism is the essence of it. However, changes and complexities could be considered sometimes as challenges, while at other times as barriers. This implies that healthcare leaders might be confronted with situations that require high leadership competency to address challenges and sweep barriers. When dynamism is not properly met, it will become a barrier instead of a challenge to bring about change.

While mandates for outcome improvements increase from governments and accrediting bodies, no comprehensive restructure of leadership systems in healthcare have developed (Scott, 2010). Much like industry, leadership is considered as a role rather than a process to move beyond administrative, and bureaucracy levels. It's inadequate approach to demand leadership from clinicians without considering the context under which leadership must exist (Nigro, 2018). Leadership is essential to create the conditions that support and

enhances new atmosphere of responsibility. Similarly, Rubino (2007) identifies some barriers and challenges, namely government law, exclusion of physicians, new technology and culture of safety. The wise healthcare leader will include physicians on the plan, integrated computer hardware, clinical software technologies, and assure that the strategies developed comply with the laws. MacPhee et al., (2013) discover that silo-style disciplinary training, lack of organizational support and cultural differences are among the main challenges and barriers in healthcare organizations. In line with this, Woloshin et al, (1995) identify certain barriers, such as lack of insurance, awareness, trust, primary care providers, and involvement of family in decision making and tradition of fold medicine as preference of self-treatment. Besides, there are a number of hurdles in obtaining quality care services like long waiting periods at clinics, limited hours of service at healthcare facilities, lack of transportation and the difficulty of getting time off work. In such situations, it's very hard to deliver quality and cost-effective services without a leader developing two-way communication channel, a friendly atmosphere and democratic decision making. The emphasis is to inspire and influence staff for the common purpose (Berhane, Ephrem & Gaikar, 2021).

Effective healthcare leaders seek technical assistance and include stakeholders to identify barriers and address challenges. It's also stated that nurses and healthcare professionals have a role to play in effective change, and as such they become the leaders of their organization (Nor'ashikin et al., 2017)). This indirectly shows that wide-ranging changes within a healthcare organization cannot be executed or addressed using top-down approach management style without the involvement of all. Change is always a stressful process within an organization, and can result into a range of challenges (Suwandej, Tanskul, Jiemwongsa & Waimaleongraek, 2022). Similarly, Dawson (2003) states that some individuals have a low tolerance for change and will find change as a threat instead of a challenge. In this case, a leader has a pivotal role to deal with changes either through personal experience or by following certain models of leadership in coping up with the nature of the situation.

Perhaps leaders may need a model to implement change and address challenges. There are a number of models within the domain of leadership that could help leaders to demonstrate clarity of purpose in implementing change. For instance, Adair (1997) sets out a model for leaders to implement a change that includes planning, defining task, briefing, controlling, evaluating, motivating, organizing and providing examples. In the past, the participation of clinicians in leadership was not recognized and acknowledged. Employees would work in their professional expertise without assuming leadership positions and responsibilities. Leaders were rarely delegate leadership roles to stakeholders and had a final word without the input of ideas from others. This jeopardized the delivering of services and became a huge barrier for quite a long time. However, as time passed by, the old practice was challenged, and the importance of nurses, clinicians and physicians in leadership roles and responsibilities started to become more apparent and important.

The 21st century requires a move from a central command center to a dispersed leadership which acknowledges integrated teams (Suwandej et al., 2022). Several other scholars also agree with this statement. For instance, Cooper (2003) argues

that clinicians must have leadership skills in all settings to meet change. It's true that healthcare organizations are subject to constant changes, and thus the stakeholders within the organization are expected to have leadership expertise, but Perez (2021) acknowledges that individual leaders do not have the capacity to meet challenges which are posed by healthcare systems, and thus they should involve staff. In this way, challenges and barriers of healthcare organizations could be easily addressed and met. Beech (2002) also stated that improvement of leadership within an organization enables effective implementation, creates a sense of ownership, helps retain staff, reduces stress, and improves job satisfaction and career advancement.

Leadership and healthcare

Leadership is easier to theorize than to actually implement (Vanderpyl, 2012). The definition of leadership is elusive, especially in healthcare organizations. Leadership is defined differently by different scholars, but more vividly it can be defined as the function of knowing oneself, having a vision that is well communicated, building trust among staff, and taking effective action to realize your own leadership potential (Berhane, Ephrem & Gaikar, 2021). Even though, leadership is defined differently, but in the healthcare sector, it is the process of influencing followers for the purpose of change and motivation to achieve a high-quality service (Judy et al., 2020).

Leadership in healthcare is arguably more challenging than in most other sectors (Suwandej et al., 2022). Contrarily, its importance is yet indescribable for healthcare organizations. For instance, Slavkin (2010) states that leadership is imperative to build and sustain information systems, rewards and mechanisms for accountability. Achieving health and well-being for all, requires leadership at many levels. Perhaps as never before, the importance of leadership is urgent in healthcare to envision the future, reallocate resources, and monitor progress using technology (Perez, 2021). Generally, leadership is about sustaining, improving, changing strategic direction with small or large, simple or complex organizations. It can also be argued that leadership is the nerve cell of any organization. More specifically, it's the process by which groups, communities, and organizations accomplish three tasks: setting direction, creating alignment, and gaining commitment (Altman and Gurvis, 2006). It helps organizations to have a meaning, mission, purpose, achieve outcomes and maintain sustainability. There is evidence about the importance of leadership to healthcare. For instance, Slavkin (2007) states that leadership is very critical for healthcare organizations and institutions. Some researchers highlight leadership models in a social context of healthcare, analysis of strategies, tactical approaches to problem solving, decision making, communication styles, resource management, collaboration, conflict resolution, budget management, creating coalitions and environment of trust (Suwandej et al., 2022).

In the past leadership was associated functionally with positions, power, and their effectiveness used to be analyzed in terms of roles with an eye to a goal accomplishment (Singh, Mahapatra, & Kumar, 2022). However, current theories of leadership address system complexity and interactions that mobilize change and innovation (Plsek and Wilson, 2001). Some scholars have discussed the

evolution of leadership theories from role to process. For instance, Avolio, et al, (2009) state that leadership theory is evolving from a focus on individual to one that defines leadership as a process. This implies that leadership as a process is comprehensive and embraces integration of strategies to enhance collaboration, democratic communication and achievement of common goals. Precisely, leadership is when a vision becomes strategic and tangible (Slavkin, 2010). Indeed, leading requires making of choices based on finite resources, plausible alternatives, and financial resources to achieve a common goal. Nowadays, healthcare delivery systems are complex and require more than a role to incorporate various practices and disciplines. Scott (2010) states that the delivery systems of healthcare are complex, and thus must merge the best of administrative and clinical practices into a new leadership model if improved patient outcomes are to be achieved. In line with this, Scott (2010) also argues that there is a need not only for formal administrative leadership, but also there is a high need to develop an integrated leadership process throughout healthcare delivery systems. This shows that healthcare organizations around the world have been struggling to integrate competencies and bring about advanced delivery systems.

Healthcare leaders

In any business setting, the need of leaders is apparent, and yet a very rare talent. Judy et al., (2020) state that whatever the setting, be it a hospital, a medical device company, a long term-care facility, an insurance company, or other healthcare sector, leaders are crucial to keep the organization moving forward by setting direction, motivating staff, articulating mission, determining strategies for the future, and transforming the organization. Leaders are needed to keep the organization on course and to maneuver around obstacles that encounter on the way, like a captain commands a ship (Rubino, 2007) The importance of leaders, especially in a healthcare organization is indispensable in that healthcare is unique and very complex, for it depends on a large number of personnel and highly trained workers. Hence, leaders should understand that leadership is contextual and learn to interact effectively with the dynamism and complexity under which they operate (Singh, Mahapatra & Kumar, 2022).

Presently, a leadership skill is highly sought after in healthcare organizations. Its need is fueled by changes in technological advancement and demographic structure. As the changes grow dramatically, a much wider range of high leadership skills will continue to be important in healthcare organizations. Tomorrow's most successful healthcare organizations will be those that are now recognizing the importance of broad and refined leadership skills in keeping the organization current and competitive. Leadership skill for a restricted, singular and organizational setting, limit the ability of the healthcare organizations to grapple with the problems, challenges and issues. As of this, the exposure to interdisciplinary skills or education will enhance the potential for collaboration at the work place (Berhane et al., 2021). In many today's healthcare profession, an interdisciplinary curriculum is the missing component (Singh et al., 2022).

Past leadership practices and theories, in general, were not included or embraced elements of ethics in their models. However, currently with the need of diverse

skills, leadership frameworks include principles of ethics along with the main leadership practices. Historically, leadership was associated with positions and power, but with the increase of challenges, demands and high level of decision making, healthcare leaders started to develop innovative leadership skills which require a novel way of confronting challenges (Singh et al., 2022). Principled leaders need to have a collaborative skills and vision beyond disciplinary borders that in turn could help them deal with issues and challenges (Suwandej et al., 2022). Besides, healthcare leaders should have essential skills, such as a global healthcare perspective, the ability to create an organizational culture, team building, balanced authenticity and ability to adapt to chaos and rapid change (Judy et al., 2020). Current healthcare leaders wrestle with these skills to study challenging situations and project solutions.

Some researchers believe that healthcare issues and crises are best addressed by a multi-disciplinary leadership team that brings together social, economic, political, ethical and cultural understanding from a local to an international perspective (Singh et al., 2022). Contemporary views argue that healthcare leaders are best described in terms of integrity and authenticity, and put a great deal of importance on values, charisma and vision of an individual leader, and how those qualities are utilized to inspire and transform team works (Berhane et al., 2021).

Leaders have particular competencies, such as setting directions, motivating stakeholders, being an effective spokesperson, determining strategies for transforming an organization (Judy et al., 2020). In other words, healthcare leaders who have innovative, collaborative and visionary leadership competencies and skills along with ethical integrity have the ability to identify methods, strategies or possibilities to accomplish tasks, meet challenges and move forwards successfully. However, to gain interpersonal skills, a leader should first know his/her self, explain oneself, prepare oneself, expect much, gain commitment, and remain steadfast (Robin & Noshaba, 2016). This in turn, would help healthcare leaders to understand their purpose, practices, establish connected relationships, demonstrate self-discipline and lead with heart ((Nor'ashikin et al., 2017).

Leadership competencies in healthcare

As the 21st century poses new challenges to healthcare organizations, leaders will likely require to be competent. It's also conventional wisdom that leadership as a process requires a constant fine tuning with the self as well as reflection on the individual needs and characteristics of the team. Simply put, true leadership requires the ability to critically appraise the process and outcomes on the   path to achieving a shared goal. To do this, however, leaders should be competent enough. An essential characteristic of a genuine leader is the capability to explore personal and team beliefs in accomplishing a perceived vision (Suwandej et al., 2022). What does this mean to a healthcare leader? It simply means that clinicians and healthcare leaders should have the ability and insight to understand their social environment properly, utilize their resources wisely and lead with vision.

Nigro (2018) explains that change agents need to have six skills to manage change effectively, such as 1) the ability to work independently without the power, sanction and support, 2) skills of collaboration to compete in ways that enhance rather than destroy cooperation, 3) the ability to develop high trust and ethical relationship, 4) self-confidence tempered with humility, 5) respect the process of change as well as content, 6) the ability to work in multifaceted functions, business functions and units.

For a healthcare leader to appear successful needs certain leadership skills, qualities or knowledge. Some competencies could be technical which are skills to analyze, understand the overall practices and situations, while competencies are behavioral that help to be decisive and determinant. There are a number of scholars who have done research on the subject. For instance, Stefl (2003) identifies five competencies that healthcare leaders should demonstrate: professionalism, communication and relationship, management, leadership, knowledge of the healthcare environment, business skills and knowledge. Similarly, Hilberman (2005) identifies a number of leadership competencies that a healthcare leader should exhibit while running an organization. He grouped them under four domains as they appear in table-1.

Personal competencies	Interpersonal competencies	Organizational competencies	Functional and Technical Competencies
Self-awareness	Communication	Organization design	Knowledge of business
Self-regulation	Motivation	Team building	Strategic vision
Responsibility	Empowerment	Priority setting	Decision making quality
Honesty and integrity	Group management process	Political savvy	Ethics and values
Lifelong learning	Conflict resolution	Measuring performance	Problem solving skills
Empathy and compassion	Negotiation	Develop others	System thinking
Flexibility		Managing culture	Governance
Perseverance		Human resource	-

Table-1

Leadership styles in healthcare

In the healthcare sector, leaders are very much expected to improve the quality of patient care, influence improvements in the health of population, promote practices, but above all they should lead on strategies to motivate and develop staff (Singh et al., 2022). It's true that leaders a have positive impact, but to achieve the desired outcome; they should have favorable styles to create a quality working environment where stakeholders can find a meaning together, work productively and collaborate with one another for a common purpose. Several scholars argue that for a leader to have the job done, perhaps certain behaviors, qualities and styles are paramount. For instance, Strack and Fottler (2002) identified five common behaviors of a leader: challenge the process, inspired a shared vision, model the path, encourage the heart and enable others to act. There may be a number of leadership styles that leaders apply to their establishments. However, not all leadership styles are applicable at the same time. Some may work appropriately depending on the situation while some styles

do not serve instead worsen the working environment. For instance, the autocratic leadership style is considered by most leaders as an inappropriate usage of power. Rubino (2007) warns that autocratic leadership style should not be used unless a leader is dealing with problematic subordinates, or emergent situations that need an immediate action. Otherwise, to use the autocratic leadership styles in normal situations is to blunt stakeholders' creativity. However, in some cultures, subordinates prefer directive to participative approaches, and thus they expect a leader to take control (Zander & Butler, 2010). In this case, a leader should employ a situational leadership style in accordance with situations. Some scholars argue that the application of a particular leadership style is influenced by the type of an organization, the level of knowledge, experience, ambition, system of value, beliefs, personal and organizational characteristics (Berhane et al., 2021). Hence, leaders should possess a number of personal and interpersonal qualities in order to know when and how to apply a specific leadership style; otherwise, all leadership styles do not work equally. Leaders need to know the nature of healthcare working environment so that they can apply the right leadership style. The weakness to know the right leadership style for the right environment, results to negative impact (Franche et al. 2006).

In a healthcare establishment, participative, coaching and pacesetting could be used more effectively. Participative style is when a leader gives an opportunity to staff to involve or have their voices and inputs. With participatory leadership style, a formal authority structure is absent and stakeholders are acculturated to collective values or shared decision making (Singh et al., 2022). It's conventional wisdom that subordinates are more productive, assertive, intuitive and responsible in a participative environment. Pacesetting leadership style is when a leader sets a high-performance standard for stakeholders (Berhane et al., 2021). It's believed that pacesetting leadership style works better when subordinates are self-motivated and highly competent like scientists and other experts who have the mastery of the subject. On the other hand, a leader who employs a coaching leadership style focuses on the individual development of subordinates rather than the task at hand. In this way, followers build competence, trust and feel a sense of responsibility for their actions. Hence, the application of leadership styles has a profound impact on healthcare organizations. Leaders should know when and how to apply them. For better understand of their nature and application, see below in table-2.

Leadership styles for healthcare personnel

Style	Definition	Application
Autocratic	Demanding and power based	Problematic circumstances, such as employees or urgent matters
Participative	Allowing subordinates voice or input in decision making	Applicable in most followers
Pacesetting	Setting high performance standard	Highly competent stakeholders
Coaching	Individual development	Top level

Source: Rubino (2007)

Discussion and Conclusion

In any organizational setting, leadership is more than just important, especially in healthcare services, and yet it's very critical as well as challenging to put it into practice than to speak about. Through the literature review, the authors have learned that challenges and barriers are inevitable and cannot be avoided at any cost in healthcare organizations except to meet them through a good leadership approach. With the increase of complexity in healthcare industry, current healthcare leaders will continue to face a number of challenges for the years to come. As some researchers indicate, leaders were not dealing with multiple business lines (Perez, 2021). However, in the 21st century, everything has changed to the best, but it has posed a number of challenges that leaders should meet and address before they evolve to barriers. This will require leaders to have the competence and skills of leadership to understand the overall healthcare culture and working environment.

Today's healthcare organizations need a new kind of leadership, strong leaders and a new cultural context (Nigro, 2018)). Leaders are supposed to recognize the importance of warm, safe and a supportive healthcare organizational culture in delivering services. It's true that healthcare needs personal accountability and ultimate responsibility (Rogers, 2012). Quality and safety of care might depend on a number of factors, but it's also a matter of leaders' roles and responsibility associated with high leadership competence and skills. Leadership as a process combines the best skills and competences toward a common purpose, and most importantly it motivates behaviors and defines team culture toward achieving quality service delivery (Berhane et al., 2021). Availability of resources, such as human, financial, physical and information, without a sufficient number of competent leaders is nothing, but a bundle of unutilized resources. Leaders are needed to plan, set strategic goals, provide direction, create a conducive working environment, collaborate with staff, and utilize the existing resources wisely. To achieve this, however, healthcare leaders need to develop the most effective leadership approach, and the responsibility to meet challenges with the highest competence.

Based on the review, it can be asserted that leadership in a healthcare workforce will require the coordination of interdisciplinary values and culturally diverse working environment. The status-quo of the existing structure and traditional practices of healthcare are challenged and changing rapidly. This indicates that leadership is imperative to build and sustain a culture of diverse collaboration. Leaders, who possess the profound understanding of healthcare industry, are likely to meet easily the challenges of health needs by optimizing the workforce of the organization that bringing together the existing resources for a common purpose. Leaders as change agents and role models, have the ability to develop trust, work ethic, skills of collaboration, self-confidence, empower stakeholders, communicate, and courage to meet ambiguities.

In conclusion, nowadays, more than ever, the changes in technology, demography, social, political and economic pose a number of challenges to healthcare organizations, and continue to have a significant impact on healthcare delivery services. Many leadership challenges and issues are almost the same, but healthcare organizations present a number of unique challenges that require an immediate action. This implies that healthcare leadership will remain critically important. In other words, healthcare leaders, be physicians or nurses, will be forced to deal with enormous challenges. Besides, the quality and comprehensive healthcare access will require the kind of leaders who combine skills from across disciplines, and have system wide views. It's conventional wisdom that achieving health and well-being for all citizens in any country, requires effective leaders who have complex mix of attributes and skills of healthcare leadership. The merit of effective leadership has been acknowledged in healthcare industry as a vital nerve cell to link skills and competence to the healthcare culture. Hence, an effective leader is the one who possesses a diverse view and qualities of leadership to accomplish purpose and transform the existing talents. To do this, however, a leader will need to create or have a shared vision, effective motivational skills, smooth communication, and situational leadership style.

References

Adair J. (1997). Effective Leadership Masterclass. London: MacMillan.

Altman D, Gurvis J. (2006). Issues and observations: riding out the storm of the health care system. Leadership in Action, 26(1):19–22.

Avolio BJ, Walumbwa FO, Weber TJ. (2009). Leadership: current theories, research, and future directions. Annu Rev Psychol, 60:421–449.

Beech M. (2002). Leaders or managers: The drive for effective leadership. Nursing Standard, 16(30): 35–6.

Berhane A. T., Ephrem H. R., & Gaikar V. B. (2021). Leadership Styles and School Performance: A Study Within an Eritrean Context of Eastern Africa. International Journal of Management (IJM), 12(3): 1152-1169. http://iaeme.com/Home/issue/IJM?Volume=12&Issue=3

Cherian, J.; Gaikar, V.; Paul, R.; Pech, R. Corporate Culture and Its Impact on Employees' Attitude, Performance, Productivity, and Behavior: An Investigative Analysis from Selected Organizations of the United Arab Emirates (UAE). J. Open Innov. Technol. Mark. Complex. 2021, 7, 45. https://doi.org/10.3390/joitmc7010045

Cherian, Jacob; Jacob, Jolly; Qureshi, Rubina; Gaikar, Vilas. 2020. "Relationship between Entry Grades and Attrition Trends in the Context of Higher Education: Implication for Open Innovation of Education Policy" MDPI, Switzerland, Journal of Open Innovation Technology, Market and Complexity, Vol- 6, Issue- 4: 199. https://www.mdpi.com/2199-8531/6/4/199.

Franche, R. L et al. (2006) Path analysis of work conditions and work-family spillover as modifiable factors associated with depressive symptomatology. Stress and Health, 22, 91–103.

Gaikar Vilas B. (2017), "An empirical analysis of trends and opportunities in the Indian healthcare services" in 'International Journal of Multidisciplinary Research and Development' Volume 4; Issue 5; May 2017; Page No. 249-252 http://www.allsubjectjournal.com/archives/2017/vol4/issue5/4-5-62

Gryskiewicz SS. (1999). Positive Turbulence: Developing Climates for Creativity, Innovation, and Renewal. San Francisco, CA: Jossey-Bass.

Judy M., Nicole R., Omnia E. O, Margot W. P., Marie E., & Robert W. (2020). Education for sustainable healthcare: Leadership to get from here to there. Medical Teacher, 42:10, 1123-1127, DOI: 10.1080/0142159X.2020.1795104

Macphee M, Change L, Lee D, and Spiri W. (2013). Global health care leadership development: trends to consider. Journal of Healthcare Leadership, (5) 21–29

Nigro TL (2018). The shadows in healthcare leadership. Healthcare Management Forum, 31(3):97-102. doi:10.1177/0840470417745082

Nor'ashikin A., Alexei T., Dick W., & Inga H. (2017). Knowledge management systems success in healthcare: Leadership matters. International Journal of Medical Informatics, 97: 331-340

Oster G. (2011). The Light Prize: Perspectives on Christian Innovation. Virginia Beach, VA: Positive Signs Media.

Parrotta C, Riley W and Meredith, L. (2012). Utilizing leadership to achieve high reliability in the delivery of perinatal care. Journal of Healthcare Leadership, 4 157–163

Paul Raj P and et al (2020), 'Do leadership styles impact organizational performance in the UAE context? A study' International Journal of Mechanical Engineering and Technology (IJMET), Volume 11, Issue 9, 2020 Pp. 23-32. http://www.iaeme.com/ijmet/issues.asp?JType=IJMET&VType=11&IType=9

Perez, J. (2021). Leadership in Healthcare: Transitioning From Clinical Professional to Healthcare Leader. Journal of Healthcare Management, 66(4): 280-302 doi: 10.1097/JHM-D-20-00057

Plsek PE, Wilson T. (2001). Complexity, leadership, and management in healthcare organisations. BMJ, 323(7315):746–749.

Redda, E.H., Gaikar Vilas, B., Tedla, B.A. (2021). E-Commerce Companies, Online Shopping and Customer's Satisfaction: A Comparative Study of Covid-19 Lockdown in India. Journal of Management Information and Decision Sciences, 24(S6), 1-17. https://www.abacademies.org/articles/ecommerce-companies-online-shopping-and-customers-satisfaction-a-comparative-study-of-covid19-lockdown-in-india.pdf

Robin D.C.,Kumar & Noshaba K (2016). Leadership in healthcare. Anaesthesia & Intensive Care Medicine, 17(1): 63-65

Rogers, R. (2012). Leadership communication styles: a descriptive analysis of health care professionals. Journal of Healthcare Leadership, (4) 47–57

Rubino, L. (2007). Leadership. Jones and Bartlett Publishers.

746

Sameer Aziz and et al (2019), 'Study of Demographic Variables on Financial Goal of Urban Individuals' in International Journal of Research, Vol. 9 (1), July-December 2019, Pp. 24 - 34.

Scott, E. (2010). Perspectives on healthcare leader and leadership Development. Journal of Healthcare Leadership, (2) 83–90

Singh S., Mahapatra M., & Kumar, N. (2022). Empowering leadership and organizational culture: Collective influence on employee flourishing. International Journal of Health Sciences, 6(S2). https://doi.org/10.53730/ijhs.v6nS2.5112

Slavkin HC. (2010). Leadership for health care in the 21st Century: A personal perspective. Journal of Healthcare Leadership, (2) 35–41

Stefl, M. B. (2003). Report of the Competency Task EoTce: Healthcare Leadership Alliance. Chicago: HLA.

Suwandej, N., Tanskul, P., Jiemwongsa, C., & Waimaleongraek, P. (2022). Mediating role of knowledge management among human capital, leadership and business growth: Evidence from flavoring industry of Thailand. International Journal of Health Sciences, 6(S2). Retrieved from https://sciencescholar.us/journal/index.php/ijhs/article/view/5197

Tedla, B. A., & Gaikr Vilas B. (2022). An essence of leadership, its styles: A review and personal account commentary. International Journal of Health Sciences, 6(S2), 175–183. https://doi.org/10.53730/ijhs.v6nS2.5083

Thornton (Eds). (2002). Six Steps to Effective Management; Managing and Leading Innovation in Health Care. London: Balliere Tindall.

Tim H Vanderpyl, T. (2012). Servant leadership: a case study of a Canadian health care innovator. Journal of Healthcare Leadership, 4: 9–16

Vilas Gaikar, Sameer L. (2020). 'Demographic Variables Influencing Financial Investment Of Urban Individuals: A Case Study Of Selected Districts Of Maharashtra State', International Journal of Advanced Science and Technology (IJAST), 29(05), Pp.962 – 974. http://sersc.org/journals/index.php/IJAST/article/view/9749

Woloshin, S., Bickwell, N., & Schwartz, L. (1995). Language barriers in medicine in the United States. Journal of the American Medical Association, 273(9), 724-728.

Zander L & Butler C. (2010). Leadership modes: success strategies for multicultural teams. Scandinavian Journal of Management, 26: 258–267.