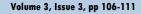
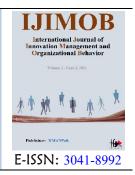


Article history: Received 30 June 2023 Accepted 16 August 2023 Published online 01 September 2023

International Journal of Innovation Management and Organizational Behavior





Identifying the Antecedents and Consequences of Health Leadership in the Hospitals of Lorestan University of Medical **Sciences, Health and Medical Services**

Farideh. Beiranvand¹^(b), Ahmad. Vedadi¹*^(b), Alireza. Amir Kabiri¹^(b), Zahra. Boroumand¹^(b)

¹ Department of Public Administration, Central Tehran Branch, Islamic Azad University, Tehran, Iran

* Corresponding author email address: Ahvedadi@gmail.com

Article Info

Article type: Original Research

How to cite this article:

Beiranvand, F., Vedadi, A., Amir Kabiri, A., & Boroumand, Z. (2023). Identifying the Antecedents and Consequences of Health Leadership in the Hospitals of Lorestan University of Medical Sciences, Health and Medical Services. International Journal of Innovation Management and Organizational *Behavior*, *3*(3), 106-111.

https://doi.org/10.61838/kman.ijimob.3.3.13



© 2023 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0International (CC BY-NC 4.0) License.

ABSTRACT

Objective: The purpose of this article was to investigate the antecedents and consequences of the conceptualized model of health leadership for the promotion of employee health in the hospitals of Lorestan University of Medical Sciences, Health and Medical Services.

Methods: The research method employed was qualitative, using thematic analysis, and was applied in nature. The participants in the study included some experts in the field of management in the health sector, who were selected based on purposive sampling. Fourteen individuals were chosen based on specific criteria (management service history in the health sector, willingness to be interviewed, general management experiences, publications in the health and management fields). The sample size was also determined based on the principle of theoretical saturation. The research tool was semi-structured interviews, which were developed through several rounds of feedback with experts. Its validity was confirmed through expert opinions, and reliability was assessed through intercoder agreement coefficient. Data were analyzed using coding method.

Findings: The results indicated that for identifying the antecedents and consequences of health leadership in the hospitals of Lorestan University of Medical Sciences, there are four overarching themes (health leadership, health leadership mechanisms, antecedents of health leadership, and consequences of health leadership) and 22 organizing themes.

Conclusion: The findings of the research provide an opportunity to respond to well-being and as a part of identifying significant prominent themes in human capital, particularly aiding and supporting management in reducing turnover and relocation for the health of employees.

Keywords: Management, Health Leadership, Context, Followers, Medical Sciences.

1 Introduction

Leadership is an essential element for implementing reforms and shaping organizational cultures. A cautious definition of leadership is the process of influencing people and creating an environment for them to achieve group and organizational objectives. A modern definition considers leadership as the ability to influence a group towards achieving a vision or set of goals. Researchers and specialists have endeavored to define leadership for over a century without global consensus. Despite various definitions over the years, it is suggested: "The following components can be identified as central to this phenomenon: (a) leadership is a process, (b) leadership involves influence, (c) leadership occurs within groups, (d) leadership involves common goals (Abela, 2023; Porfírio et al., 2021).

The leadership process is complex, involving interactive relationships with followers and circumstances. The role of leadership is to guide, expressing ideas and fostering a mentor-mentee relationship in job functions and psychological-social functions, as well as self-leadership and online leadership. Moreover, leadership plays a communicative, transformative, coaching, and facilitating role to understand the overall vision of work so individuals can manage their task-related micro-strategies. Leaders in an organization can influence employee job performance in various ways, directing employees towards innovative processes (Jiménez et al., 2013; Liu & Wang, 2014).

On the other hand, health is an important part of employees' lives; it is one of the active supporting factors of human activities. Employee health is not only related to their welfare but also closely associated with organizational performance. Additionally, research has shown that employee health has a positive relationship with both explicit organizational costs (e.g., medical insurance costs) and hidden costs (e.g., absenteeism due to illness) (Gurt et al., 2011), and also affects sustainable organizational development (Abela, 2023).

Health leaders focus on employee health. Health leaders change employees' awareness, motivation, and health behaviors through their own health awareness, motivation, and behaviors (Rezaei, 2016; Safarmohammadluo et al., 2022). Such leaders also seek to promote culture and climate (Jiménez et al., 2013; Sharieff, 2021). In other words, health leadership takes responsibility for employee health (Gurt et al., 2011). For example,

Antecedents are prerequisites that occur before the concept under analysis and affect its occurrence (Martínez et

al., 2019). Antecedents of health leadership can be examined as facilitators or barriers. Studies in this field have identified factors affecting health leadership at the organizational level. Accordingly, antecedents in health leadership include individual and social factors, comprising professional education dimensions, support and supportive skills, open communication systems, adaptability of leader behavior patterns (honesty, reliability, compassion), having an idea of participation and support and knowledge transfer, using positive experiences of health leadership for employee health, belief in participatory leadership, thinking and perception of health leadership in situations, maintaining personal balance and capacity for effective relational leadership impacting innovation, performance management and strategy, understanding individual and team health behaviors, encouraging employee improvement and innovation, and accepting responsibility for employee health in uncertain conditions (Sadeghi et al., 2016).

Consequences (outcomes) are described as situations that arise following the occurrence of a concept. They include results attributable to a specific concept analyzed, meaning consequences are related and both are influenced by fundamental cares. Consequences derived from analyzed studies in safety are identified. Concepts provide several consequences, specifically health leadership with an understanding of the health leadership concept that can lead to an increase in individual health strengthening and plays a major role in promoting employee health, creating attitudes, and increasing managers' awareness, and ultimately, an important outcome is achieving improved health promotion results for employees. In various studies, consequences of leadership at the organizational level identified are employee turnover, relocation, and stress (.H et al., 2016; Abdulahi et al., 2015; Beikzad et al., 2011; KedİKlİ et al., 2019; Koinig & Diehl, 2021; Liu & Wang, 2014; Safarmohammadluo et al., 2022).

Numerous studies have been conducted on health leadership, and models have been proposed. These models are context-based and can vary from one environment to another Additionally, leadership interventions with interactive sections in group environments over several days of seminars are the most appropriate strategy for addressing mental health in healthcare employees (Abdulahi et al., 2015; Abela, 2023; Beikzad et al., 2011; Jiménez et al., 2013; KedİKIİ et al., 2019; Koinig & Diehl, 2021; Liu & Wang, 2014; Martínez et al., 2019; Porfírio et al., 2021; Rezaei, 2016; Sadeghi et al., 2016; Safarmohammadluo et al., 2022; Sharieff, 2021). Efforts to design and scientifically



evaluate such interventions should be expanded. Consequently, so far, few scientific methods have been evaluated for fostering mental health in the healthcare sector. In these studies, leadership interventions are the most suitable strategy for addressing the maintenance or fostering of mental health in healthcare employees. Specifically, interventions with reflective and interactive sections in group settings over several days of seminars seem effective. Leadership experiences in the workplace should not be based on individualistic styles. Kaufman and colleagues (2020) found that seven core leadership competencies include: evidence-based decision-making, operations performance, flexible management and resource management, a good understanding of the health environment, interpersonal communication/relationship management qualities, leading subordinates and the organization with empathy, empowering and change management, and demonstrating professionalism.

After the COVID-19 era, the trend of service termination and migration of healthcare staff has become very pronounced. One of the significant concerns in this context is the health of healthcare staff. Due to the increased importance of the discussion on employee health, it is important to address health concerns to provide a basis for reducing service termination. Therefore, considering the above, the question that arises and is the research issue is: What are the antecedents and consequences of health leadership in the hospitals of Lorestan University of Medical Sciences, Health and Medical Services?

2 Methods and Materials

The research method used was qualitative, with thematic analysis, and was applied in nature. The participants in the study included some experts in the field of management in the health sector, who were selected based on purposive sampling. Fourteen individuals were chosen based on specific criteria (management service history in the health sector, willingness to be interviewed, general management experiences, publications in the health and management fields). The sample size was also determined based on the principle of theoretical saturation. The research tool was semi-structured interviews, which were developed through several rounds of feedback with experts. Its validity was confirmed through expert opinions, and reliability was assessed through inter-coder agreement coefficient. Data were analyzed using coding method.

3 Findings and Results

The participants in the study included 10 men (71.0%) and 4 women (29.0%). Their average years of service was 19 years, and the average age was 44 years. The interviews were analyzed.

The first step in data analysis is conceptualization. Conceptualization means taking an observed item, sentence, paragraph, dividing it into parts, and assigning each to events, ideas, or more precisely, organizing themes including themes resulting from the combination and summary of basic themes. At this stage, basic themes were reviewed, and similar concepts were grouped together, comparing similarities and differences to extract organizing themes. Table 1 presents the basic and organizing themes.

Table 1

The Results of Initial Qualitative Analysis

No.	Basic Themes	Organizing Themes	
1	Having specific health goals, beliefs and core values of organizational employees, future health programs, foresight in health programs, employee health as goals and expectations	Creating a vision for employee health	
2	Reviewing health program problems, paying attention to others' viewpoints and different aspects of the problem, creating a sense of interaction and comfort for employees, a favorable resolve for retaining employees	Health coaching	
3	Leader supporting employees, servant leadership and support, guidance and training, acceptance of employees, using affection for employee life satisfaction, clear communication with employees, intimate communications with employees, fair conflict resolution, honest dialogue, effective and active listening, empathy and compassion with employees, understanding supportive management, positive emotional and psychological feeling between leader and employee, creating a positive emotional environment	Emotional support for employee health	
4	Encouraging employees, supportive behaviors encouraging behavior change in employees, freedom in decision- making, attention to health programs, employee participation in discussions for decision-making	Encouraging and motivating employees	
5	Sharing professional health decisions, delegation of authority, giving responsibility and freedom to subordinates, colleagues' mastery over health programs, participation in discussions and listening and commenting	Psychological empowerment of employee health	
6	Health as part of managers' work programs, increasing managers' awareness, self-development and realistic training based on past professional experiences	Self-care	

7	Having a heartfelt desire for employee health, sharing information, importance of health	Responsibility for employee health	
8	Strong feeling about health programs, sense of team cooperation, employees presenting new solutions, designing and implementing programs Participation a programs		
9	Creating a spirit of joy, valuing employees' viewpoints, seeing and hearing employees, setting meeting days with employees, loyalty, advancement	Increasing job satisfaction of human resources	
10	Respect, maintaining improvement, developing and nurturing talents, experiential succession planning, creating equal growth opportunities	planning, creating Preserving organizational human capital	
11	Health awareness, health certificates, knowledge in the health care domain, professional skills, understanding and attitude from self-awareness, creating trust and assurance, success, resilience, emotional resilience	Increasing human resources productivity	
12	Understanding and ability of assigned tasks, attention to citizens, responsiveness to citizens, empathy with citizens	Increasing the quality of services (to citizens)	
13	Positive thinking, positive outlook and steadfast beliefs for change, reducing negative behaviors in practice (being a role model), joy, pride, optimism	Increasing employee well- being	
14	Stress and experience of employees, stress and anxiety, potential mental health risks for employees, emotional turmoil and negative emotions, tensions, work pressure and emotional pressure, distress	Stress and psychological pressures	
15	Not responding to the needs of employees and the organization, low motivation, decision to leave service, ineffectiveness of assigned duty	Inclination to leave service	
16	Absence, lack of interest in current duty, lack of engagement with work	Demand for relocation and absence	
17	Physical illness, dispassionate and sad employees	Physical illness and issues	
18	Not reinforcing behavior, failure, lack of order and discipline, lack of activity	Low employee motivation	
19	Professional experience and observations at work, maintaining skills by creating opportunities for experimental implementation, attention to advancing individual knowledge, striving to enable employees in skills, training and empowering employee resilience		
20	Encouraging and promoting healthy behaviors, creating a positive professional environment, maintaining and improving employee health, fostering a work environment for employee mental and emotional health, positive feeling in the work environment	Cultivating health culture	
21	Fair and sufficient payments to employees, rewarding employees, providing living facilities for human resources Transparent rew reinforcing healt in employees		
22	Aligning theory and behaviors in practice, attention to administrative structures and tools with body structure, workplace safety, optimization	Ergonomics (adapting tools and workplace equipment to human characteristics)	

Following the analysis of codings, overarching themes were extracted. Overarching themes are more abstract and represent a higher level. They are produced through an analytical process of comparisons to highlight similarities and differences used at a lower level to generate concepts. Table 2 presents the overarching themes.

Table 2

The Final Results of Qualitative Analysis

No.	Overarching Themes	Organizing Themes
1	Health Leadership	Creating a vision for employee health, Health coaching, Emotional support for employee health, Encouraging and motivating employees, Psychological empowerment of employee health, Self-care, Responsibility for employee health, Participation and engaging employees in health programs
2	Health Leadership Mechanisms	Training and development, Cultivating health culture, Transparent rewarding and reinforcing health behavior in employees, Ergonomics (adapting tools and workplace equipment to human characteristics), Establishing directives for orientation (mission, vision, and strategy for employee health)
3	Antecedents of Health Leadership	Stress and psychological pressures, Inclination to leave service, Demand for relocation and absence, Physical illness and issues, Low employee motivation
4	Consequences of Health Leadership	Increasing job satisfaction of human resources, Increasing human resources productivity, Increasing the quality of services (to citizens), Increasing employee well-being

The findings of Table 2 show that the analysis of codings led to the development of 4 overarching themes (health leadership, health leadership mechanisms, antecedents of health leadership, and consequences of health leadership) and 22 organizing themes.

4 Discussion and Conclusion

The purpose of this article was to identify the antecedents, consequences, and outcomes of the health leadership model. A review of the literature indicated that despite studies conducted on leadership, a comprehensive model of the antecedents and consequences of leadership is still needed, and the results that arise from implementation are absent. The findings revealed that the coding analysis led to the formulation of 4 overarching themes (health leadership, health leadership mechanisms, antecedents of health leadership, and consequences of health leadership) and 22 organizing themes. Furthermore, the current study addressed and extracted the antecedents and consequences of health leadership which is in line with previous studies as mentioned in a recent systematic review (Niinihuhta & Häggman-Laitila, 2022).

It is possible to highlight the extraction of elements for enhancing employee health through health leadership, which themes were identified both from texts and expert interviews. The designed health leadership model presented in this study pertains to variables that in the future will provide guidelines with elements including health coaching, self-care, and responsibility for employee health aimed at motivating employees and achieving the preservation of organizational human capital and enhancing employee wellbeing, which is relevant and meaningful at the intersection of dimensions (leader, context, and followers). Leadership influence will lead to an increase in employee health. Leadership, through relationships, can facilitate gradual changes in employee health. Lorestan University of Medical Sciences, Health, and Medical Services, by adopting this model, will aid in enhancing employee health and, using effective interventions in the area of antecedents, can lead to the realization of the consequences of health leadership. The most important consequences have been identified and constructed, which can have significant outcomes regarding employee health, including; enhancing employee wellbeing, preserving organizational human assets, increasing productivity and job satisfaction, and improving the quality of services (to citizens) in knowledge-based organizations. This model is effective in reducing stress, psychological pressures, the demand for relocation, absenteeism, the inclination to leave service, and low employee motivation.

References

To actualize the potential of health leadership, understanding the identified key elements is necessary to lead to the enhancement of employee health.

This research examined the health leadership model in the health sector and has not been studied for other executive agencies, which could have effects for researchers if conducted in other cases and comparing their results. Leaders (managers) at the high, middle, and base levels of the health industry, healthcare organizations, and managers of other executive devices should, if possible, utilize the health leadership model research. The criteria for designing the appointment system and selecting professional health managers in hospital centers should be based on the health model and the necessary leadership behavioral characteristics and trainings required for expertise and experience in guidelines/instructions and circulars to be developed and communicated. Future needs for health leadership in organizational sectors should be designed and created for the future.

Acknowledgments

The cooperation of all participants in the research is thanked and appreciated.

Declaration of Interest

The authors of this article declared no conflict of interest.

Authors Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

Abdulahi, B., Karimian, H., & Namdari, M. (2015). Relationship between Organizational Commitment and Spirituality in the Workplace with Ethical Behavior of Employees [Research]. *Ethics in Science and Technology*, 9(4), 0-0. http://ethicsjournal.ir/article-1-72-en.html
Abela, S. (2023). Management of Health Tourism in Your Department. In *Leadership and Management in Healthcare: A Guide for Medical and Dental Practitioners* (pp. 209-217). Springer International Publishing. https://doi.org/10.1007/978-3-031-21025-9 26

 Beikzad, J., Yazdani, S., & Hamdalahi, M. (2011). Workplace Spirituality and Its Impact on the Components of Organizational Citizenship Behavior (Case Study: Staff of Tabriz Five Educational Zones). *Educational Administration Research*, 3(9), 61-90. https://jearq.roudehen.iau.ir/article 488.html



[.]H, S., A, A., & .H, A. G. (2016). Relationship between Transformational Leadership and Job Performance in Farabi Hospital, Iran. *Journal of Health Administration*, 19(65), 22-30. https://www.magiran.com/paper/1587384

Gurt, J., Schwennen, C., & Elke, G. (2011). Health-specific leadership: Is there an association between leader consideration for the health of employees and their strain and well-being? Work & Stress, 25(2), 108-127. https://doi.org/10.1080/02678373.2011.595947

Jiménez, P., Dunkl, A., Hofer, C., & Vogrincic, C. (2013). Leadership styles in Austria and Slovenia-a new concept of healthy leadership. Proceedings of the 2nd Chance4change International Conference, Maribor, Slovenia,

KedİKlİ, E., DemİR Uslu, Y., & Kocaman, E. (2019). A Proposal For Leadership Model In Health: Post-Modern Health Leadership. Journal of Health Systems and Policies, 1(3), 101-118. https://dergipark.org.tr/en/pub/jhesp/issue/50952/628701

Koinig, I., & Diehl, S. (2021). Healthy Leadership and Workplace Health Promotion as a Pre-Requisite for Organizational Health. Int J Environ Res Public Health, 18(17). https://doi.org/10.3390/ijerph18179260

Liu, G., & Wang, X. (2014). Ethical leadership and Ba Ling: a survey on the perception of accounting interns in CPA firms. *Chinese Management Studies*, 8(4), 642-664. https://doi.org/10.1108/CMS-09-2014-0177

Martínez, I. M., Youssef-Morgan, C. M., Chambel, M. J., & Marques-Pinto, A. (2019). Antecedents of academic performance of university students: academic engagement and psychological capital resources. *Educational Psychology*, 39(8), 1047-1067. https://doi.org/10.1080/01443410.2019.1623382

Niinihuhta, M., & Häggman-Laitila, A. (2022). A systematic review of the relationships between nurse leaders' leadership styles and nurses' work-related well-being. *International journal of nursing practice*, 28(5), e13040. https://doi.org/10.1111/ijn.13040

Porfirio, J. A., Carrilho, T., Felício, J. A., & Jardim, J. (2021). Leadership characteristics and digital transformation. Journal of Business Research, 124, 610-619. https://doi.org/10.1016/j.jbusres.2020.10.058

Rezaei, B. (2016). Nursing leadership style and its correlation with some individual characteristics (case study: isfahan social security hospitals). *Journal of healthcare management*, 6(4), 29-39. https://doi.org/10.5281/zenodo.3369304

Sadeghi, A., samsamy, t., Bikmoradi, A., & Moghimbeigi, A. (2016). Head nurses' Leadership Styles and Leadership Outcomes [Original Research]. Avicenna Journal of Nursing and Midwifery Care, 24(1), 39-49. https://doi.org/10.20286/nmj-24016

Safarmohammadluo, S., Koshki Jahromi, A., & Kheirandish, M. (2022). Designing and explaining health-oriented leadership strategies in public companies. *Career and Organizational Counseling*, 14(4), 89-122. https://doi.org/10.48308/jcoc.2022.103074

Sharieff, G. Q. (2021). Building Organizational Trust During a Pandemic. Catalyst non-issue content, 2(1). https://doi.org/10.1056/CAT.20.0599

