

Special Leadership Skills in the Management of Health Units

(Running Title: Leadership in the Management of Health Units)

Konstantinos VLASIADIS^{1*}, Zacharias VLASIADIS², Stylianos KTENIADAKIS³

¹Konstantinos Vlasiadis, MSc, PhD, PostDocRes, Coordinating Dentist 7th Health Region of Crete, Dentist Director, Dental Clinic University Hospital of Heraklion, Crete

²Zacharias Vlasiadis, Business Administration, University of West Attica, Tel: 6944955736

³Stylianos Kteniadakis, Deputy Director of the University Hospital of Heraklion, Crete, Tel: 6973791424

*Corresponding Author: Konstantinos Vlasiadis. Address: Iolis 3. Heraklion Crete, Post Code: 71409, Tel.: 6946047049; Email: vlasiadis.dent@gmail.com; Co-authors: xarisblasiadis@gmail.com (ZL); an.dioikitis@pagni.gr (SK)

Citation: VLASIADIS K, VLASIADIS Z, KTENIADAKIS S (2025) Special Leadership Skills in the Management of Health Units. American J Medi Re Heal Sci: AJMRHS-115.

Received Date: 15 February, 2025; Accepted Date: 21 February, 2025; Published Date: 27 February, 2025

Abstract

The ever-increasing demands and changing needs of society constitute a challenge for the health system, which must adapt and respond to them quickly and efficiently with alternative practices. The administrator-leader's assistance in achieving this purpose is deemed of great importance. Specifically, from an administrative point of view, ensures the accomplishment of sustainable goals through the recruitment of qualified and experienced staff, the planning of appropriate actions for the orderly operation of the health unit, predictability and proper crisis management. From a leadership perspective, the creation of a supportive climate of cooperation and trust among members, the encouragement to progress and the fulfillment of a common vision are sought. The purpose of this essay is to present the required professional skills for the management of health units and their benefits at the administrative-leadership level and for the entire workforce of a health facility. Following a bibliographic review in the Scopus and PubMed databases with inclusion criteria related to articles published during the period 2010-2024, extensive reference is made to the development of educational, informational, technological and business skills as well as the cultivation of advanced social and communication skills, and a high index of mental resilience in the context of the modernization of the administration of the units and the health system in general. In conclusion, a basic prerequisite is the emergence of the administrator as a worthy transformational leader capable of performing a variety of tasks, taking into account the needs of the unit, the staff and the wider society.

Keywords: Leadership, Management of Health Units

Introduction

A wealth of research over time has produced a range of advice on the correct and effective exercise of management/leadership in healthcare facilities [1-8]. Much of this can be summarised as the value of developing interpersonal relationships and business skills, the importance of further training and familiarity with modern digital tools, and the cultivation of resilience in the context of the broader modernisation of public administration and the restructuring of the healthcare system [9-12]. Thanks to these skills and many others, managers can emerge as competent leaders, following flexible transformational models tailored to the needs of patients, staff and health units [13,15]. Although there is no specific set of traits, skills and techniques that is universally applicable with guaranteed success in all circumstances, by means of careful evaluation of other leadership models, training, regular practice, adaptability and freedom to experiment, the manager/leader can rise effectively to their difficult and demanding task [16,17]. This involves, among other things, increasing work efficiency and productivity, improving the services provided and generally fulfilling that person's vision for the health unit [18-20].

Material and Methods

Aim of the study

The purpose of this essay is to present the required professional skills for the management of health units and their benefits at the

databases with inclusion criteria related to articles published during the period 2010-2024, extensive reference is made to the development of educational, informational, technological and business skills as well as the cultivation of advanced social and communication skills, and a high index of mental resilience in the context of the modernization of the administration of the units and the health system in general.

Management Modernisation and Transformational Leadership

Firstly, it must be stressed that it is necessary to modernise the health system in all its aspects and, more specifically, the administration of health units, with the goals of constant improvement of the services provided to citizens and, of course, the career development of the staff themselves [18]; [13]; [2]; [15]. The structural changes required for this should not be implemented only when acute problems arise, but should be carried out at regular intervals to make it easier and more efficient to anticipate and prevent possible future crises [13,15]. Furthermore, it should be clarified that the broader philosophy of the modernisation policy should not simply be aligned to that of the government of the day, nor should it be subject to any form of state interference, while the managers/leaders should serve the public interest rather than representing opportunistic party political interests [15].

The management model to be adopted by the managers involved should be the outcome of a careful assessment of other applied practices in similar circumstances; it should be adapted to the increasing demands of the times and meet the needs of staff, unit and patients, and also be characterised by flexibility and a high rate of productivity [13]; [14]; [8]. The manager must therefore devise an effective strategy to emerge as a transformational leader, following a specific model that has been linked to high rates of job performance, satisfaction, encouragement for career advancement, and organisational commitment [13]; [14]; [4]; [8]. The G. Papanikolaou General Hospital of Thessaloniki is an indicative case of the adoption of such a model, contributing to the qualitative upgrading of the medical departments and the improvement of both working conditions and staff performance [4].

The present recommended model of transformational leadership consists of four basic elements. The first is “idealised influence”, which is associated with a leader’s ability to operate as a positive role model with vision and sustainable goal-setting [4]. Based on this, the leader may seek the inclusion and harmonious cooperation of teams from different health faculties and departments, such as dentistry, pharmacy, biology, nursing, physiotherapy, occupational therapy and others [13]; [4]; [8]. Then there is “inspirational motivation”, which refers to the leader’s ability to inspire and motivate teams through a defined value system adapted to the needs of both the staff and the unit, based on the pursuit of mutual and sustainable goals [4,14].

Another special feature is “intellectual stimulation”, i.e. the ability to promote learning and foster ingenuity and creativity, by finding new problem-solving methods and by familiarising oneself and the rest of the staff with innovative technology systems [3]; [4]; Van [7]. Finally, there is “individualised consideration”, with the leader acting as a mentor, guiding members to develop individually and in groups, while respecting the individuality and needs of each. This model can lead to increased levels of job satisfaction, organisational commitment and quality of care [4]. Of course, it is stressed that, while there is an urgent need for transformational leadership, the introduction of innovative operating systems and a general restructuring of healthcare, further empirical studies are required to enhance the credibility of the various solutions and models proposed [18,8].

Training and Further Training

Knowledge and regular further training on various health issues, alongside participation in research projects, as well as on concepts and ideas related to good management and transformational leadership, including the theoretical background and organisational structure of the units, is essential [1]; [3]; [5]; [7]. Furthermore, continuing education programmes must be carefully designed based on current needs, defined learning objectives and timeframes, and available resources [5]; [8]. This can be achieved through distance and face-to-face teaching, self-study, relevant postgraduate or training programmes, seminars and clinical tutored and interdisciplinary courses offered by universities, lifelong learning and training centres and other institutions, with the desired practical clinical training [3]; [5]; [22]; [7]; [8]. It is worth noting that many postgraduate medical school programmes in various countries, such as the USA, Canada, the Netherlands and the UK, include courses on the acquisition and cultivation of managerial/leadership skills and strategies, giving

students the opportunity to adequately prepare for such positions in the future [8].

A good manager/leader should take the lead in health-related educational research in order to contribute to the global scientific and academic community [2]; [14]; [21]; [7]. They should also, by extension, encourage, supervise and participate in implementing various studies, and also in the design, application, implementation and assessment of actions and interventions related to health promotion, prevention, treatment and awareness-raising among the general public in the context of the development of research skills [2]; [14]; [21]; [7].

Furthermore, it is imperative to modernise operational services using cutting-edge, innovative systems, such as IT and digital technology, and provide for the systematic education and further training of administrative staff and the rest of the workforce [9]; [12]. In this way, a manager can assist in better decision-making, pursuing goals, increasing productivity and developing staff in terms of training, skills and creativity, as well as upgrading the equipment of the health unit in order to provide better services [5]; [9]; [11]; [8]. Such elements can make the manager a worthy transformational leader [14]; [8].

“Three-dimensional immersive virtual reality”, for example, can be used as a means of managing anxiety and other mental disorders and/or as a technique to distract patients during hospitalisation, treatment or rehabilitation [12]. It also offers the possibility of practising on rare cases or managing mass emergency situations, which would not be easy to implement in real-life settings. Moreover, it can be equally useful at an operational level, as management can define and assess the parameters that the health unit wishes to set for the planning and implementation of a project in a safe virtual environment without delays or wasting money and resources [12].

Thanks to the development of digital technology, too, the field of biomedicine has made equally remarkable progress, bringing about substantial changes in healthcare [2]; [11]. In particular, structural and functional genomics, metagenomics, transcriptomics, proteomics, and metabolomics, as well as microbiome studies, together with the valuable contributions of medical informatics and bioinformatics, biomedical imaging and information technology, are shaping healthcare in the 21st century [16]; [11]. The success of this constantly evolving field depends on collaboration between multi- or interdisciplinary approaches, including the sciences of Biology, Medicine, Biotechnology, Chemistry, Pharmacy/Pharmacology, Mathematics and Engineering [16]; [11]. The aim is to bridge the gap between laboratory research and clinical application, and to develop new or improved therapeutic approaches and means of prevention or diagnosis to improve people’s quality of life [2,11].

Here the role of the manager/leader is key. Specifically, management in the above research fields requires identifying and placing specialist scientists in collaborative teams with common goals and motives, while leadership requires building relationships of trust among members and maintaining the cohesion of these teams [9]; [6]; [11]. An illustrative example is the successful SARS project, which was created to quickly define and understand the nature of the SARS virus between February and March 2003, by establishing a dedicated team of scientists from a multitude of fields who were ultimately able to

work together in harmony to address the symptoms of the virus [19]; [11].

The Importance of Interpersonal Relations

Furthermore, the role of the manager/leader is considered essential at an effective interpersonal level [18]; [13]; [16]; [20]; [9]. They should possess superior communication skills to ensure the smooth operation of a health unit, and create a healthy environment where all stakeholders, such as upper management, medical staff of various specialties, scientific and other health personnel and others, coexist and cooperate harmoniously, actively participating in all processes [18]; [13]; [20]; [9]. The ultimate aim is to recognise the value and contribution of each member with complete respect, understanding and confidentiality, and to provide direct and targeted feedback through regular assessments and constructive dialogue [16]; [10]; [6]; [17].

Even leaders themselves must be subject to “multi-source assessment” (otherwise known as “360-degree feedback”) from supervisors, advisors, peers and faculty to check teamwork, adaptability, flexibility, commitment and more [11]. In this way, the individual, by assuming the leadership role, ensures the improvement of their own and all other members’ performance through supervision and guidance, aligning it with the values, goals and overall philosophy of the team [14]; [9].

A remarkably successful model that can be adopted is that of effective interpersonal leadership behaviour [20]. Based on this, the individual shifts among different leadership styles, from the more rigid, involving the exercise of control and giving commands, to the more behavioural and relational, based on guidance and prompting, and, of course, vice versa depending on circumstances. In any case, however, an effective leader must be aware that their behaviour may have a significant impact on their own and others’ mental health [19]; [20]. Also, even in more hard-line styles, members should be permitted to express themselves freely and feel safe, while the leader should acknowledge their efforts and prevent tensions and stereotypical behaviours [20].

Moreover, through dialogue, the leader should take on the demanding but important task of mentoring and coordinating, guiding and encouraging the other employees to take the initiative and be accountable for their actions [20]; [6]. Especially in crisis situations, it is recommended that leaders should seek and discuss effective ways of management, calmly and with sound reasoning, making the changes they deem necessary, and responsibly making difficult but important decisions for the smooth running of the units [9]; [20]; [6].

Constructive interpersonal relationships and advanced communication skills are essential characteristics that distinguish real from fake leaders [17]. This is due to the fact that the latter, being uncooperative and not open to dialogue, only care about their personal status, advancement and increased power, acquired through excessive self-promotion and appropriation of the achievements of the other members of the group. Moreover, in the absence of an ethically sound leadership, they are often untrustworthy, ineffective and inconsistent as regards the vision and philosophy of the healthcare unit [7].

Developing Business Skills

The development and cultivation of a multitude of business skills is equally important and is recommended to management executives [21]; [7]; [12]. More specifically, through the establishment of individualised staffing plans defining the short-, medium- and long-term needs of each health unit, managers are required to carefully select the candidates they consider suitable in terms of professional and academic qualifications, experience and skills, demonstrating organisational flexibility and adaptability. Subsequently, the correct division of tasks and the definition of power relationships among members within the unit is key to achieving the objectives set out from the beginning during the planning process [7].

“Healthcare Leadership through Crisis” is a programme developed and recommended for adoption and implementation by Spyropoulou (Spyropoulou, 2023) [15]. This, together with manager training in specific emergency response plans (such as the Greek “Perseus” plan for hospital emergencies and “Sostratos” for earthquakes), is based on the cultivation of leadership skills in the context of teaching various crisis management methods, assuming responsibility, ensuring the health and safety of staff and patients, and decision-making under stressful circumstances [15].

Here it is worth stressing that a health unit should also be treated like any other business, whose sustainability and productivity must be ensured alongside optimal performance, meeting needs and employee engagement [6]; [17]. The manager is also charged with managing payroll, paying staff their agreed legal wages, making contributions to the correct social security funds, maintaining dynamic financial flowcharts, developing business plans via budget studies, and monitoring potential changes that may sometimes arise in collective agreements, as well as many other issues of a fiscal nature [6,17].

A useful strategic planning tool available to health unit management is a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis [12]. Within the organisation, this covers its Strengths, such as the level of services, accessibility, experience, training and meeting the needs of employees, the use of innovative equipment, strong leadership and other elements. It also describes its Weaknesses, such as lack of health team unity and cohesion, potential mental health issues (such as burnout and stress) among staff and inadequate management of these by the manager/leader, as well as the inability to achieve goals and to delegate or perform tasks [12].

Externally, the Opportunities that the organisation exploits are analysed: namely social responsibility, revenue collection and attracting private funding, training in intercultural education programmes, digitisation of medical records and patient files, implementation of quality and efficiency certification and accreditation systems, and many others [12]. Finally, the Threats faced by the unit in the form of fiscal, economic, sociocultural and other crises, operational issues in managing bureaucratic processes or difficulty in dealing with incidents of patient dissatisfaction are reported. This tool allows managers to assess existing tactics, make necessary structural changes, identify any deviations from established goals, and, most importantly, plan the necessary strategy depending on current requirements [12].

Another duty of the manager/leader is the proper allocation of resources and also the reduction of costs without, of course, this having a negative impact on the quality of medical care provided to patients [15]; [17]. One example would be replacing spending on inefficient practices in the provision of healthcare goods and services with less costly alternatives as long as they perform equally well. There are also various unanticipated costs that may arise during the treatment of a patient, for example due to nosocomial infections, or in cases of misappropriation, overcharging for items and other forms of fraud [15,17].

A remarkable costing tool with successful practical application in many hospitals abroad that can be used by management to this end is Activity-Based Costing (ABC), as Christou notes. This model estimates the costs required to convert resources into supply of healthcare services [12]. The aim is to carry out regular quality checks, prevent incidents of over- and under-costing, and overall make the health unit more profitable as a business. It is generally suggested that managers should be trained in and become familiar with the use of such tools in order to improve health services and achieve the goals of the unit [12].

The Value of Resilience

The term “resilience” refers to the ability to adapt to various stressors, i.e. environmental and non-environmental stimuli that put pressure on an individual or a whole group, allowing problems and obstacles that may arise, especially in the workplace, to be dealt with effectively [19]. As a form of “survival mechanism”, it is a process consisting of different stages which can be summarised as identifying and reacting in time to potential threats, as well as developing flexibility and adaptation skills, and adopting an organisational learning framework and culture for dealing with possible future crises [19]. Here it is stressed that both cultivating time management skills and finding a balance between personal and professional life are necessary to develop the resilience of managers and other staff [7].

The value of resilience in the workplace can be illustrated by the example of COVID-19 [19]; [20]. Many organisations, primarily health units, have been called upon amid tight timeframes, lockdown measures, economic recession, burdened mental health and a climate of general insecurity and uncertainty to demonstrate flexibility and adaptability in order to first survive and then develop [19]; [20]. In particular, they had to diversify the roles of their respective members and their activities, as well as identify and adopt new ways of working and learning, such as distance learning. At the same time, they had to identify and address various symptoms of anxiety disorders, burnout and distress in employees that could act as a hindrance in their daily lives [19]. Leaders in particular were called upon to assume the role of “therapist”, investing time and energy in providing psychological support to members, building up their own resilience first and then that of others [20].

A well-trained leader is also called upon to secure those elements on the basis of which a healthy framework of resilience can be developed among the members of a health unit [19,9]. Examples include unity, cooperativeness, originality, and also self-efficacy, i.e. strengthening individuals’ belief that they can accomplish various goals by trusting their abilities. It is also stressed that resilience is inextricably linked to the overall wellbeing of healthcare staff, since the acquisition of the former leads to the promotion of the latter and, by extension, to high levels of satisfaction and productivity [9].

In order to acquire and cultivate the capacity for resilience, it is suggested that leadership and management adopt and implement an organisational “unlearning-learning” tactic among team members [10]. This involves both letting go of already tested techniques that were valid in specific past crises but can no longer respond to contemporary ones, and experimenting with a range of working practices and approaches, as well as exposure to new conceptual models of healthcare and resilience which will be adapted to new circumstances in which new facts apply, and which need to be addressed differently [10]; [6].

It should be noted here that there are some fundamental conditions for exercising good leadership to enhance resilience. Firstly, it is crucial to orient the set of actions according to the individual needs of each member and the infrastructure of the unit [2]; [16]. A stable working climate must also be established in which adaptability is encouraged both at the individual and team level through rules, targeted instructions and recommendations that allow rather than undermine flexibility [2]; [10]; [7]. Finally, there must be development of and advocacy for a “corporate culture”, i.e. a coherent, well-organised and respected by members system of values, behavioural patterns, communication strategies and operational structures of a health unit, as is the case in any other business, that will further the integration and coordination of the group’s activities [20].

Conclusions

In conclusion, as demonstrated by the relevant literature quoted here, there is a wealth of advice that can be given to health unit managers/leaders to help them succeed in their difficult and demanding work. Of course, there is no one specific infallible formula that applies to all situations and that details step by step how an individual can succeed in this role. Rather, emphasis is placed on a set of learnable skills, as well as certain tactics that, through frequent practice, can be applied appropriately to produce results.

More specifically, this paper describes the development, cultivation and promotion of advanced educational, entrepreneurial, social and communication skills for all healthcare sector stakeholders in a unit. The aim is to foster unity and organisational commitment to a common vision, as well as a positive climate of cooperation, inclusion and mutual respect, in which individual and team development is encouraged. The importance of strengthening resilience to enable staff to react quickly and calmly to a potential threat, while developing the capacity for flexibility and adaptability, is also emphasised. Equally valuable are computer skills and familiarity with various modern information and digital systems in order to improve the quality of the services provided, upgrade equipment, enhance employee satisfaction and increase productivity.

The overall modernisation of public administration that can be achieved by means of these skills requires the administrator to emerge as a responsible transformational leader, able to inspire, lead, continuously improve, coordinate and engage in sound decision-making under pressure. Of course, it is recommended that the individual be exposed to certain work environments, observe and internalise selected leadership models applied in them, and then use the knowledge gained to develop their own managerial and leadership skills, learning what has or has not worked well from others in similar circumstances. In this way, by selecting those practices and techniques that have made a

positive contribution, they are able to adapt and apply them to their own situation.

Even so, however, it is important that the various models and techniques recommended are subject to further empirical studies in order to increase their reliability and prevent the drawing of unreliable conclusions. In any case, it is clear that these practices can, with regular practice, personalisation and adaptation, allow a manager to emerge as a successful leader with increased chances of fulfilling the common vision and individual objectives set, and of meeting the needs of the staff, the health units and society as a whole.

References

1. Vlasiadis, K., Maisi, E., Patelarou, E., Patelarou, A. (2024). Evaluation of the educational intervention for the staff of private clinics in Crete regarding the administration-leadership. *Arch Health Med* 41(4), 512-523.
2. Bresnen, M., Hodgson, D., Bailey, S., Hyde, P., & Hassard, J. (2017). *Managing Modern Healthcare: Knowledge, Networks and Practice*. New York, NY: Routledge.
3. Dana, B., & Olson, D. (2007). Effective leadership in long term care: the need and the opportunity. *American College of Health Care Administrators Position Paper*, 1-27. Available from https://achca.memberclicks.net/assets/docs/ACHCA_-_Leadership_Need_and_Opportunity_Paper_Dana-Olson.pdf
4. Kelesidis V. (2019). Transformational Leadership in Health Services: A case study of nursing staff at the G. Papanikolaou General Hospital of Thessaloniki [Master's Thesis, School of Social Sciences, Hellenic Open University] [in Greek] Available from <https://apothesis.eap.gr/archive/item/92159>
5. Benou A. (2015). Strategy in Hospital Management with Emphasis on Staff Motivation and Training [Master's Thesis, Department of Economics, University of Piraeus] [in Greek]. Available from <https://dione.lib.unipi.gr/xmlui/handle/unipi/9009>
6. Shirey, M. R. (2007). Competencies and tips for effective leadership. *JONA: The Journal of Nursing Administration* 37(4), 167-170. Available from <https://doi.org/10.1097/01.nna.0000266842.54308.38>
7. Van Diggele, C., Burgess, A., Roberts, C., & Mellis, C. (2020). Leadership in healthcare education. *BMC Medical Education* 20(Suppl 2), 1-6. Available from <https://doi.org/10.1186/s12909-020-02288-x>
8. Yuin, Y. S., Sze, G. W., Durganadu, H., Pillai, N., Yap, C. G., & Jahan, N.K. (2021). Review of leadership enhancement strategies in healthcare settings. *Open Access Library Journal* 8, 1-14. Available from <https://doi.org/10.4236/oa-lib.1107554>
9. Vlasiadis, K., Maisi, E., Patelarou, E., Patelarou, A. (2022). Strategies to enhance financial performance in hospitals. *Int J Nurs Health Care Res*, 5: 1299. Available from <https://doi.org/10.29011/2688-9501.101299>
10. Nagem, A. (2022). Necessary skills for leadership in healthcare. *Annals of Medical and Health Sciences Research* 12(6), 1-12. Available from <https://www.amh-sr.org/articles/necessary-skills-for-leadership-in-healthcare.pdf>
11. Orth, D., & Schuldis, P. M. (2021). Organizational learning and unle arning capabilities for resilience during COVID-19. *The Learning Organization* 28(6), 509-522. Available from <https://www.emerald.com/insight/0969-6474.htm>
12. Slavkin, H. (2010). Leadership for health care in the 21st Century: A personal perspective. *Journal of Healthcare Leadership* 2, 35-41. Available from <https://doi.org/10.2147/JHL.S8082>
13. Christou A. (2022). Modern Digital Technologies in the Service of Management and Financial Evaluation of the Company's Investment. The case of a start-up company providing digital services in the health sector [Master's Thesis, Department of Informatics, University of Piraeus] [in Greek]. Available from <https://dione.lib.unipi.gr/xmlui/handle/unipi/144-43>
14. Alabed, A. I. (2017). Leadership and management in healthcare. *Smile Dental Journal* 12(1), 18-22. Available from http://www.smiledentaljournal.me/files/smiledentaljournal_files_20200303014954.pdf
15. Edwards, R. A., Venugopal, S., Navedo, D., & Ramani, S. (2017). Addressing needs of diverse stakeholders: Twelve tips for leaders of health professions education programs. *Medical Teacher* 41(1), 17-23. Available from <http://dx.doi.org/10.1080/0142159X.2017.1396307>
16. Spyropoulou Ch. N. (2023). Healthcare Leadership during the Pandemic: From preparedness to building resilient health care systems [Master's Thesis, School of Public Health, University of West Attica] [in Greek]. Available from <https://polynoe.lib.uniwa.gr/xmlui/handle/11400/3767>
17. Gilmartin, M. J., & D'Aunno, T. (2007). Leadership research in healthcare: a review and roadmap. *The Academy of Management Annals* 1(1), 387-438. Available from <https://doi.org/10.5465/078559813>
18. Sotiropoulou A. (2016). The role of Management and Leadership in Shaping the Public Hospital Work Environment: The case of the General Hospital of Corinth [Master's Thesis, School of Social Sciences, Department of Social and Educational Policy, University of Peloponnese] [in Greek]. Available from <https://amitos.library.uop.gr/xmlui/handle/123456789/2771>
19. Al-Sawai, A. (2013). Leadership of healthcare professionals: where do we stand? *Oman Medical Journal* 28(4), 285-287. Available from <https://doi.org/10.5001/omj.2013.79>
20. Förster, C., Duchek, S., Geithner, S., & Krägler, M. (2022). Developing an integrated framework of healthcare leaders' resilience. *Review of Managerial Science*, 1-24. Available from <https://doi.org/10.1007/s11846-022-00572-2>
21. Grimes, K., Matlow, A., Tholl, B., Dickson, G., Taylor, D., & Chan, M. K. (2022). Leaders supporting leaders: Leaders' role in building resilience and psychologically healthy workplaces during the pandemic and beyond. *Healthcare Management Forum* 35(4), 213-217. Available from <https://doi.org/10.1177/08404704221090126>
22. Vlasiadis, K., Maisi, E., Patelarou, E., Patelarou, A. (2022). Effective hospital management: Terms and conditions. *Arch Health Med* 39(4), 491-499
23. Scott, E. S. (2010). Perspectives on healthcare leader and leadership development. *Journal of Healthcare Leadership* 2, 83-90. Available from <https://doi.org/10.2147/JHL.S8292>