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Guest Editorial

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Guest Editorial

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Leadership development in healthcare

Health care is experiencing dynamic, rapid changes. The global COVID-19 pandemic alerted the worldwide population of the importance of this industry, but also its fragility. Indeed, increased pressure on health systems to provide care and solutions to this global health crisis resulted in adverse financial and social impacts. Though the exact impact is yet to be determined, nearly half of all hospital systems are expected to operate with negative profit margins for the next several years (American Hospital Association, 2021). Concurrently, health-care systems are experiencing worker shortages resulting from burnout, trauma and stress experienced by providers (American Nurses Foundation, 2020; Evans, 2021; Grigoryants, 2021).

Coupled with the COVID-19 challenges are changes that were already present in health care, such as the shift toward value-based care, digital transformation and an aging society (Lee and Porter, 2013; Wood, 2019). Indeed, the past decade has seen countless health-care organizations shift from patient volume to patient experience models in line with value-based care (Bass *et al.*, 2022). Moreover, health-care providers and administrators are increasingly turning to digital solutions to improve workflows, efficiencies and patient care. Finally, increased longevity and improved health of aging adults mean increased demand for health-care services and resources for this population.

Thus, leadership in health care is not an easy task. Health-care leaders face increasing demands that tap into their medical and administrative expertise to address these and other challenges. These increasing demands require health-care leaders to have a more extensive skill set, be forward-looking in their decision-making and work with an increasingly demanding and diverse set of stakeholders. In this way, health-care leaders are responsible not only for the financial viability of their organizations but also for the health of patients, the satisfaction of

providers, care delivery to underserved populations, digital transformation and regulatory compliance (Braithwaite and Travaglia, 2008; Hillman and Dalziel, 2003; Grigoroudis *et al.*, 2012). To respond productively to these demands, leaders must manage complex dynamics both within and beyond the organization, i.e. reliability, teamwork, crisis management, financial viability, network building and stakeholder management. However, how leaders navigate these complexities to drive positive outcomes for their health-care organizations is less clear. Given this, the field is ripe for new cases with insight into leadership development in health care.

Teaching cases capture health-care leaders' stories, voices and experiences as they navigate these challenges by providing contextually-driven insights for individuals across business and health-care disciplines. For students, trainees and aspiring leaders, these cases may be especially helpful for understanding the unique context of health care, or for a better understanding of health-care management.

Relevant trends health-care leaders must navigate

Health care is one of the world's fastest-growing industries, with over $10tn in spending projected by 2022 (Deloitte, 2019). Despite this growth, the industry faces numerous challenges, including care delivery outside urban areas, value-based care models, digital transformation, aging populations and public health crises. These challenges exist largely due to the interplay of high stakeholder fragmentation (Cairns *et al.*, 2006), rising costs (Popescu, 2014) and changing institutional environments (Savino and Latifi, 2019). In addition to the increased spending, there is growing pressure of consumerism in health care primarily driven by the entry of retailers such as CVS and Walmart and greater consumer expectations of providers and health-care plans (Loria, 2019).

The COVID-19 pandemic further magnified these challenges, imposing new demands on health-care providers faced with diminishing resources and the unknowable challenges the virus presented (Mental Health America, 2020). It is not surprising, then, that multiple studies and large-scale reports have indicated rising stress levels among health-care providers and, consequently, increased burnout (Evans, 2021; Landay *et al.*, 2021). Indeed, Halbesleben and Buckley (2004, p. 859) note that burnout "is the result of a significant accumulation of work-related stress," indicative of what health-care providers are experiencing today.

To navigate these challenges and find paths toward a sustainable future, the field is ripe

for new insight into the leadership development process for health care. Indeed, health-care leaders are responsible not only for their organizations' financial viability but also for the positive outcomes and experiences of patients and providers (Braithwaite and Travaglia, 2008; Hillman and Dalziel, 2003). The key element of leadership in the future of health care, thus, is the ability to build and manage complex dynamics occurring in the space between the organization and a wide range of internal and external stakeholders. In doing so, leadership development must focus on building new capacities and knowledge of how to remain adaptive in the face of novel and unknown challenges (Milosevic *et al.*, 2017; Uhl-Bien and Arena, 2018). The purpose of this special issue, thus, is threefold. First, we hope to elucidate the challenges health-care leaders will face now and in the future. Second, given the growing interest in the leadership development process on the business side, we worked to bridge the insights across fields and present theory-informed, evidence-based cases relevant to health-care providers. In doing so, our final objective is to bring business tools for analysis and solution generation to the forefront in complex contexts such as health care. We present the theoretical background of our endeavor next.

Key components of successful leadership development in context

Leadership development continues to be an essential yet increasingly complex process in contemporary institutions due to the ever-increasing external pressures for change and the need for leaders to navigate them (McCall, 2010). Leadership development embodies "expanding the collective capacity of organizational members to engage effectively in leadership roles and processes [.. .] those that generally enable groups of people to work together in meaningful ways" (Day, 2000, p. 582). In doing so, it positions organizational members to optimally learn from problems by building collective capabilities across contexts and enhancing anticipation of future challenges (Day *et al.*, 2021; Dixon, 1993; Milosevic *et al.*, 2017; Uhl-Bien and Arena, 2018).

Given the numerous and dynamic changes the health-care industry has been experiencing, developing leaders able to navigate those changes and anticipate future opportunities becomes essential. According to Day *et al.* (2021), successful leadership development must embrace a longitudinal perspective in which reflection, building experience and engaging in learning are present, in addition to critically examining biases and inequity. In

terms of a longitudinal perspective, any effort at development must consider time, even assuming development as a lifelong pursuit occurring via careful interweaving of bottom-up (experiences leading) and top-down (formal learning) approaches (Guerin et al., 2011; Liu et al., 2021; Murphy and Johnson, 2011). Indeed, Liu et al. (2021) point to the importance of "dynamic experiences" across the lifespan and in the multiple work and nonwork contexts for leadership development to occur.

In terms of the learning process, leadership development must create opportunities for both bottom-up (i.e. experiences leading) and top-down (i.e. formal learning) acquisition of new knowledge (Sun and Zhang, 2004). Through top-down opportunities, organizational members learn about leadership skills and what makes leaders effective across various situations through classes and readings on the topic. The assumption is that when organizational members are exposed to new knowledge, they are more likely to embrace it and use it in their daily activities (Day et al., 2021). Conversely, bottom-up acquisition of new knowledge occurs through experiences in which leadership activities provide the opportunity to experience real-life skill development. However, the extant literature tends to overemphasize the acquisition process and underemphasize the importance of reflection on the content learned and experiences gained (Day, 2010). Indeed, as Day et al. (2021) argue, new learning may not turn into action without ongoing reflection and coaching.

Finally, a growing concern within leadership development is bias and inequity in access to development opportunities (Acker, 2006; Dugan, 2017). Due to limited resources in many organizations, leadership development opportunities tend to be reserved for those *perceived* as having the greatest leadership potential (Day et al., 2021; Silzer and Church, 2010). However, given the lack of established measures of leadership potential, bias may permeate those perceptions leading to inequitable access to development opportunities (Church et al., 2021). Indeed, a number of studies have pointed to the lack of inclusivity in boards and CEO suites, increasing tokenism and slowing down the advancements of diversity and inclusion (Bass, 2019; Combs et al., 2019).

Therefore, the literature on leadership development offers guidance and opportunities for improvement in the process via careful consideration of teaching cases. Teaching cases allow for a more longitudinal approach to development, combining the top-down and bottom- up acquisition of knowledge with reflection on the new skills and inclusion of diverse voices through

the careful selection of contexts and authors. Finally, selected teaching cases focus on the specific tools and frameworks leaders in health care may use to analyze complex situations and generate innovative solutions.

Special issue: Leadership development in health care

In this special issue, you will find six teaching cases on Leadership Development in Healthcare. We sought to curate a collection of cases focused on complex decision-making as it is experienced by leaders in health care, with special attention paid to some of the challenges identified above, including leadership in digital transformation, for aging populations and during COVID-19. The future of health care relies on strong, adaptive leaders, and these cases provide the opportunity for students and instructors of many varieties to explore the unique challenges and opportunities health-care leaders face. More specifically, these cases provide insight into recent advancements in evidence-based management research, enable the development of actionable knowledge and skills based on contextually relevant insights and provide tools to build and enhance critical thinking and the ability to generate solutions to complex issues.

All of the cases focus on situations or challenges encountered by health-care leaders to provide insight into the complexities that these leaders face in their workplaces (see Table 1 for details):

- a predicament of oxygen supply system at an Indian hospital during COVID-19;
- Albert Bourla: leading Pfizer's successful vaccine rollout to tackle the COVID-19 pandemic;
- CitiusTech: employee engagement amidst disruption;
- Dozee: Crafting opportunities during the COVID-19 pandemic;
- lessons on social entrepreneurship in the health sector – the Swasth story; and
- Moderna's Spikevax: a prickly pricing decision.

Table 1 Cases in the special issue

Case title	Case format	Target audience	Authors	Synopsis	Decision focus
A predicament of oxygen supply system at an Indian hospital during COVID-19	Case study	Undergraduate and post-graduate programs in health-care management, hospital administration and hospital operations	Ankit Singh, Meenal Kulkarni and Avinash Poojari	This case is about Trident Hospital, which faces issues pertaining to oxygen supply. Trident hospital has been facing the issue of unreliable oxygen supply for the past two years. The existing situation can lead to patient harm or death and can attract medico-negligence suit against the hospital, threatening the overall existence of the hospital	Raghugopal Ramalinga, the Chief Hospital Administrator, must figure out how to improve his hospital's unreliable medical oxygen supply
Albert Bourla: leading Pfizer's successful vaccine rollout to tackle the COVID-19 pandemic	Case study	MBA/MS level courses focusing on effective leadership and decision-making and crisis management	Hadiya Faheem and Sanjib Dutta	This case discusses Pfizer's rollout of the Covid-19 vaccine. In March 2020, leaders of pharmaceutical giants worldwide were in no way prepared to find a cure for the disease caused by the novel coronavirus. Albert Bourla sought to do something to address the problem, and in December 2020, the Food and Drug Administration approved the Covid-19 vaccine developed by Pfizer	Addressing challenges related to setting up infrastructure in various countries and planning future collaboration
CitiusTech: employee engagement amidst disruption	Compact case	Undergraduate courses focusing on leadership, industrial and organizational psychology or human resources management	Michele M. McGowan, Bhagwati Prasad and Marc C. Marchese	The case is set in 2020 when CitiusTech's business operations were disrupted as its customers suspended work on health-care technology projects to focus on the COVID-19 pandemic. CitiusTech's CEO found himself with a large, underused talent pool and a significant loss in revenue. Instead of laying off highly skilled and trained employees, CitiusTech took a long-term view of the situation	Had the CEO done enough to create, sustain and enhance employee engagement and position the company to scale up fast as customers resumed projects and the business continued to grow?
Dozee: Crafting opportunities during the COVID-19 pandemic	Case study	MBA and executive-level courses related to entrepreneurship and business model innovation	Anita Kerai and Nycil George	This case traces the entrepreneurial journey of Dozee, a remote patient monitoring system in India. The primary customers of Dozee's offering were households with elderly citizens and health-conscious individuals. When COVID-19 hit, Dozee chose to pivot from a	The company needs to decide how to position the company, as a personalized home-based health solution or hospital-based health solution or both, to leverage opportunities during and after the COVID-19 pandemic

Table 1

Case title	Case format	Target audience	Authors	Synopsis	Decision focus
				home-based individual customer segment to a medical-grade device provider for hospitals could significantly increase the scale and scope of the offering for Dozee, but it would also place Dozee in direct competition with other health monitoring devices from different business categories	
Lessons on social entrepreneurship in the health sector–the Swasth story	Case study	Undergraduate and postgraduate business management students studying general management, entrepreneurship and strategy	Arjun Chakravorty and Sundeep Kapila	The case brings into focus the health-care system of India especially in the context of the urban poor and the challenges they are facing, followed by the initiatives taken by Swasth foundation and the impact it is trying to create. In addition, the case delves into Suraj's (Swasth's founder), entrepreneurial journey and the three pivotal decisions that changed the course of his organization over 11 years	As Suraj and his team are trying to bring about the required changes through the third pivot, what can he and his team do to successfully implement the changes? How will they communicate the rationale behind these change initiatives to internal and external stakeholders?
Moderna's Spikevax: a prickly pricing decision	Compact case	MBA and executive-level courses related to marketing, pricing and strategic leadership	Sunny Vijay Arora, Vidyut Lata Dhir and Malay Krishna	This case highlights the decisions facing Moderna, Inc. related to pricing of its COVID-19 vaccine in the European Union (EU) in July of 2021. The CEO, Stephane Bancel, must balance the need for improving shareholder returns with the call to act responsibly during a global pandemic	Should Moderna raise prices or hold prices constant? What other options might be available to the CEO?

Thank you to *The CASE Journal* for providing the arena for a special issue on this important topic. Thank you to all the authors who responded to this special issue call and submitted their work as it reflects their research and experience with leadership development in health care. Thank you to the authors who plan to continue developing cases and advancing our knowledge on this topic. It is challenging to collect data in this context, and we appreciate the current and future authors' perseverance to tell the stories of leaders in health care and the challenges they face.

We would especially like to thank the work of all the reviewers who provided valuable feedback throughout the review process. Without your insights, the special issue would not have come to life and we would not have these strong contributions to our understanding of leadership development in health care. Thanks to the North American Case Research Association (NACRA) for allowing us the venue to present a symposium on this topic, and to Dr Abbey Fingeret and Dr Kristin Sohl for sharing their stories as health-care leaders with NACRA attendees and calling attention to the need to have this special issue. Finally, a special thanks to Gabriella (Ellie) Rizzo for sharing her time, energy and expertise in bringing this special issue to life. Your knowledge of both the business and health-care worlds helped shape this special issue and the cases therein.

Our gratitude is evidence of the large community of people that were needed to make this special issue a success, and we hope that the knowledge shared by this special issue continues to inspire work in this area and advances our understanding of leadership development in health care.

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