

Chapter 12

Inclusive Leadership in Health Care Organizations: Promises and Prospects



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Introduction

Leadership development programs have been far from being unnoticed in health care sector. Instead, they have been attributed an increasing institutional attention in healthcare organizations, assuming a wide variety of forms and perspectives. This may be due to the fact that leadership styles appropriate to the particularity of the health care sector can generate considerable benefits to many stakeholders. Health care organizations can thus reap significant benefits from employing leadership models pertinent to their functioning, vision and mission. Not infrequently, such benefits comprise higher return on investment, improved team and organizational performance, higher levels of team cohesion, as well as an improvement of specific management competencies.

Seidman et al. (2020) identified four potential organizational-level benefits to leadership training programs, namely, synergies with other medical staff, improved patient psychological safety and feelings of satisfaction, tangible benefits from implementing multiple projects and finally, an increasing confidence in training efficiency through cultivating new leadership-related skills. Chakraborty et al. (2021) reiterate that high quality patient care can be secured only if healthcare leaders focus on effectively integrating investment on technological equipment with an endeavor to build and sustain effective healthcare teams. Leadership during a pandemic crisis in particular, cannot be viewed as an individualistic, but rather as a collaborative endeavor that affects society in general (Halverson et al., 2021; Javed

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& Chattu, 2021). Arguably, effective teamwork could not only significantly reduce medical expenses, but also facilitate healthcare organizations to operate in a way that combines high quality services, economic efficiency and organizational performance.

The paper seeks to fill a gap in research on healthcare leadership by suggesting that capitalizing on the potential benefits from leader inclusiveness is a sustainable and cost-effective healthcare strategy. The study is structured as follows: In the first section, we briefly review the core constituents of the inclusive leadership construct, and examine possible antecedent and outcomes of inclusive leadership. In the second section we discuss current conceptualizations of leadership, as well as models and styles of leadership with respect to health care organizations. We then proceed to indicate potential multilevel (individual, group, organizational and societal) benefits from introducing inclusive leadership styles in healthcare sector. In the following section we demonstrate the potential of inclusive leadership to address issues of extreme necessity that may arise in these settings. In the discussion section we underscore the importance of inclusive leadership in managing new challenges emerging in recent pandemics situations. Finally, implications for practice are examined and recommendations for further research are made on potential avenues of research on leader inclusiveness in healthcare organizational contexts.

Inclusive Leadership: Definitions, Predictors and Outcomes

Inclusive leadership stresses the notion that everyone matters, thus, employees feel that they have equal opportunity to contribute in the process of change (Younas et al., 2020). In existing literature, there are multiple definitions of inclusive literature. Carmeli et al. (2010) defined inclusive leadership as “leaders who exhibit visibility, accessibility, and availability in their interactions with followers” (p. 250). Nembhard and Edmondson (2006) defined inclusive leadership as ‘words and deeds by a leader or leaders that indicate an invitation and appreciation for others’ contributions’ (p. 947). According to Booyesen (2014), inclusive leadership is “an ongoing cycle of learning through collaborative and respectful relational practice that enables individuals and collectives to be fully part of the whole, such that they are directed, aligned, and committed toward shared outcomes, for the common good of all, while retaining a sense of authenticity and uniqueness” (p. 306). Furthermore, inclusive leadership refers to behaviors that collectively facilitate all group members’ perceptions of belongingness to the work group and that encourage group members contributing their uniqueness to achieving positive group outcomes. Such behaviors could be the following: supporting individuals as group members, ensuring justice and equity within the group, promoting individuals’ diverse contributions to the group, helping individuals fully provide their unique perspectives, and abilities to the work of the group (Randel et al., 2018). Inferentially, inclusive leadership has minimal overlap with existing conceptualizations of leadership and the key tenets of inclusive leadership are not fully captured by other leadership styles.

Inclusive leadership has not received much attention, while there is a lack of agreement about what it involves and how it should be measured. In the small body of research on leader inclusiveness, evidence has shown a positive relationship between inclusive leadership and employee perceptions of psychological safety, which in turn predicted employees' creativity. Empirical work has also revealed that inclusive leadership is positively related to unit performance, innovative work behavior through psychological empowerment and change-oriented organizational citizenship behavior via behavioral integrity and trust in leadership. Inclusive leaders also exhibit attributes such as openness, availability and accessibility (Choi et al., 2017; Javed et al., 2019; Randel et al., 2016; Shore et al., 2018; Younas et al., 2020).

There are individual characteristics, such as pro-diversity beliefs, humility, and cognitive complexity, which have the potential to increase an individual's propensity to engage in inclusive leadership behaviors. Inclusion, such as belongingness and uniqueness, should have a positive impact on work group identification and psychological empowerment, which in turn should lead to positive behavioral outcomes (Ashikali et al., 2020; Randel et al., 2018). Researchers have consistently demonstrated that simply having diversity on a team alone does not automatically lead to desired outcomes of greater productivity or creative thinking (Booyesen, 2014). Inclusive leadership is needed to support an inclusive climate in which different team members are valued for what they bring to work practices, creating an environment in which they develop opportunities for individuals to express diverse viewpoints (Ashikali et al., 2020). In an inclusive culture where employees experienced high support from their leadership, employees tended to risk disagreement with their leadership and challenged the current situation by showing innovative work behavior. Inclusive leadership is a more powerful and relevant conducive leadership style for employees' ideation, promotion and implementation (Carmeli et al., 2010; Javed et al., 2019).

Inclusive leadership is an important situational factor that plays a significant role in fostering change-oriented organizational citizenship behavior. Inclusive leaders practice fairness regarding employee needs, communicate openly, and develop constructive professional relations with their employees. For instance, managers should take the responsibility for failures instead of blaming employees to prevent employees from under-performing in the future. In addition, managers should exhibit acts of kindness and empathy toward their employees, while employees should be given timely and constructive feedback, which will ensure their productivity and commitment. Managers should elicit trust by initiating quality relationships based on mutual obligation, the maintenance of the long-term relationships, a high level of confidence, and open communication. Furthermore, managers must share their power with the employees, so that employees perceive that leadership has faith in their abilities, which will further promote their trust in the leadership, which could be enhanced when employees see coherence between a leader's words and actions (Javed et al., 2019; Younas et al., 2020). Encouraging inclusive leadership behaviors holds promise for improving the work experience of all work group members and the effectiveness of their groups and organizations.

Models and Styles of Healthcare Leadership

General Conceptualizations of Leadership in Healthcare Sector

Current conceptions of leadership in health care organizations are usually entwined with individualistic discourses placing an emphasis on social hierarchies, rigid structures and predefined task and role allocation. For instance, Gordon et al. (2015) found that UK trainees typically endorsed more conventional understandings of leadership and followership, which were profoundly influenced by the organizational settings in which these trainees operated. The authors contend that, unless leadership experiences in the workplace cease to be grounded on individualist styles, organizational change reflecting a relational ethos is far from being operationalized, despite the positive effects of leadership training and educational programs.

Competent leaders play a crucial role in enhancing service quality of healthcare sector and secure the overall sustainability of the healthcare system. Leadership quality is pivotal to fostering patient-centered care and satisfaction of employees in healthcare settings. Harris and Mayo (2018) advocate leadership styles that explicitly seek to enhance innovation, promote an ethics of care, stimulate opportunities for excellence, and advance leader ethical integrity. Kakeman et al. (2020) introduced a new model that encompasses seven core leadership competencies, namely: evidence-informed decision-making, undertaking operations, flexible administration and resource management, good knowledge of healthcare environment, interpersonal communication qualities/relationship management, leading subordinates and organization with empathy, enabling and managing change, and exhibiting professionalism.

The importance of leadership remains critical for any endeavor that seeks to nurture organizational cultures ensuring high-quality care. Not unexpectedly however, health care organizations face unpredictable challenges in their effort to sustain ethical cultures that provide an increasingly improving, compassionate and inclusive care for both staff and patients. West et al. (2014) in particular claim that primarily a collective leadership style ensures that staff assumes proper responsibility for maintaining high-quality services. Brown (2020) posits that leadership styles focusing on healthcare excellence and quality improvement are much in alignment with effective leadership processes that in turn foster governance engagement, as well facilitate valuable reflexivity at the governance level.

As implied earlier, there is a research interest in abandoning purely individualistic leadership models and focus on relational styles that can perform more effectively in collective multi-agency teams. More specifically, Edmonstone (2020) underscores that there is a need to move beyond a focus on an approach to leadership development, which is confined exclusively to health care provision. The author contends that, given the economic, social and organizational constraints within which health care organizations operate, we should promote leadership types deeply embedded within health and social care systems, rather than examining them

in isolation from their social environment. Before exploring the dimensions of inclusive leadership within healthcare systems, we shall discuss in brief certain leadership styles often encountered in the respective leadership literature in order to highlight the potential affinity of some of them with the inclusive leadership constructs.

Leadership Styles in Health Care Leadership

Various leadership styles have been examined in the extant literature on health care leadership. Among them, transformational leadership has been conceptualized in a way that pertains to the particularities of healthcare organizations. Undoubtedly, this leadership style has significantly influenced health care strategies during the last decades (Lo et al., 2018). Several others leadership styles have been equally considered as appropriate to health care leaders. Beirne (2017) advocates a form of distributed leadership in healthcare, assessing the degree to which it embodies a comprehensive set of values, meanings and practices. This leadership style is precisely the required one to foster collective processes and enhance relational abilities, substantiated in inclusive initiatives that promote leader-followers interactions aiming at effective social exchange through mutual learning.

Shared leadership is another leadership style supportive of health care relational issues. Shared-leadership provides a suitable alternative to more conventional approaches to health care leadership, because of its innate potential to encourage collaborative behaviors that effectively meet new demands of healthcare organizations (Willcocks & Wibberley, 2015). Idelji-Tehrani and Al-Jawad (2019) demonstrated that, despite its limitations to fully resist gender stereotypic representations, shared leadership remains a feminine model, centered on distribution of power and genuine compassion. In this respect, shared leadership supports inclusion as a feminine model that challenges the dominant masculine aspects of health care leadership. Shared leadership is further invested with a capacity to suggest innovative solutions to emerging organizational challenges, despite certain ambiguity that underlies the effect of shared leadership on healthcare team innovation (Mitchell & Boyle, 2021).

High-quality, compassionate care is a priority and ultimate goal of health care organizations. West and Chowla (2017) favor a type of collective leadership that nurtures an organizational culture pertinent to health care. Caring for the health of others, they argue, requires compassion, empathy, helping behaviors and mutual understanding. Compassion in organizational settings is universally valued as an intrinsically moral good to be properly developed and sustained. Leadership styles anchored in compassionate responses to staff and patients are deemed of the utmost importance for enabling compassionate health care practices. This necessitates a substantial paradigm shift, from individualistic to more relational conceptions of leadership development. Compassionate leadership has been advocated as more

akin to collective holistic approaches based on views of human nature that bear sound philosophical and anthropological connotations.

Compassionate leader acts as embedded in every day practice are integral to a new organizational culture respectful of human social identities (Hewison et al., 2018). Ali and Terry (2017) contend that compassionate leadership involves a proper role modelling, person-centered care and compassionate attitudes insofar as caring with compassion is pivotal to the wider medical community. Zulueta (2016) argues that compassionate leadership presupposes appropriate training and well-being programs, as well as maintaining high levels of trust and mutually supportive interpersonal relations. In this view, relational care has to be integrated into a coherent framework that allows for opportunities of a genuine dialogic process between patients, staff and managers, in view of shaping pathways to flourish in ambiguous and uncertain conditions. Worthy to mention at this point is the widely held recognition that compassionate leadership is deeply embedded in acts of ethical caring, a fact that makes this type of leadership more relevant and akin to inclusive leadership, compared to other leadership models discussed here.

Benefits of Health Care Organizations from Inclusive Leadership

Though other types of leadership have been thoroughly examined in healthcare leadership literature, there is an emerging research interest in inclusive leadership styles as more pertinent to health care leaders. We proceed to discuss in brief contributions that move to this direction by considering the multilevel outcomes of inclusive health care leadership on individuals, organizations and communities in general. Though inclusive leadership in healthcare organizations has close affinities to relevant leadership styles such as compassionate and caring leadership, it remains a distinct construct that embodies the above dimensions of care and compassion. In this respect, we shall differentiate between multi-level outcomes of inclusive leadership, based on the scant empirical evidence on leader inclusiveness in healthcare organizations.

Micro-individual Outcomes

Health care policy has to meet the challenges of an increasingly diverse environment, through adopting a more inclusive, humane, and life-giving leadership style that is in a position to foster psychological well-being of both patients and medical staff. Bradley (2020) posits that engaging diversity in a meaningful manner necessitates an inclusive leadership-style that embraces difference perspectives so that all healthcare workers feel valued and appreciated. Such leader behaviors are expected

to encourage participative procedures, as well as to constructively manage conflicting demands and work tensions by reminding the ultimate shared goal of saving lives.

As a result, the delivery of high quality, compassionate care will positively affect individual psychological and physical health outcomes of all stakeholders. Employing an inclusive leadership style tends to become an imperative for compassionate healthcare provision; furthermore, it can be viewed as a prerequisite for shaping an inclusive and caring organizational culture within which the ultimate goal of saving human lives is expected to thrive (Edwards et al., 2018). Bidee et al. (2017) found that volunteers' perceptions of inclusion in healthcare organizations were positively related to feelings of intrinsic motivation, insofar as their basic needs for autonomy, competence, and relatedness were considerably fulfilled in inclusive environments. These healthcare workers were intrinsically motivated due to the fact that they experienced an inclusiveness climate which in turn, stimulated feelings of competence and of relatedness and proximity to others.

Group Level Outcomes

Inclusive leadership influences team cohesion and performance in many significant respects. Minehart et al. (2020) found that an inclusive leader will encourage her/his team members to participate in decision-making processes, thus engendering team cohesiveness, information sharing and proactive voice. Enhancing group performance appears as a by-product of the relational aspects epitomized in inclusive leadership behaviors. Such inclusive behaviors result in beneficial group outcomes by mitigating tensions and capitalizing on the innate potential of all team members, thus substantially improving quality of healthcare services. In sum, inclusive leadership is in a position to elicit increased group performance by realizing improved intra- and inter-team interactions, thus providing high quality care to patients.

Organizational Outcomes

Inclusive leadership is a substantially person-centered approach that focuses on followers' empowerment through personal development, thriving and psychological well-being (Amin et al., 2018). As previously discussed, inclusive leadership initially originates in relevant leadership theories such as compassionate and shared leadership, yet it remains a distinct construct that significantly differs from other leadership styles. Inclusive leadership is an efficient mechanism for constructively managing diversity conflict and as such, it presupposes an inclusive organizational culture supportive of diversity. Leader inclusiveness interacts with an inclusive culture: inclusive leadership flourishes in psychological safety and caring environments that in turn, enhance the efficiency of inclusive practices. Moreover, leaders'

inclusive practices affect organizational cultures by shaping more humane and compassionate work environments reflective of, and commensurate with, the principles of inclusive leadership.

Macro-societal Outcomes

Beyond micro- and meso-level outcomes, inclusive leadership is invested with important societal connotations. The COVID-19 pandemic triggered differential access to health care services and relevant major inequities that reflect the social determinants of public health (Breny, 2020). In view of attaining a desired level of health equity, organizations have to resort to strategies and policies that promote diversity and inclusion, among them to foster inclusive leadership.

Healthcare inequality originates in an asymmetrical distribution of income, power, status and social privilege. Such factors, exacerbated by inefficient economic policies and lack of social planning, are deemed the social determinants of healthcare inequities that often result in experiencing social exclusion, marginalization and social isolation (Clarke et al., 2017). Mitigating such inequities and alleviating vulnerable groups requires inclusive leadership practices that have to be properly contextualized, depending on social and cultural setting, geographical area or targeted focal groups.

Inclusive Leader Responses to New Healthcare Threats

Inclusive leadership can be applied in many situations to healthcare sector in a way that bears beneficial connotations at multiple levels. Leader inclusiveness involves an invaluable potential in handling incidents in cases of extreme necessity, of uncertainty and ambiguity such as those that reveal a severe health care crisis. Inclusive leadership in this respect incorporates a crisis management potential that is conducive to effective responses to new emerging healthcare threats.

As already discussed, extant literature on health care leadership remains replete with employing a variety of leadership styles pertinent to healthcare sector, among them transformational, servant, distributed, situational and shared leadership types. Kalina (2020) contends that a consensus leadership model promotes stakeholder inclusion within healthcare sector in a way that it is perceived as a preferential leadership model for organizations that highly value inclusion. Through such a leadership type people are afforded the opportunity to make a positive contribution to decision making processes that can affect them.

The capacities of inclusive leaders have not been unnoticed in the respective literature. For instance, He et al. (2021) explored the impact of socially- responsible human resource management on employee perceptions of external threats during the COVID-19 peak. Findings showed that this leadership style which has a close

affinity to inclusive leadership mitigated employee fears by enhancing trust in their organizations. In addition, when the pandemic was at its peak, the negative effects of socially responsible HRM on employees' experience of threat were more significant. Furthermore, inclusive leadership functions as a sustainable mechanism that reduces psychological distress during a pandemic crisis. Inclusive leadership style can fuel the necessary mechanisms to alleviate psychological distress for healthcare staff by shaping a psychological safety work environment (Ahmed et al., 2020a; Zhao et al., 2020).

Gender equity and the concomitant inclusiveness of women induces beneficial effects on public health during a pandemic crisis such as that of COVID-19. Leung et al. (2020) showed that the representation of women in public health policy making systems ensured the so much needed efficient delivery of public health services. However, the COVID-19 pandemic involved situations that significantly worsened gender disparities in health care organizations, a fact that necessitates diversity, equity, and inclusion interventions that are in a position to proactively contribute to reinforce women's advancement and mitigate a pandemic adverse effect on female staff (Jones et al., 2020). Accordingly, an advocacy for a gendered representation in decision making and leading procedures is of critical importance to adequately address the complexities of pandemics in view of more effectively supporting vulnerable groups (Meagher et al., 2020).

Beyond women, people with disabilities may also experience an adverse effect on their psychological well-being, in particular negative feelings that are exacerbated by the COVID-19 crisis. More specifically, the current pandemic deteriorated the economic conditions of such a group through a considerable loss of income as well as through productivity losses from limited access to healthcare services. Banks et al. (2021) argue for the implementation of policy initiatives that are expected to alleviate this socially disadvantaged group through innovative and inclusive responses to new pandemic situations. Between them, inclusive leadership will encourage these people to feel more appreciated through new opportunities that will facilitate their participation in both work and health care sectors.

Discussion

Inclusive Leadership During COVID-19 Pandemics

The COVID-19 pandemic unraveled the social norms and power structures that can privilege certain groups over others in their access to health care systems. In sharp contrast to more affluent and resourced communities, socially vulnerable communities appear far less resilient in their ability to initiate effective responses to new pandemics emergencies (Gaynor & Wilson, 2020). Moreover, new pandemics may have differential effects on social identity group compared with more privileged groups (Avery, 2020; Milliken et al., 2020).

Domínguez et al. (2020) perceive of the current pandemic as an opportunity for social transformation that underscores the need for more inclusive and equitable health care policies. The authors contend that health care leadership can initiate systemic change, either by supporting organizations that focus on the needs of disadvantaged groups; or by encouraging policymakers to consider the health equity and the concomitant needs of marginalized communities. Equally importantly, fostering a capacity for effective collaboration between various policymakers is a prerequisite of any endeavor to meet the multiple needs of vulnerable individuals; as well as to give a new impetus to the formulation and implementation of agendas that prioritize the physical and psychological health of people who are mostly threatened by new pandemics. As argued earlier, inclusive leadership in health care sector has a strong potential to help mobilize valuable resources in the pursuit of these goals.

The global experience of COVID-19 raised several issues on persisting inequalities, psychological distress as well as the challenges of public and private leadership in the face of adversity (Lee, 2020). The expansion of coronavirus disease requires an effective response from leaders around the globe. Although the pandemic remains a ubiquitous problem, political leaders have substantially varied in their responses resulting in differential outcomes in terms of reconciling opposing goals, securing public health and maintaining economic stability and a desired level of prosperity. Mitigating such a tension is deemed a difficult endeavor, and leaders have often adopted contradictory approaches to making sense of the impending crisis, ensuing in different types of decision making under uncertainty.

Kaul et al. (2020) identified the primary leadership principles pertaining to handle such a major crisis: a realistic as well as optimistic view of the current state, the need for communication, a focus on mission and essential values, decision making amidst ambiguity, effective planning, leading with purpose and humility, flattening the leadership structure, and exhibiting openness to others. Leaders should place an emphasis on values-based leadership by communicating with clarity, meaning and empathy (Mather, 2020). In a context of extreme uncertainty and ambiguity in healthcare management, human resilience can exert a buffering effect on negative psychological outcomes. Everly et al. (2020) introduced a strategy for crisis leadership grounded in increasing resilience among healthcare workers. Promoting crisis leadership comprises four critical dimensions, namely a shared vision for the future, decisiveness, effective communication strategies, and leading with a moral compass.

Hajry (2021) argues that official responses to the COVID-19 pandemic involve an ethical dimension. Governments are in a position to mitigate the detrimental public health outcomes of the pandemic, yet they have to publicly explicate and communicate the adopted rationale to secure social trust in public health management. For instance, merely assimilating new information through media consumption by the public may foster prejudicial responses that undermine public health efforts to meet the challenges of COVID-19 pandemic (Dhanani & Franz, 2020). In this respect, public leadership should resort to a wide spectrum of justificatory arguments, from health utilitarian to normative deontological argumentation, even to a sort of republican political philosophy or to traditional common good narratives. Employing however any type of policy justification is far from being

uncontroversial, yet the lack of sound justificatory basis for undertaking large scale health interventions contravenes the foundational principles of liberal, pluralistic democracy that has to balance public health and primary individual liberties.

In the aftermath of the healthcare crisis, more traditional leadership attributes should be supplemented with ethical leader qualities, among them the core values of altruism, fairness, empathy, courage and resilience. Markey et al. (2020) notice that managers who exhibit ethical behavior and resilience in response to the current pandemic are in a position to reap beneficial outcomes for their teams. Aligning managerial and ethical leadership with other leadership styles necessitates efforts to foster ethical vigilance, nurture caring behaviors and cultivating attitudes of inspiring, motivating and empowering followers and subordinates. Improving health leadership ethics can provide an impetus for mitigating overt and covert discrimination and reducing healthcare inequalities. However, healthcare leadership in response to global health crises needs to be complemented by ethical leadership because the former does not emerge in a societal vacuum, but it is deeply embedded in social and economic systems (Munezhi & Hammad, 2021).

In a similar vein of reasoning, Graham and Woodhead (2021) argue that health care leaders should adopt compassionate, inclusive and effective leadership empowering and supporting staff, building positive relationships, exhibiting connectedness, honesty and transparency, and employing participative governance systems. They thus endorse an ethics of care that will be in a position to meet new demands arising amidst the new pandemics. Our argument on inclusive leadership is much in alignment with these remarks. Undoubtedly, inclusive leadership can significantly motivate leaders to address these challenges by displaying such profoundly humane behaviors that will help both medical staff and patients being valued, appreciated and respected as human beings in their entirety.

Implications for Practice

Managing the unprecedented COVID-19 crisis has initiated a set of proper responses to address emerging problems, issues and dilemmas. In so doing, healthcare leaders advanced numerous ‘best practice’ models and leadership strategies intended to achieve proper situation monitoring, mitigation and containment, as well as the delegation of adequate funds to areas facing extreme necessity. These strategies underscore the virtue of mindfulness of the ethical dilemmas that arise in concrete situations. Nicola et al. (2020) posit that exemplary leader attributes consist in being compassionate, open, resilient and highly communicative so as to foster purposeful action so much needed to strengthen a coherent public health endeavor. These leader attributes can well resonate with an inclusive leadership style.

Fernandez and Shaw (2020) indicated a number of best leadership practices that can help address unpredictable challenges such as those the new pandemic poses to healthcare sector.

- *First*, a type of servant leadership that prioritizes empowerment, involvement, collaboration, emotional intelligence and emotional stability would help leaders act on the basis of other-centered motives.
- *Second*, leaders should adopt distributed leadership styles to enhance quality of decision making process in crisis resolution and
- *Third*, leaders should engage in open communication with all stakeholders, thus developing flexibility as well as an invaluable adaptive capacity to tackle with difficult situations.

Yet, best outcomes could be attained if an inclusiveness perspective was added to servant and distributed leadership styles, thus enriching them with the dimensions of belongingness in a community and respect of uniqueness of each stakeholder, doctors, nurses and patients.

Leadership competencies in times of deep crisis are exemplified through leaders who are in a position to provide vision and purpose; adopt shared leadership; communicate rationales for action, ensure employee's access to technology; place an emphasis on subordinates' emotional stability; maintain financial health; and promote organizational resilience (Dirani et al., 2020). Crayne and Medeiros (2021) elaborated on the leaders' sense-making process by underscoring the role of sense-making perspective for an effective crisis management. Employing a charismatic, ideological and pragmatic approach to leadership development, the authors explicated the ways through which a specific sense-making approach becomes manifest in initiatives those leaders are expected to undertake in turbulent times.

Wilson (2020) elaborates a functional framework of good practices for pandemic leadership centered on fostering a shared purpose. Core leadership practices comprise the authorities' willingness to draw on expertise knowledge, a meticulous plan to mobilize the citizenry (through conveying direction, meaning and empathy) and the effort to shape coping mechanisms (by enabling sense-making, kindness and creative responses, as well as by developing knowledge and skills), all of which serve to undergird the trust in leadership akin to transformative action to address the impending challenges. From another point of view, Rook and McManus (2020) underscored responsible leadership competencies of students through educational programs that enhance ethical awareness, cultivate moral values; and promote understanding of the situation and relevant action as factors that facilitate constructive responses to the COVID-19 pandemic. Once again, inclusive leadership centered on caring and compassionate interventions that embrace all stakeholders is in a position to support and expand the beneficial perspective inaugurated through responsible, ethical and shared leadership styles in healthcare organizations.

In this direction, Ahmed et al. (2020a, 2020b) examined theoretical and practical implications of inclusive leadership that promotes supportive behavior towards subordinates. Findings of the study demonstrated that inclusive leadership, through its positive and supportive features, can reinforce such mechanisms that enhance the psychological safety of employees and mitigate psychological distress, thus rendering employees more sharing, helpful and caring for patients. In our view, those core competencies have to be supplemented with moral sensitivity manifested in

compassionate, caring and more humane attitudes, in conformity to the inclusiveness criteria. For instance, Sergent and Stajkovic (2020) found that US states with women governors had fewer COVID-19 deaths than states with men governors, one possible explanation being that women governors exhibited more empathy and confidence, these attributes unfolded in their gender leadership dynamics as more caring and inclusive. Leader inclusiveness is thus entwined with compassionate attitudes that reflect a sensitivity to the specific context under consideration. In so doing, inclusive leaders enhance health care quality and yield beneficial outcomes for all, irrespective of someone's degree of access to health care services.

Recommendations for Further Research

Last but not least, it is worthy to notice that certain philosophical approaches to the new pandemics are not only invested with practical connotations, but they also bear an inclusive potential. Gardiner and Fulfer (2021) for instance, draw on Hannah Arendt's inclusive conception of the world as a space for human togetherness to advance an organizational ethics based on a broader type of solidarity that seeks to address structural inequities, both within public health care systems and local communities. Latemore (2021) employs the Aristotelian notion of *eudaimonia*, of 'human flourishing, to argue that a profound appreciation of the benefits of familial and communal life has emerged amidst COVID-19 social distancing situations. Drawing on the philosophies of MacIntyre, Maritain and Sandel that all affirm human interconnectedness, the author posits that overcoming the current extreme necessity presupposes an emphasis on the common good viewed as the culmination of human wellbeing, fostered through reciprocities, relationship-building and acts of generosity.

COVID-19 pandemic offers a motivation for management systems to make a substantial shift towards more genuine and authentic initiatives that are in a position to address persistent societal challenges through corporate beneficence (He & Harris, 2020; Ostas & de los Reyes, 2021). To this direction, more humanistic and inclusive interventions can reshape traditional boundaries between utilitarian and social justice approaches to benefit individuals, organizations and communities. An ethics of care perspective, invaluable in an ambiguous pandemic era, may offer a new impetus to an endeavor that focuses on human development and subordinates' thriving, in particular of more vulnerable groups in healthcare and workplace settings (Branicki, 2020; McGuire et al., 2021).

In contrast to a utilitarian cost-benefit logic, an ethics of care crisis management places an emphasis on a more relational perspective founded on inclusiveness, sensitivity and relationship-building that encapsulates a potential for attaining a deeper societal transformation. Accordingly, inclusive leader behaviors incorporate all these humane, caring and relational aspects that can make both health care staff and patients feel valued, appreciated and respected as unique, yet interconnected individuals.

To this direction, we would like to strongly encourage new research that would be in a position to integrate an inclusive leadership perspective with compassionate approaches to health care leadership based on an ethics of care comprehensive and relational system. These inclusive approaches would benefit from an ethics of care economics or feminist socio-political discourses to offer new permeating insights to inclusive leadership in health care sector, moving away from the dominant utilitarian and individualistic paradigm that underlies established leadership theories focusing on impersonal market mechanisms that motivate self-interested behaviors.

Finally, one last major challenge for inclusive leadership styles is now at stake: to initiate innovative solutions through which inclusive leaders will be in a position to operate in the case of an impending healthcare crisis. Such crises pose a major paradox management with which inclusive leaders must cope: they have to reconcile competing societal demands, such as protection of public health as an invaluable common good and securing the domain of individual privacy as a distinct sphere of inalienable rights that lies at the heart of our constitutional, liberal democracy. In this respect, securing public health as a constituent of social welfare cannot be achieved to the detriment of privacy insofar as the precise demarcation of public and private spheres remains the major cultural inheritance of enlightened modernity. Though nurturing belongingness to the community and simultaneously respecting uniqueness of each individual, inclusive leadership is expected to balance the pursuit of common good and the affirmation of individual liberties that both delineate the scope and prospects of democratic legitimacy. We sincerely hope that inclusive leadership will be promising in effectively tackling with this dilemma that seems to threaten the very foundations of our pluralistic, modern societies.

Concluding Comments

Inclusive leadership represents a conceptual shift to diversity leadership that is in a position to account for the basic needs for belongingness and uniqueness of all stakeholders involved in organizational processes. We thus highlighted the relative paucity of research that capitalizes on the prospective benefits of inclusive leadership for health care work environments. In so doing, we made a first step toward the direction of filling this research gap by introducing inclusive leadership as an appropriate type of healthcare leadership. We then argued that inclusive leadership is invested with a strong potential that promotes sustainable individual, organizational and societal health outcomes.

This leadership style may be unique in fighting social discrimination, social exclusion and marginalization that result in poor access to healthcare services, thus reducing the negative effects of social isolation on the physical and psychological health of disadvantaged individuals and social groups. Negative experiences stemming from social disadvantage can thus be mitigated by displaying a compassionate and caring attitude to everyone, irrespective of surface and deep level diversity. In addition, health care leaders' inclusiveness allows for more compassionate, humane

and caring healthcare organizations in conformity to the emerging demands for an effective healthcare management in situations of uncertainty, in particular those accompanying a post-COVID-19 ambivalent world.

Chapter Takeaways

- Employing an inclusive leadership style tends to become an imperative for compassionate healthcare provision and can be viewed as a prerequisite for shaping an inclusive and caring organizational culture within which the ultimate goal of saving human lives is expected to thrive.
- Inclusive leadership, as an efficient mechanism for constructively managing diversity conflict, is in a position to elicit increased group performance by realizing improved intra- and inter-team interactions, thus providing high quality care to patients.
- Inclusive leadership is a substantially person-centered approach that focuses on followers' empowerment through personal development, thriving and psychological well-being.
- Inclusive approaches can benefit from an ethics of care economics or feminist socio-political discourses to offer new permeating insights to inclusive leadership in health care sector, moving away from the dominant utilitarian and individualistic paradigm that underlies established leadership theories focusing on impersonal market mechanisms that motivate self-interested behaviors
- Leader inclusiveness enhance health care quality and yield beneficial outcomes for all, irrespective of someone's degree of access to health care services.

Reflection Questions

1. How inclusive leadership can effectively contribute to face the emerging challenges for managing health care in a post-COVID-19 world?
2. What are the models and styles of healthcare leadership?
3. What are the antecedents and (individual, group, organizational and societal) outcomes of inclusive leadership?
4. How beneficial is inclusive leadership in healthcare organizations?
5. How can inclusive leadership contribute to healthcare management policies?

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