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Understanding Current Practices of Healthcare Leadership Development at Zambias' University Teaching Hospitals

Mwila Sekeseke[1]
[1] Ph.D. Research Scholar, Graduate School of Business Studies, University of Zambia.

Abstract: Healthcare leadership is crucial for addressing the complex challenges faced by healthcare systems in Zambia. By investing in leadership development programs, Zambia can equip its healthcare leaders with the knowledge and skills necessary to create positive change within the public health system. Effective leadership is required if healthcare organisations are to perform better in the 21st century. The study set out to understand the current practices of healthcare leadership development and determine authentic leadership program that build capacity and capabilities; the human-related factors influence on leadership development, and organisational factors that support leadership development. 14 Healthcare leaders were the participants in the study. The multi-paradigm approach was chosen. The study was conducted using a post-positivist, interpretivist-constructivist ontological and epistemological framework. The data was gathered using a thorough literature analysis and questionnaire surveys as part of a mixed-method research design. The study findings showed that leadership program development build capacity and competencies in leaders, human factors are an important factor in leadership development, and that the organisational structure and systems are critical factors in supporting leadership development. However, the findings indicated that leadership development is not supported and leaders in healthcare organisations are not trained. The implications include: - Policy consideration for investment in healthcare leader and leadership development; Practical - Organisations to consider supporting internal leadership development; and Future research- focus on evaluating healthcare leadership effectiveness, and evaluation of strategies utilized in training healthcare leaders.

Keywords: **leadership development program, leadership, healthcare, human-related factors, organisation factors**

INTRODUCTION

If healthcare systems require critical thinking, innovative ideas, transformative leadership, and refraining from old systems, rethinking leadership and leadership development is a critical element. Moreover, because of the large amounts of money that are being invested in the healthcare industry at the moment with the continued suboptimal performance, many people all over the world have taken an increased level of curiosity in the field of healthcare leadership. This is because a healthy nation also has a healthy economy as its primary justification (Franco and Almeida, 2011; James, 2011; West et al., 2015). Leadership and management that is up to the task are two of the most important factors contributing to the reliability of health care systems. Accordingly, every nation that is a member of the World Health Organization (WHO) has received guidance to cultivate strong leadership and governance in order to achieve resilient and sustainable healthcare performance. The advice is in order to ensure that each nation is able to meet its obligations (WHO, 2010). Preparation for healthcare leadership is essential if the healthcare system is to have leaders who are ready to direct and preside over the operations of the health system effectively (West et al., 2015).

The information that is available to the public and the studies that have been conducted in Zambia demonstrate that even institutions with health professionals who have relatively high levels of education are unable to successfully improve health outcomes (Topp et al.2015). There is no doubt that the current trend is toward leadership and up until the current strategy for leadership in the healthcare business is updated to the cutting-edge leadership, it shall continue to experience challenges especially on suboptimal performance and continue to produce same results. Therefore, enhancing an organization's overall performance and growing one's own leadership skills are interdependent and inseparable goals in a system intended for the 21st century (Al Nasser and Jais, 2020; Werner and DeSimone,2011). If one were to believe the proverb that "no one accomplishes anything without first learning," then it would make sense that the only way for healthcare organizations in Zambia to improve their overall performance and achieve the determined goals would be to train, prepare and appoint prepared individuals into leadership positions. 'It is like fixing the missing brick in the wall' (Day et al., 2004).

Knowledge is the key that unlocks the door to an expanded collection of an individual's skills, talents, competencies, and capacities (Torraco and Lundgren, 2020). Members of the organization who possess the skills and abilities necessary to do so put the organization's strategy into action by applying the information they have gained about leadership to improve healthcare metrics (Torraco and Swanson,1995). Moreover, organisations that have an effect on the performance of the health care industry often use change agents such as trained leaders to provide direction on leadership development strategies which place an emphasis on leadership enhancement, systems thinking, personal excellence, intellectual strategies, shared creativity and foresight, and employee learning (Senge et al., 2015).

In spite of the fact that the findings of studies demonstrate the significance of healthcare leadership in enhancing performance as a result, there are not enough studies in Zambia. Furthermore, there are still gaps in the body of information, and the experiences that people have had in

leadership roles which have not been adequately documented to advise, influence and guide policy makers, healthcare leader practitioners and inspire further research in the Zambian health system (NHSP, 2022). This research therefore also connects recent advancements in leadership theory and practice and remarkable accomplishments to real-life circumstances.

My primary research question focuses on development and design of an authentic leadership program that build capacity and capabilities for healthcare leaders, the human-related factors that influence leadership development, and organization factors that support leadership development. With the foregoing, leaders in healthcare organizations improve not just the efficacy of individual leaders but also the overall performance of healthcare organizations. Because of this, the purpose of my study is to present information and knowledge on leadership development and overall performance in healthcare organizations' personal experience in the public health sector and the leaders' perceptions of leadership development.

This information and knowledge have been presented in the form of a study. The utilization of primary and secondary sources of information are the means by which the objective has been fulfilled. Investigating, describing, and interpreting the perspectives of leaders on the development of leadership, human-related factors and organisational factors for leadership practice in the public healthcare system of Zambia is the goal of the qualitative and quantitative (mixed) study. The purpose of which is to fill in the gap identified in the NHSP (NHSP, 2022; Topp et al.2015).

Additionally, this research is to accomplish and gain an understanding of the current practices for preparation of leaders that can be enhanced by identifying issues, concerns, motivations; that cultivate competencies, such as communication, decision-making, and problem-solving, the important components crucial for driving positive change and improving patient outcomes. Moreover, it recognizes the importance of human-related factors, such as empathy, emotional intelligence, effective communication, team building, and teamwork in fostering a supportive and collaborative work environment. Furthermore, it acknowledges the influence of the organisation systems and structure as drivers (strategic planning and resource management) for effective leadership within healthcare setting (Senge et al., 2015).

According to Kotter (2013), leadership is what propels organizations into the future and develops superior procedures for doing things in a different way. He also believes that leadership is what produces new ideas. Therefore, the results and conclusions of the study provide recommendations to support and boost the quantity of leadership research, leadership training and learning in Zambia. This is necessary to achieve the targeted levels of improvement in healthcare leadership and organization performance.

Objectives

1. To determine development and design of an authentic leadership program build capacity and capabilities for healthcare leaders;
2. To determine human-related factors influence leadership development; and
3. To determine healthcare organization factors, support leadership development.

Literature review

Leadership development program for healthcare leaders

Leadership is vital within healthcare organizations since it serves as the backbone of the system and is essential for improved performance. In order to bring about the necessary change, healthcare organization need to devise a leadership training program (Elkington and Upward, 2016; Enzenauer, 2010; Gifford et al., 2017). According to the researchers, Torraco, and Lundgren (2020); Torraco and Swanson, (1995) learning makes it easier to develop one's talents and capabilities. In the healthcare industry, organizations that are looking to increase the dependability of their services and the outcomes may want to explore enhancing the aptitude and abilities of their leaders in order to improve leadership and organization performance. According to James (2011), the development of a leadership program is a practical step which calls for the cooperation of all leaders in order to be successful. The implementation of a comprehensive leadership-training program is necessary for the delivery of high quality and more sustainable healthcare in complex organizations. As a result, the curriculum's goals are to improve the competency and ability of healthcare professionals and to cater to the particular requirements that healthcare leaders must fulfill in order to become effective managers of organizations (Brownfield et al., 2020).

The program design and strategy of delivery are therefore programmed to meet the healthcare professional demands for leadership through classroom-based training and workshops, evaluation using 360 degrees strategy, online learning and blended learning (Colbert2012). Within the organisation mentorship, coaching, and on-the-job training become important for leadership development.

Human-related factors influence leadership development

Some researchers have categorically distinguished leader development and leadership development as distinct though practically leadership development place great emphasis on personal individual development; intrapersonal qualities development and the interpersonal skills (Campbell et al., 2003; Day, 2000). The intrapersonal leads to developing self-health strategy that include self-motivation, self-awareness, self-confidence and self-efficacy (Campbell et al., 2003; Day et al., 2014). Interpersonal skills focus on human relation skills that foster development of teams, trust from the followers and eventually build confidence in the followers who learn skills of leadership and continue to develop (Campbell et al., 2003; Day et al., 2014). Consequently, leadership development programs need to be more diverse, inclusive, comprehensive and context sensitive that foster employee interaction and quality work so that everyone can participate. Participation can facilitate the escape of innovative ideas, not bureaucracy. Creativity is encouraged without authority if employees respect boundaries. This learning challenges accepted, normative, and hegemonic leadership assumptions and provides new ways of perceiving, interpreting, and understanding self, colleagues, and work environment. Significant leadership knowledge also speeds up operations, as teamwork facilitates goal setting and productivity which is all embedded in leader personality characteristics. According to Gatling four traits are indicative of authentic leadership described as a pattern of leader behaviour that relies on and nurtures both positive psychological capacities and a positive ethical culture include: self-awareness, balanced cognition, an internalized moral position, and relational transparency (Gatling et al., 2013). The history of self authenticity can be traced back to ancient Greek philosophy ("Be true to thyself"), twentieth-century modernism's emphasis on self-direction, reliability, and consistency, and postmodernism's questioning of whether authenticity can even exist in the age of multiple selves (Novićević et al.,2006).

Similar to other psychological concepts, the lack of genuine self-behaviour has garnered the greatest attention (deceitful, dishonest, manipulative, phony, and conniving). Genuine, dependable, trustworthy, real, and actual are examples of good descriptions. Positive psychologists define authenticity as both taking responsibility for one's inner experiences that is thoughts, feelings, or ideas, "the real me within" and behaving in line with one's genuine self (Gatling et al., 2013). It was proposed that the aforementioned definition of authenticity best depicts the type of positive leadership required in contemporary times, where the environment is rapidly changing, the rules that have

guided how people operate no longer apply, and the best leaders will be transparent with their intentions, demonstrating a seamless connection between their stated values, actions, and behaviours. The individual leader should possess self-confidence, self-efficacy, personal mastery, personal growth, self-regulation, self-awareness and emotional intelligence to influence leadership development (Luthans and Avolio, 2003).

Healthcare organization support leadership development

Clarifying how individuals contribute to organizational leadership development and how it would be completed collectively help the organization achieve its goals and strengthen its leadership. As agents of system-wide change, learning methodologies that leader can learn from and utilize in a variety when performing organizational roles is of paramount importance. Leaders must then be able to analyze their environment in creative ways, appreciate the company's assumptions, and communicate effectively in order to generate innovative business ideas. Action-learning strategies emphasize inquiry and collaborative learning to develop individual leaders and leadership who can transform healthcare organisations (James, 2011; Turnbull and Ladkin, 2008).

Organisations are the best environment to develop leadership and they give leadership development high priority. It is a vital component of competitive strategy, frequently targets senior leaders of organizations, costs a lot of time and money, and is politically divisive. Enhancing leadership skills is a goal shared by the government, professional organizations, internal learning centers, corporate universities, consulting firms, and business schools (Mabey, 2013). Organisational learning referred to as work-based learning is utilized for leadership developmental purposes within organisations (Raelin, 2008).

The organisation provides the basis for leadership development linked to the business strategy, mission, vision, and value declarations of the business that are essential to its effectiveness. Therefore, the organisation structure, a framework that precisely outlines roles, authority, and operational procedures at work is significant for improved leader and organisation performance (Senge et al., 2015). Moreover, James, contends that the entire organisation is required to be involved in leadership development to quickly achieve the desired and intended goals (James, 2011).

The structure with specialization in healthcare organisation encourages teamwork, collaboration and communication aids leaders perform better because everyone is accountable for their work and takes responsibility (Senge et al., 2015). Additionally, teams become inventive and increase organisation effectiveness through integration, contextual work culture that allows for reflection and collaboration that enlightens others within the organisation (Elkington and Upward, 2016).

Moreover, leadership development according to John Kotter provides the relevant skills which are much needed to prepare staff for leadership roles that improves performance both to the leader and the organisation (Chatterjee et al., 2018). Therefore, organization context empowers people in different kinds of motivation and capacities to create and transfer tacit knowledge through individual participation as a coordination mechanism suggesting a pact on organisational objectives. Participation supported by mentors is key and encouraged in organisations as it raises the perceived autonomy and confidence of employees [Nichol and Williams, 2014; Osterloh and Frey, 2000). Organisational structure, systems, developing a learning organisation, learning enablers and removing obstacles to learning is critical to improving leadership development. However, organisation learning mostly gravitates to problem solving and lacks the criticalness of concepts and therefore, organisational learning alone is not enough for leadership development purposes and a combination of formal education makes better leaders who later foster and support learning within the healthcare organisation (Raelin, 2008).

RESEARCH METHODOLOGY

The study protocol was evaluated by the National Health Research Authority, and the Ethics Committee gave approval to conduct the study (see appendix). Design- The cross-section design set out to provide the reality that exist in leadership development and establish the views of leaders from different healthcare organisation and its influence on organisational performance. The mixed methods approach address leadership development effects on leader and organisation performance empirically and objectively. The convergent parallel mixed methods design was used and it is the type of design in which qualitative and quantitative data are collected in parallel and analysed separately then merged (Dawadi et al.,2021; Johnson and Onwuegbuzie, 2004).

In the study, quantitative post-positivism is used to test the theory on leadership development which include leadership development program, organisational factors and the human-related factors and how these affect leader and leadership development and performance within organisations. The qualitative approach explores the central phenomenon among the leader participants within the organisation. Qualitative interpretive- constructivism approach was applied through interviews and surveys are a better fit for the exploration and capture of the beliefs, values, traits, preferences, intentions, attributes, behaviours, attitudes, ways of thinking, feelings, practices, the ethos and pathos, or memorable short stories in the process of leadership development in the selected public healthcare organizations in Zambia.

The setting of the study consisted of four public National Health Hospitals at the University Teaching Hospitals (UTHs) -Women and Newbornn Hospital, Adult Hospital, Children's Hospital, Eye Hospital.The Hospital. The study was a purposive sampling of healthcare leaders; Senior Medical Superintendents, Head Clinical Care Officers, Chief Nursing Officers, Chief Pharmacists, and Chief Laboratory Scientists. The selection and interviewing of 17 hospital leaders were hand picked based on their intimate familiarity with contemporary healthcare facilities. The sample population included senior healthcare leaders who are healthcare professionals and excluded all who were neither in a position of leadership nor listed as participants, all those who refused to be part of the study cohort and individuals who had held leadership roles for less than six months. 16 participants of senior healthcare leaders were approached and 14 took part in the study.

The questionnaire was piloted before the actual data collection was commenced. Prior to collection of data, the study's objectives were explained to each participant and the individualized consent forms were obtained. Following Braun and Clarke (2006) criteria for data analysis, a series of methodical and interdependent processes were undertaken. Moreover, to adequately code, sort and retrieve data NVivo software was utilised in the study for qualitative information (Wong, 2008) and for the Statistical Package for Social Sciences (SPSS) version 29.017.0.1.0 described the data from the quantitative information.

RESULTS

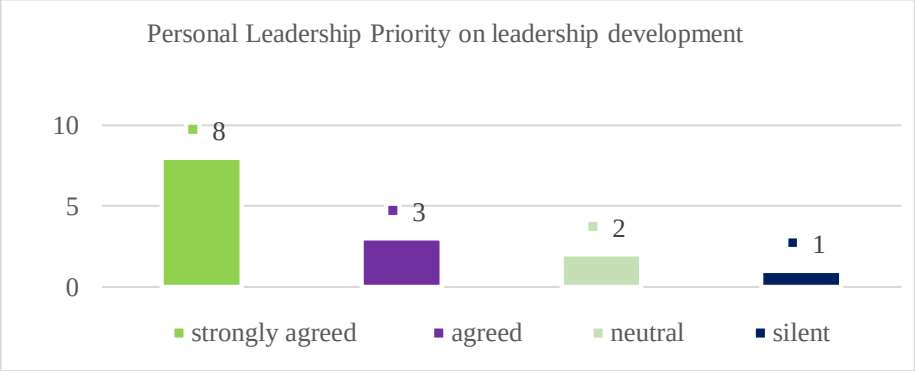
The study aimed to investigate current practices of healthcare leadership development at Zambia's UTHs and the research is set out to gain an understanding of how the preparation of leaders is enhanced to cultivate leadership competencies. It is a fundamental goal to develop leadership in healthcare to improve performance according to WHO (2010).

The leaders of various healthcare institutions who provided the information were three laboratory scientists, one nursing participant with a master's degree, two nursing participants with first degrees, two pharmacists with first degrees, two pharmacists with master's degree,

two medical doctors with master's degree and two obstetric and gynaecologists. On year of experience in leadership: two to twenty years of experience was represented among the attendees. Among the participants, there were three with two years of experience, two with twenty years of experience, two with three years of experience, three with four years of experience, two with six years of experience, and two with seven years of experience.

Leadership development

On leadership development program and prioritisation findings suggest as in figure 1.



The figure above reports on how leaders prioritise leadership development on individual basis-in the table above 57 % prioritise strongly, 22% agree,14 % neutral while 7% silent.

On strategies used in training findings suggest on the Job on training, Job assignments, and classroom-based learning. Capacity and competence developed suggested human resources management, financial management skills, team building skills, and technical skills.

Human-related factors

The leader attitude findings suggest that patience and tolerance manifests as a weakness, strong character, fortitude, fore-bearing, openness a way to approachability, courage, provide constructive feedback, self-efficacy, and integrity. Positive can-do attitude is demonstrated in figure 2

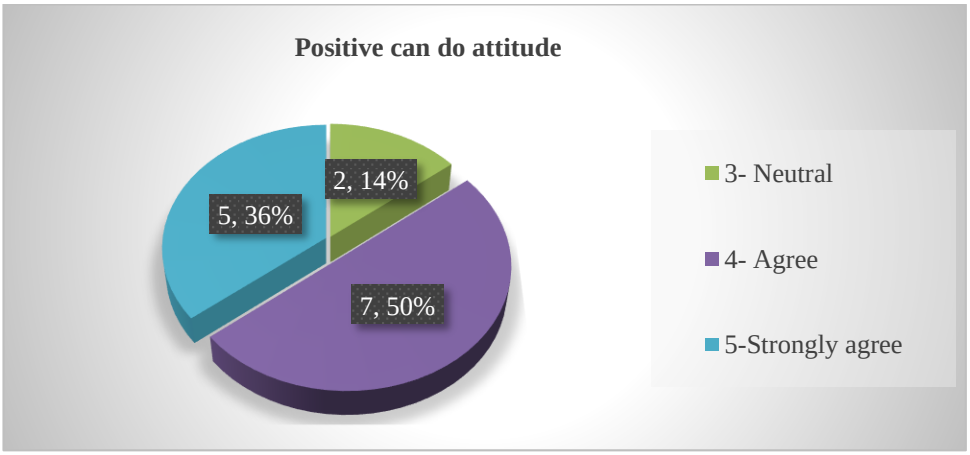


Figure 2- Leader attitude - positive can-do attitude- 36% strongly agreed,50% agreed,14% neutral

Additionally, other findings human-related factors suggest staff relations, technical skills, team leadership and team acceptable regulations. The study findings suggest that leader relation with staff was poor and caused frustration due to poor communication and lack of engagement. On team leadership findings suggested that there was no confidence in the leadership, lacked management skills, and there were no team accepted regulations.

Organisational Factors

The findings on structure and organisation support for leader behaviour figure 3 illustrates the suggestions.

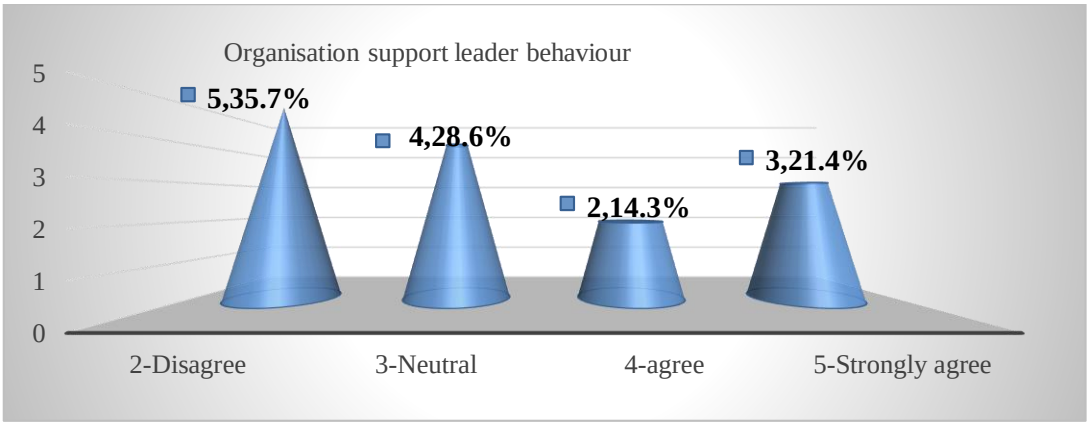


Figure 3- Structure supporting leader behaviour, 28.6% neutral, 21.4% strongly agreed, 35.7% disagreed, and 14.3 % agreed

Healthcare organisations are managed and led by untrained leaders. There is also a lack of a strategic plan on leadership development with no defined leadership training program. The findings suggest that organisational leadership training program and planning for development and the related activities are weak, leadership structure that does not inspire others and does not recognise appointments, leadership systems are weak and support for leadership development is barely available. The effectiveness of organisation leadership performance perception was that 14.3% disagreed, 35.7% were neutral, 35.7% agreed on a good performance, and 14.3% strongly agreed on good performance. Additionally, perception of participants on leadership and organisation performance after staff training improves findings suggest that 7.1% disagree, 42.9% neutral, 28.6% agreed and 21.4% strongly agreed on leader improving self and organisation performance.

DISCUSSION

In the study key factors contributing to leadership development were defined as leadership development program, human-related factors and organisation factors. The perceived key leadership development factors include job on training, Job assignments, and classroom-based learning, on human-related factors these include staff relations, technical skills, team leadership and team acceptable regulations, and organisation factors include lack of leadership structure, weak systems and organisation that are been managed by untrained leaders.

Leadership development program and drawing from the study findings leadership development programs are important to healthcare leaders. Using various strategies such as self- development, developmental job assignment and classroom-based training create capacities and capabilities. The various strategies of development resonate with strategies as explored in the studies by scholars Cherry and Luanne ((2010). Additionally, the alignment of strategies according to Bolden et al., (2011); Sonnino (2016) indicated that a combination of the strategies worked better in developing the leaders than a single approach. However, there is no overt mention of mentorship, 360 degrees feedback, coaching, action learning and networking as the other strategies used in leadership development a sign that the leaders lack knowledge of these and it would be worthwhile for them to be trained about these strategies. Moreover, these strategies develop adaptive and knowledge articulation, skills, and positive attitude towards work. Additionally, building confidence and management in human resources management skills, financial management skills, technical skills, and team building skills according to Ayeleke (2018).

Human-related factors are important for leadership and leader development which bguilds and enhances a leader's positive attitude, self-confidence, self-efficacy, interpersonal relationships, emotional intelligence, team regulations, training others, perseverance, and communication. To achieve the foregoing, interpersonal relations an enabler of leadership development are important (Fealy et al., 2011). Positive attitude which is built from being strong willed, commitment to work and team building, loyalty, willing to learn from others, honesty is critical in leadership development both to ones' self and enabling others to develop the leadership skills required to improve performance (Topp et al., 2015). Moreover, a leader ought to be self-aware, a man or woman of integrity and exhibit empathy to inspire subordinates and build a coherent team.

Staff relation refers to people (Social and interpersonal relationship) skills which are critical to both individual development and developing others. The need to inspire others is key to the organisation efficiency management and is achieved through building relationship and inter-professional networking. Staff are involvement in events is an enabler for job satisfaction, staff acceptance leading to better performance. Coincidentally, social relations and leader social awareness are critical in managing and elite leaders use all relevant tools available to them to effectively manage staff (Delmatoff and Lazarus, 2014).

Management of employees calls for team leadership. The leader assigns duties and monitors regularly the team performance as a form of holding team members accountable to the duties and develop the monitoring systems, which holds everyone accountable such as electronic monitoring systems that could be utilised to avoid stock outs and ultimately poor patients' outcomes (disabilities and mortalities). Other activities that could enhance accountability include clinical audits, reward systems under motivation and developing clear key performance indicators to assess the workforce performance (Kumar et al., 2014). Once the leader exhibits these elements, he passes the skills of leadership that are required to develop confidence in the team members. Moreover, the leader who is the torch bearer influence others aligning with the researcher (Fairholm, 2004).

Furthering, external involvement should be managed effectively has it has been known to be a problem from way back in team leadership. The leaders require 'safe space' for leadership practice (Amos et al., 2005). For organisations to be effective in leadership external interference and micromanagement should be kept at the minimum as was indicated by Henri Fayol the father of scientific management who discussed the 14 principles and emphasized the importance of unity of command (Rodrigues, 2001). Recognizing and abiding by this principle ensures that the leaders and the subordinate's understand the channels of communication and seek support where necessary, which avoids tension within the leader when delivering and providing guidance to the team members.

According to organisation learning theory, people learn by having easy access to knowledge and information, understanding the value of learning, making mistakes and learning from them instead of avoiding them, and expecting to receive training from the organisation. Additionally, organisations gain knowledge through the people that are continually learning and Senge emphasizes developing one's own leadership skills, mental models of the world, creating shared visions, team learning, and acting as a steward, designer, and teacher- not necessarily teaching, but creating an atmosphere that fosters one's own and others' leadership development (Senge, 2001).

The structure of the organisation provides the framework of the leadership development and also significant to organisation effective performance. Leaders in the organisations are the key players and therefore the responsibility of planning and training, and ensuring that the structure operates in a normative manner lies within their jurisdiction that organisational structure is key in developing leadership capabilities (Guerrero and Kim, 2013; Al-Hussami et al., 2018). Additionally, organisation systems define the organisation processes to ensure that work is flawless, engage with others and enlighten the journey for work, provide guidance which in itself provides for learning, and motivates leaders to do better as indicated by researchers (Senge et al., 2015; Scott, 2010; Van Velsor et al., 2010). Moreover, the organisation system needs to be intentional to meet the needs of the organisation and avoid obstacles along the pathway for leadership development. The system that is leadership development focused start within the organisation by showing mentorship, coaching, and assigning duties through supportive leadership and develop more leaders who capable of carrying the vision, mission and the objective (Senge et al., 2015). Additionally, leaders learn and gain knowledge through these interactions that make them superior in the operations and influenced by systems capabilities. Leaders learn through experiences of the day-to-day operations of the organisation provided it is conducive and support leadership enhancement.

Kolb's experiential learning theory, the learning cycle consists of four stages: tangible experience, reflective observation, abstract conceptualization, and active exploration. These stages are more concerned with assimilation, divergence, accommodating, and converging. This indicates that tangible experiences lead to introspective observation, which leads to the development and testing of abstract notions in fresh encounters (Al-Hussami et al.,2018). The adult learning theory developed by Knowles emphasizes the significance of experiences-

including mistakes- perceived relevance, problem-solving, self-directed learning, and intrinsic motivation in the learning process (Knowles et al.,2014). Therefore, the stages of learning are evidenced in the leadership program development, human-related factors and organisation support factors for healthcare leadership development.

The study adds to the literature by revealing that organisation factors are the most critical factors in developing leadership at the UTHs. Senge et al., (2015) advocates organisations to be the pillar for leadership development by ensuring that structure, systems and the leaders are well empowered to achieve the development. This is as the results of lack of trained leaders in these institutions. It therefore goes that organisations can only have people who can train employees when these leaders are well trained in leadership and have the self-efficacy to do so. In the study organisational factors that support leadership development are the most gap identified and therefore, there is need to develop leaders adequately.

Limitations

To date no study has explicitly addressed healthcare leadership development therefore, my understanding of leadership development in Zambia is limited to the very few available literatures. By inquiring and understanding the institutions that offered leadership training and the nature of their programs where some leaders trained, I could have gained valuable insights into the different approaches to leadership development, specific skill sets, and knowledge that respondents gained. It is advised that realist researchers understand that healthcare leadership and leadership development are multifaceted processes that cannot be fully captured by a single analysis (Pawson et al., 2004).

Implications

Policy, - Invest resources in healthcare leadership development, develop a competitive procedure for applying for leadership positions (Appelbaum et al., 1994).

Practitioner- organisations to plan and support leadership development programs within organisations (Tomblin Murphy et al, 2022).

Future research- organisation leadership development, effectiveness of Healthcare Leadership Development Program. evaluating healthcare leadership effectiveness and organisational performance (Bolden et al., 2011).

Conclusion

The study set out to understand current practices of leadership development practices at the UTHs in Zambia. The objective was to investigate healthcare leadership development. The development of leadership program that build capacity and competencies, the human-related factors and organisation factors key in supporting healthcare leadership development. The findings indicated that leadership development using various strategies build capacities and competencies required for leadership, human- related factors influence leadership development and organisation factors support leadership development. However, the findings at the UTHs suggest that healthcare leaders managing healthcare organisations are not trained in leadership development, they lack competencies and capacity in organisation leadership. Additionally, organisation support in leaders' development programs is not adequate, there is none prioritization of leadership development, financing is not allocated and this has been attributed to the lack of know-how of the healthcare leaders, Therefore, these findings of the study are critical to policy makers for healthcare leadership development.

The study challenged the conventional ideas about leadership development in Zambia's public healthcare systems revealing that healthcare leaders lack competencies and capacities to lead healthcare organisations. In doing so, literature and study findings support the need for leadership preparation to improve the current sub-optimal performance in Zambia's public healthcare system.

Conflict of Interest

The author has no conflict of interest to declare

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