

EXPLORING LEADERSHIP IN HEALTH SECTOR NONPROFITS IN NON-WESTERN CONTEXT

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ABSTRACT

OBJECTIVE AND IMPORTANCE OF STUDY:

This scoping review examines leadership within healthcare nonprofit organizations (NPOs) in non-Western contexts, addressing a key research gap in healthcare leadership literature. In resource-limited regions, NPOs support public health, compensating for limited government infrastructure and resources.

STUDY TYPE AND METHOD:

Following PRISMA-ScR guidelines, the review synthesizes peer-reviewed literature on healthcare leadership in NPOs from the past decade.

RESULTS AND ANALYSIS:

Three primary themes emerge - leadership styles, community health leadership, and leadership challenges. Transformational, servant, collective, and shared leadership styles are highlighted for their contribution to fostering collaboration, decentralizing decision-making, and enhancing organizational performance in achieving health outcomes. The review also underscores the importance of leadership in empowering communities through participatory processes, with Community Health Workers (CHWs) playing a pivotal role in driving health initiatives. However, the analysis identifies systemic challenges such as gender inequality, resource constraints, and power imbalances, which undermine effective leadership and the sustainability of healthcare programs in low-resource settings. The review also highlights a Western bias in the literature and calls for more empirical leadership research focused on non-Western regions and their sub-regional differences.

CONCLUSION:

The review emphasizes the critical role of leadership in healthcare NPOs in non-Western contexts, advocating for further exploration of context-specific leadership strategies to improve health outcomes and system performance.

KEYWORDS

Leadership, nonprofit, nongovernmental, healthcare, public health, global health

INTRODUCTION

Health is essential for social welfare [1] and a key focus of the third Sustainable Development Goal, which promotes health and well-being for all [2,3]. The World Health Organization defines the health sector as encompassing public and private services, including health ministries, nongovernmental organisations (NGOs), community groups, and health professionals involved in health promotion, disease prevention, diagnosis, treatment, and care [4]. Health sector leaders in different public, for-profit, and nonprofit organisations must adapt and respond to evolving needs in shifting political, technological, societal, and economic contexts. [2,5]

While research on healthcare leadership has gained recognition, particularly in Western countries [5,6], there remains a significant gap in understanding nonprofit leadership in the health sector in non-Western countries, including Asia, the Middle East, Africa, and Turkey [7]. These regions face more challenges, such as inadequate healthcare infrastructure, workforce shortages, limited access to advanced medical technologies, restricted universal health coverage, and experience more significant development challenges related to poverty, education, and access to clean water and sanitation, affecting health outcomes. Furthermore, many low- and upper-middle-income countries in these regions face a dual disease burden with high rates of communicable diseases like Malaria and Tuberculosis alongside increasing non-communicable diseases such as Diabetes and Stroke due to lifestyle changes. [8]

Nonprofit organisations (NPOs) play a crucial role in shaping public health outcomes, mainly where government resources may be limited [9]. In supporting the country's health systems, NPOs or NGOs partner with foundations, the private sector, and foreign donors through development assistance for health (DAH). Development funding sources include bilateral donors that are represented by single-country government agencies (e.g., USAID, JICA) and/or multilateral donors where more than two bilateral donors pool their aid flow through an international organisation that aggregate preferences from member countries (e.g., UNICEF, World Bank) [9–11]. However, the increasing reliance on external funding has led NPOs to adopt business administration and New Public Management (NPM), raising concerns about whether these organisations are serving donor interests over community needs [9,12].

Despite the critical role of leadership in healthcare, research on nonprofit organisations (NPO) leadership remains disproportionately focused on countries in Western contexts, limiting its relevance to regions with distinct health systems and leadership challenges [5]. Furthermore, existing literature on healthcare leadership often does not differentiate between public, for-profit, and nonprofit organisations, each of which operates under different institutional logic [12] and behaviours [9]. Understanding the leadership of NPOs in diverse settings is essential to examine how values shape organisational behaviour, management approaches, and decision-making processes [9,13].

Addressing this research gap requires a comprehensive review of existing literature on nonprofit leadership in the health sector in more diverse settings. No such review exists currently, making it essential to map the available evidence before formulating hypotheses. Given that most leadership theories stem from Western countries [9], expanding global leadership scholarship necessitates the incorporation of literature in global health and more diverse health system contexts.

This scoping review explores the leadership literature related to NPOs in the health sector by mapping the variety and characteristics of existing peer-reviewed literature and identifying key leadership topics. NPO is defined as meso-level infrastructure within civil society, driving social capital and individual actions. We follow Salamon and Anheier's definition, identifying NPOs by five characteristics: organised, private, self-governing, non-profit distributing, and voluntary. Additionally, we reference the International Classification of Nonprofit Organizations (ICNPO) for health-related NPOs, including hospitals, nursing homes, mental health services, and community-based organisations. [9]

THEORY

Traditionally, leadership theories emphasise individual traits, behaviour, and styles generally applicable or dependent on varying situations. More recently, leadership has been characterised as an interaction between leaders and their followers. Leadership is a dynamic process in which the leader guides and motivates people to work together towards a common goal within a structured environment with mutual influence and shared values [13].

Effective leadership is crucial not only for shaping organisational culture but also for ensuring patient safety and the overall performance of healthcare systems [5,14,15]. Leadership in the health sector has been conceptualised through theories (e.g., servant, lean, transformational leadership), frameworks (e.g., CanMEDS, Russel and Stone's Leadership Framework), and models (e.g., NHS UK Healthcare Leadership Model) [2,5,14,16,17]. A recent systematic review by Wu et al. on leadership styles in the healthcare sector revealed a marked increase in scholarly interest on this topic during the COVID-19 pandemic. The review identified transformational leadership as the most extensively researched style, demonstrating significant positive effects on patient care, employee satisfaction, and team performance. The authentic and ethical leadership styles were also prominently discussed, and the majority of the research in this area originated from Canada, the United States, and China [6].

In addition, servant leadership, centred on the leader's commitment to serving others, has been widely studied across different cultures and contexts, and its value orientation makes it particularly relevant in the health sector [14,15,18]. Although its definition and measurement continue to evolve, research highlights servant leadership's positive impact on individual and organisational outcomes. A review by Demeke et al. across 16 countries, including Pakistan and Indonesia, found that servant leadership improves care quality, job satisfaction, and organisational performance by fostering a patient-centred and supportive environment, often grounded in social exchange theory [15].

Leadership during public health emergencies such as COVID-19 has been examined through key traits like communication, emotional intelligence, and evidence-based decision-making, which are crucial for selecting competent leaders [19]. Additionally, Spanos et al. identified critical competencies needed to address modern healthcare challenges based on the scoping of literature in OECD countries, including innovation, collaboration, and self-awareness. Their findings emphasise the importance of leadership in fostering teamwork, driving innovation, and addressing issues such as workforce burnout and disruptive technologies in increasingly complex healthcare systems [5]. Alternative leadership approaches, such as shared leadership and collective leadership in the health sector, can be challenging due to a more hierarchical structure with extensive policies and procedures [20]. Nonetheless, shared leadership can improve NPOs' resilience and adaptability to navigate uncertainty and positively impact succession management and leadership continuity in NPOs including health organisations [20,21]. Collective leadership among leaders within a hospital network for a geographic region can emerge to enhance integrated healthcare in the Irish healthcare system but requires honest collaboration, openness, and certainty in communication including in the interpersonal relationships of the leaders [22].

METHOD

SEARCH STRATEGY

This review used a Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guideline [5,22]. The search strategy was developed from January 2014 to December 2024 using Google Scholar, PubMed, and Scopus using Harzing's Publish or Perish software. Two keywords used are "Nonprofit Leadership Healthcare" and "Nongovernmental Organization Leadership Healthcare", which intended to limit search results to articles about NPOs and NGOs in healthcare. This review focuses on peer-reviewed literature from the last 10 years to capture recent and relevant perspectives to inform subsequent research direction.

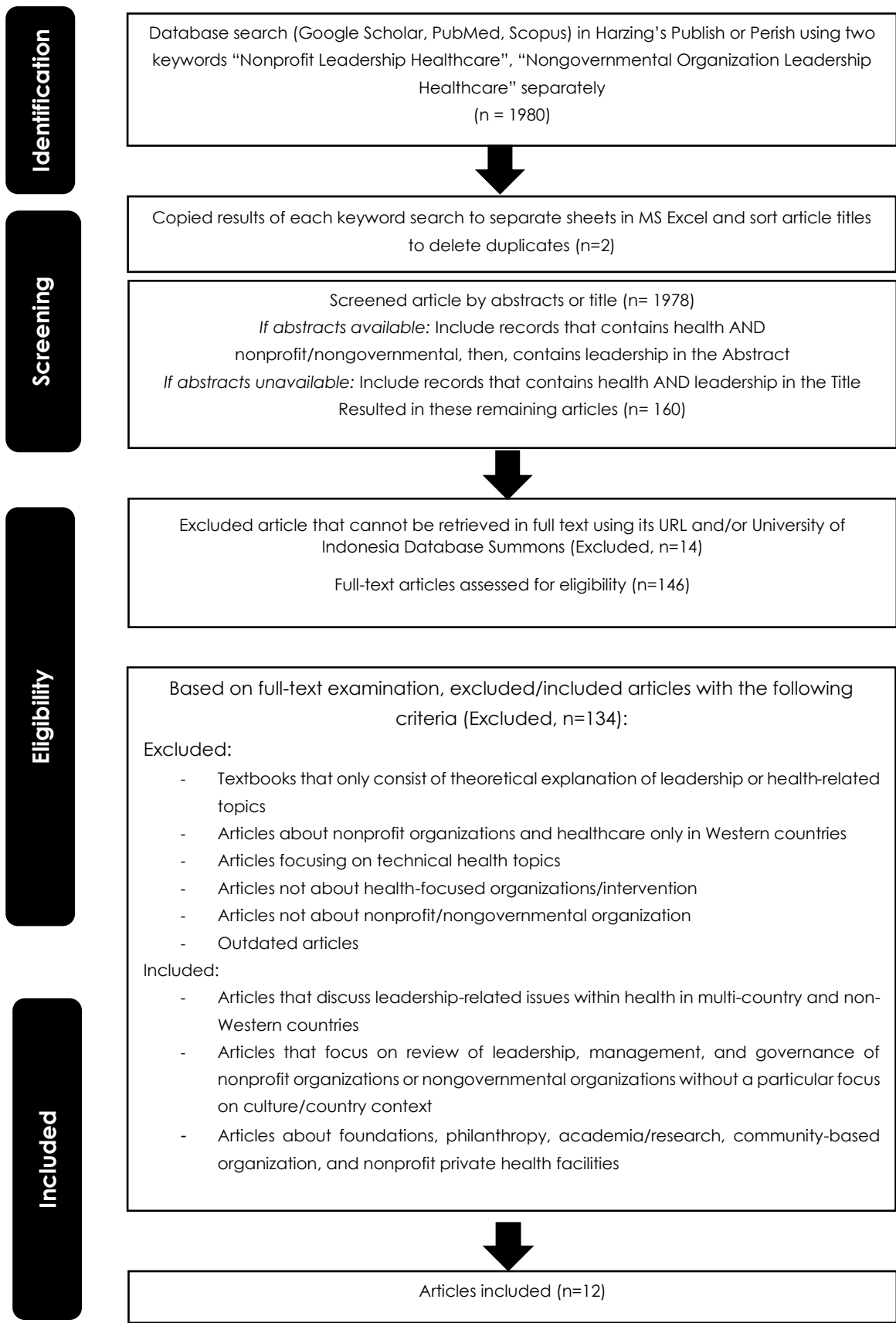
DATA EXTRACTION PROCESS

References found from each database search were saved to Microsoft Excel, and duplication was identified and removed using the filter and sort feature. Subsequently, the article title and abstracts were screened according to the inclusion and exclusion criteria and then included for data extraction and thematic content analysis. These extracted data include record details such as author, publisher, journal, year, authors' country, the country context in the article, article type, aim, concept/theory discussed, health topic discussed, design, and method.

RESULT SYNTHESIS FOR ANALYSIS

First, the authors familiarised themselves by reading the included articles to obtain an overall view of the context of how leadership is discussed across the files as conducted by Spanos et al. [5]. Second, the authors made a summary note for each article on their insight into how leadership is discussed, particularly in the work of NPOs or NGOs and in non-Western contexts. Subsequently, a qualitative inductive approach was employed to identify common concepts coded and grouped to form themes interpreted from those summary notes. All extracted data records and content themes were analysed using descriptive statistics.

FIGURE 1. PRISMA-SCR FLOW ON THE ARTICLE AND RECORDS IDENTIFICATION AND SELECTION CRITERIA FOR REVIEW



RESULT

This section describes the literature review process undertaken, not the content of selected articles.

SELECTION OF INCLUDED ARTICLES

The overall flow of the selection of articles is described in Figure 1. A database search using the keywords "Nonprofit Leadership Healthcare" (NPO-LH) and "Nongovernmental Organization Leadership Healthcare" (NGO-LH) across Google Scholar, PubMed, and Scopus yielded 1,980 records (NPO-LH $n=948$; NGO-LH $n=1,032$) and were copied to Microsoft Excel, with two duplicate entries removed after data were sorted alphabetically. The remaining 1978 articles were subsequently screened through the obtained abstract text and, if unavailable, through title text. Abstracts were then filtered for texts containing the words 'health' and 'nonprofit' for NPO-LH results or 'nongovernmental' for NGO-LH results, then copied into a new sheet filtered for texts containing 'leadership'. The search results from Scopus did not include abstracts, and the authors filtered for the words 'health' and 'leadership' in the title. Therefore, 160 articles remained for eligibility assessment, and after a full-text search, 14 articles were removed because they were unretrievable, yielding 146 full-text records. The authors excluded 134 articles and records based on the exclusion and inclusion criteria, resulting in only 12 articles or 0.6% (NPO-LH $n=7$; NGO-LH $n=5$) from the yielded results were included and synthesised for review.

CHARACTERISTICS OF INCLUDED ARTICLES

The twelve included articles are published by Taylor and Francis ($n=3$), BioMed Central ($n=2$), Sage Journals ($n=2$), Association of American Medical Colleges ($n=1$), Wiley Online Library ($n=1$), DePaul University ($n=1$), Sagamore-Venture Publishing ($n=1$), and Elsevier ($n=1$) by authors or co-authors mainly from United States ($n=10$) and one author or co-authors from Australia, Canada, Switzerland, Tanzania, Turkey. The types of articles included are review ($n=4$), empirical ($n=3$), conceptual ($n=3$), editorial ($n=1$), and perspective ($n=1$).

TABLE 1. CHARACTERISTICS OF ARTICLES INCLUDED IN THE SCOPING REVIEW

No	Author	Publisher	Journal (article type)	Year	Authors country	Country context	Aim	Topic
1	Farnsworth, S. K., Böse, K., Fajobi, O., Souza, P. P., Peniston, A., Davidson, L. L., Griffiths, M., & Hodgins, S.	Taylor and Francis	Journal of Health Communication (Review)	2014	United States	18 Low-and Middle-Income Countries (LMICs); Multi-country	To assess how community participation (i.e., shared leadership is its highest level) contributes to improved infant and child health outcomes at the population level, through enhanced household practices or better healthcare-seeking behaviours.	Leadership style; Leadership in communities
2	Downs, J. A., Reif, L. K., Hokororo, A., & Fitzgerald, D. W.	Association of American Medical Colleges	American Medicine Journal (Perspective)	2014	Tanzania, United States	Multi-country	To examine the gender gap in global health and offer recommendations to encourage female leadership.	Leadership challenges

3	Saxon, A., & Ford, J. V.	Sage Journals	International Quarterly of Community Health Education (Empirical)	2020	United States	Sri Lanka, Bangladesh	To understand how community organising operates to effectively drive change and improve health in underserved populations through three programs in Sri Lanka and Bangladesh.	Leadership in communities
4	Perry, H. B., Chowdhury, M., Were, M., LeBan, K., Crigler, L., Lewin, S., Musoke, D., Kok, M., Scott, K., Ballard, M., & Hodgins, S.	BioMed Central	Health Research Policy and Systems (Review)	2021	United States	Multi-country	To identify the most critical challenges facing Community Health Worker (CHW) programs and propose strategies to strengthen them.	Leadership challenges; Leadership in communities
5	LeBan, K., Kok, M., & Perry, H. B.	BioMed Central	Health Research Policy and Systems (Review)	2021	United States	Multi-country	To examine the quality of relationships between CHWs and key stakeholders at the local level of the national health system and with community members	Leadership in communities
6	Ospina, S. M., Foldly, E. G., Fairhurst, G. T., Jackson, B.	Sage Journals	Human Relations (Conceptual)	2020	United States, Australia	N/A	To deepen academic understanding of the social and relational aspects of leadership in modern institutions by exploring the theoretical and methodological challenges involved in empirical research on collective leadership	Leadership style
7	Hopkins, K., Meyer, M., Shera, W., & Peters, S. C.	Taylor and Francis	Human Service Organizations: Management, Leadership & Governance (Editorial)	2014	United States, Canada	N/A	To describe the challenges faced by leadership in nonprofit organisations in the post-recession period and offer potential solutions	Leadership style; Leadership challenges
8	Ward, C. L., Shaw, D., Anane-Sarpong, E., Sankoh, O., Tanner, M., & Elger, B.	Wiley Online Library	Bioethics (Empirical)	2017	Switzerland	Ghana, Tanzania	To explore the views of stakeholders involved in an international health research partnership in Ghana and Tanzania	Leadership challenges

9	Shirin, Andrey V.	DePaul University	Journal of Religion and Business Ethics (Conceptual)	2014	United States	N/A	To examine whether servant leadership is inherently Christian by analysing the writings of St. Augustine	Leadership style
10	Sullivan, W. P.	Taylor and Francis	Journal of Social Work Education (Review)	2016	United States	N/A	To provide an overview of the current state of leadership in social work, focusing on the distinct functions and challenges leaders encounter in the field	Leadership style Leadership challenges
11	Routhieaux, R. L.	Sagamore-Venture Publishing	Journal of Nonprofit Education and Leadership (Conceptual)	2015	United States	N/A	To discuss the advantages of shared leadership for nonprofits in addressing current trends, such as funding strains, collaboration, talent succession, demographic shifts, and accountability and transparency	Leadership style; Leadership challenges
12	Baysak, B., & Yener, M. I.	Elsevier	Procedia - Social and Behavioral Sciences (Empirical)	2015	Turkey	Turkey	To determine which leadership style is most effective in reducing the negative effects of stress on nonprofit hospital employees	Leadership style

FINDINGS

Based on the content of the twelve articles (Table 1), there are three significant findings about nonprofit leadership in the health sector:

LEADERSHIP STYLES

Seven reviewed articles examined various leadership styles: shared, collective, transformational, and servant. Shared leadership is explored in both a review [20] and a conceptual paper [24], demonstrating its positive impact in diverse contexts, such as child health initiatives in low- and middle-income countries, and its contribution to organisational resilience and patient care in healthcare organisations. This leadership style decentralises decision-making, empowering communities and healthcare workers to foster collective action in sustaining health outcomes [20]. Collective leadership was discussed in a conceptual paper [25] and an editorial [26], highlights the significance of distributing leadership across teams in nonprofit healthcare settings to address increasingly complex challenges. As an illustration, the interaction between co-leaders might reframe issues and bridge different institutional logics, such as between physicians and managers, to drive social change [25]. A review highlighted the importance of transformational leadership in healthcare in aligning individual and organisational goals to improve performance and prioritise patient-centred care [27]. Similarly, transformational leadership in nonprofit hospitals reduces employee stress, enhances organisational performance, and improves patient outcomes by fostering a supportive and motivating work environment [28]. A conceptual paper on servant leadership, grounded in both Christian values and secular thought founded by Robert Greenleaf, emphasises how it contributes to a people-centred approach in healthcare by prioritising the well-being and empowerment of staff and patients [18].

LEADERSHIP IN COMMUNITY HEALTH

Four of the twelve reviewed articles touch on leadership in community health. A review article [20] emphasizes how shared leadership is the highest form of community engagement achieved through participatory processes like the Community Action Cycle to promote long-term behavioural change and social cohesion in low- and middle-income countries. An empirical study about an evaluation of an NGO's intervention in Sri Lanka and Bangladesh frames leadership as an essential tool to address health inequities by fostering critical consciousness as capacity building, collaboration, and community ownership [29]. The search result also yielded two texts as part of 11 articles from a special publication on community health workers (CHW). These local leaders are the intermediaries between the health system and the community through health education, promoting behaviour change, and leading community health initiatives [30]. In addition, CHWs need to develop their leadership skills to as trusted figures who navigate dual roles in the health system and communities; furthermore, their selection, supervision, and evaluation may involve communities to foster a sense of ownership and enhance program sustainability [31].

CHALLENGES IN LEADERSHIP

Six of the twelve reviewed articles reveal systemic and social leadership challenges across global health, nonprofit organisations, social work, and CHW programs. A perspective paper highlights in global health, gender inequality restricts women's advancement into leadership roles, despite their ability to drive policies that improve outcomes for women and children [32]. The authors noted barriers to women's leadership in health include gender bias, discrimination, challenges in balancing career and family responsibilities, and health and safety concerns, especially in resource-poor settings. Two reviews noted that limited political support, inconsistent funding, and resource shortages hamper the impact of CHW leadership on improving health outcomes [30,31]. Nonprofits and social work sectors contend with increasing demand, tight budgets, and a growing need for leadership succession while also facing pressure to prioritise efficiency over client-centred care [27,33]. Empirical qualitative research on partnerships in international health research at Ghana and Tanzania highlighted collaborative leadership is key to fostering equitable partnerships, yet requires overcoming power imbalances between international researchers and local communities [33]. Across these fields, the shift towards more collaborative and decentralised leadership through collective and shared leadership styles is essential to driving sustainable, community-driven change but requires overcoming deep-rooted structural and cultural barriers within the organisation [24,27,32].

DISCUSSION

This scoping review examined leadership literature on health sector nonprofits by mapping the evidence variety and characteristics and identifying key leadership topics from twelve key articles identified from academic literature (Table 1). The three major leadership topics—leadership styles, leadership about community health, and challenges in leadership—are interconnected and collectively shape the leadership landscape in health sector NPOs.

First, leadership styles serve as a foundation for how leaders bring positive health impacts to their organisations and communities. The leadership styles identified—shared, collective, transformational, and servant leadership—orient toward others beyond the individual leader and about the interactive process with professional workers and communities [20,22,23,27–30]. Each leadership style offers distinct advantages. Shared leadership [18] and transformational leadership [28] enabled better well-being of healthcare workers and patients' care. Collective leadership of teams within the facility [25] and between a network of facilities [22] can maximise impact to address interdependent challenges faced by patients. Furthermore, shared leadership can sustain local ownership and capacities to drive improvements in child health [20] indicating community engagement enables succession of healthcare leadership in nonprofits beyond the public health intervention [21].

Second, the leadership styles discussed are closely tied to promoting community health. Shared leadership and collective leadership, for example, are directly applied in community health initiatives, where they empower communities to engage in decision-making processes and foster collective action [21]. The role of community health workers (CHWs) as leaders within their communities also reflects servant leadership principles, where CHWs focus on the well-being and

empowerment of the people they serve [30,31]. Thus, leadership styles are critical in fostering community ownership and collaboration, which are key to addressing health inequities and improving health outcomes in marginalised populations. These leadership styles address the challenges and complexities within healthcare systems, especially in low- and middle-income countries.

Lastly, structural and social challenges must be addressed to successfully apply leadership styles to ensure equitable and sustainable health services and outcomes. Systemic and social challenges, such as gender inequality, inadequate resources, and power imbalances, create barriers to effective leadership [32]. For example, limited political support and inconsistent funding hinder the ability of shared or collective leadership to achieve sustainable health outcomes [30-33]. Similarly, gender inequality in leadership roles undermines the potential of transformational or servant leadership to create more inclusive and effective healthcare systems [32].

CONCLUSION

This scoping review provides insights into nonprofit leadership in the health sector, an underexplored area of healthcare leadership. The findings emphasise the prominence of leadership styles such as transformational, servant, collective, and shared leadership in addressing healthcare challenges and improving outcomes in diverse settings. Understanding and implementing these traditional and alternative leadership styles is crucial to delivering better health outcomes in low- and middle-income countries and improving global health. Nonetheless, this effort requires strong political support, reliable funding, and gender equity.

The authors followed the rigorous PRISMA-ScR methodology to ensure the review process was transparent. This review also maintains relevance to current health challenges by focusing on literature searches in the past decade. However, the review is limited by its small sample size (12 articles) or 0.6% of its yield and can be improved with more variety in single keywords instead of phrases. The review did not yield articles discussing nonprofit leadership in the health sector from non-Western contexts, limiting its broader applicability. To address these two limitations, future reviews should add region names in the search strategy and include non-English language articles. Lastly, the yield from this review is mainly non-empirical (conceptual, editorial, perspective, and reviews), hindering the generalizability of its findings. Future studies can improve this by adding grey literature, such as case studies and reports from non-academic platforms, to provide practical and real-world insights into leadership. Further research on nonprofit leadership in the health sector in diverse settings can improve understanding of context-specific leadership strategies to improve health systems and outcomes more effectively and sustainably.

ACKNOWLEDGMENTS

The authors would like to express our gratitude to Prof. Bambang Shergi Laksono, Dr Erna Dinata, Prof. Isbandi Rukminto, Dr Sari Viciawati Machdum, and Dr Triyanti Anugrahini for their support throughout the study.

CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest.

References

1. Adi IR. Kesejahteraan Sosial: Pekerjaan sosial, pembangunan sosial, dan kajian pembangunan. 2nd ed. Rajawali Pers; 2015. 280 p.
2. Figueroa CA, Harrison R, Chauhan A, Meyer L. Priorities and challenges for health leadership and workforce management globally: a rapid review. *BMC Health Serv Res*. 2019 Dec;19(1):239.
3. Wilson MG, Lavis JN, Guta A. Community-based organisations in the health sector: A scoping review. *Health Res Policy Syst*. 2012 Nov 21;10(1):36.
4. Lega F, Prenestini A, Rosso M. Leadership research in healthcare: a realist review. *Health Serv ...* [Internet]. 2017; Available from: <https://journals.sagepub.com/doi/abs/10.1177/0951484817708915>

5. Spanos S, Leask E, Patel R, Datyner M, Loh E, Braithwaite J. Healthcare leaders navigating complexity: a scoping review of key trends in future roles and competencies. *BMC Med Educ*. 2024 Jul 3;24(1):720.
6. Wu Y, Awang SR, Ahmad T, You C. A systematic review of leadership styles in healthcare sector: Insights and future directions. *Geriatr Nur (Lond)*. 2024 Sep;59:48–59.
7. World Population Review. Western Countries 2024 [Internet]. [cited 2024 Sep 17]. Available from: <https://worldpopulationreview.com/country-rankings/western-countries>
8. World Health Organization. World Health Statistics 2024.pdf [Internet]. 2024 [cited 2024 Sep 20]. Available from: <https://www.who.int/publications/i/item/9789240094703>
9. Anheier HK, Toepler S. *Nonprofit Organizations: Theory, Management, Policy*. Third. New York; 2023.
10. Findley MG, Milner HV, Nielson DL. The choice among aid donors: The effects of multilateral vs. bilateral aid on recipient behavioral support. *Rev Int Organ*. 2017 Jun;12(2):307–34.
11. Kasper T, Yamey G, Dwyer S, McDade KK, Lidén J, Lüdemann C, et al. Rethinking how development assistance for health can catalyse progress on primary health care. *The Lancet*. 2023 Dec 9;402(10418):2253–64.
12. Hasenfeld Y. What Exactly Is Human Services Management? *Hum Serv Organ Manag Leadersh Gov*. 2015 Jan;39(1):1–5.
13. Simsa R. Leadership. In: Toepler S, Anheier HK, editors. *The Routledge Companion to Nonprofit Management*. First. New York: Routledge; 2020.
14. Aij KH, Rapsaniotis S. Leadership requirements for Lean versus servant leadership in health care: a systematic review of the literature. *J Healthc Leadersh*. 2017 Jan 18;9:1–14.
15. Demeke GW, van Engen ML, Markos S. Servant Leadership in the Healthcare Literature: A Systematic Review. *J Healthc Leadersh*. 2024 Jan 3;16:1–14.
16. Czabanowska K. LEADERSHIP IN PUBLIC HEALTH: 2014;
17. National Health Services. Explore the Healthcare Leadership Model [Internet]. [cited 2024 Sep 10]. Available from: <https://www.leadershipacademy.nhs.uk/healthcare-leadership-model/explore-the-healthcare-leadership-model/>
18. Shirin AV. Is servant leadership inherently Christian? *J Relig Bus Ethics* [Internet]. 2014; Available from: <https://via.library.depaul.edu/jrbe/vol3/iss1/13/>
19. Osti T, Valz Gris A, Corona VF, Villani L, D'Ambrosio F, Lomazzi M, et al. Public health leadership in the COVID-19 era: how does it fit? A scoping review. *BMJ Lead*. 2024 Jun;8(2):174–82.
20. Farnsworth SK, Böse K, Fajobi O, Souza PP, Peniston A, Davidson LL, et al. Community Engagement to Enhance Child Survival and Early Development in Low- and Middle-Income Countries: An Evidence Review. *J Health Commun*. 2014 May 6;19(sup1):67–88.
21. Geib N, Boenigk S. Improving nonprofit succession management for leadership continuity: A shared leadership approach. *Nonprofit Manag Leadersh*. 2022;33(1):59–88.
22. Brún AD, McAuliffe E. Exploring the potential for collective leadership in a newly established hospital network. *J Health Organ Manag*. 2020;34 4:449–67.
23. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018 Oct 2;169(7):467–73.
24. Routhieaux R. Shared leadership and its implications for nonprofit leadership. ... *Nonprofit Educ Leadersh* [Internet]. 2015;(Query date: 2024-08-10 19:55:14). Available from: <https://js.sagamorepub.com/index.php/jnel/article/view/6529>
25. Ospina SM. Collective leadership and context in public administration: Bridging public leadership research and leadership studies. *Public Adm Rev* [Internet]. 2017; Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/puar.12706>
26. Hopkins K, Meyer M, Shera W, Peters SC. Leadership Challenges Facing Nonprofit Human Service Organizations in a Post-Recession Era. *Hum Serv Organ Manag Leadersh Gov*. 2014 Oct 20;38(5):419–22.
27. Sullivan WP. Leadership in Social Work: Where Are We? *J Soc Work Educ*. 2016 Jul 13;52(sup1):S51–61.
28. Baysak B, Yener Mİ. The Relationship Between Perceived Leadership Style and Perceived Stress on Hospital Employees. *Procedia - Soc Behav Sci*. 2015 Oct;207:79–89.

29. Saxon A, Ford JV. "Now, I am Empowered. Now, I am a Woman With Spirit": Evaluating CARE's Public Health Work Through a Community-Organizing Framework in Sri Lanka and Bangladesh. *Int Q Community Health Educ.* 2021 Apr;41(3):241–58.
30. Perry HB, Chowdhury M, Were M, LeBan K, Crigler L, Lewin S, et al. Community health workers at the dawn of a new era: 11. CHWs leading the way to "Health for All." *Health Res Policy Syst.* 2021 Oct;19(S3):111.
31. LeBan K, Kok M, Perry HB. Community health workers at the dawn of a new era: 9. CHWs' relationships with the health system and communities. *Health Res Policy Syst.* 2021 Oct;19(S3):116.
32. Downs JA, Reif LK, Hokororo A, Fitzgerald DW. Increasing Women in Leadership in Global Health: *Acad Med.* 2014 Aug;89(8):1103–7.
33. Ward CL. Defining health research for development: The perspective of stakeholders from an international health research partnership in Ghana and Tanzania. *Dev World Bioeth.* 2018;18(4):331–40.