

AN EXPLORATION OF LEADERSHIP CHALLENGES IN GOVERNMENT HOSPITALS IN INDIA DURING HEALTH CRISES

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ABSTRACT

INTRODUCTION

Leadership in Indian government hospitals faces serious challenges during health crises like the COVID-19 pandemic, including bureaucratic delays, resource constraints, and ethical dilemmas in resource usage. These issues are further worsened by federal-state tension, inadequate adaptive competency, and systemic inequities, usually resulting in suboptimal crisis response and burnout. This paper includes a systematic literature review (SLR) for exploring these challenges and dynamics to inform practice and policy. By critically reviewing existing literature, the study focuses on bridging the gap in understanding crisis-specific stressors and general healthcare management problems, highlighting the need for a transformative approach in resource-deficient settings.

METHOD

The SLR method follows PRISMA guidelines, searching databases such as Scopus, PubMed, and Google Scholar. 17 articles were finally selected to be included in the study following the inclusion and exclusion criteria specified. Major themes were identified from the extensive review of the selected articles.

RESULTS

Three interconnected themes emerged: systemic operational challenges covering sub-themes of resource scarcity and governance delays; leadership styles and competencies, including adaptive deficits and mental health gaps; and policy reforms, which covered decentralisation and training as sub-themes. Sub-themes revealed crisis-specific aggravated challenges, such as rural inequities and burnout, with regional successes like Kerala's (Indian State) adaptive strategies contrasting national hierarchical failures.

CONCLUSION

The review reveals the importance and need for an evolutionary leadership shift to develop resilience in Indian hospitals. Recommendations include adaptive training, decentralisation, mental health support, global partnerships, and post-crisis evaluations.

KEYWORDS

Leadership challenges, government hospitals, health crises, adaptive leadership, resource scarcity, and policy reforms.

INTRODUCTION

Leadership in government healthcare organisations in India is the foundation of public health resilience. Specifically, during health crises like the COVID-19 pandemic, leaders have to adapt responses amid high patient loads, bureaucratic challenges, and resource constraints. [1] Healthcare organisations cater to the needs of a diverse population, often in urban or under-resourced settings, making efficient leadership mandatory for mitigating the impacts of crises like the COVID-19 pandemic. Challenges, including staff burnout, ethical decision-making in limited resource conditions, and adapting to rapidly changing policies, might result in systemic failures if not addressed in a timely manner. [2, 3] The pandemic revealed that frontline leaders in Indian hospitals faced challenges attributed to mental health strain and supply shortages, compounding the pre-existing struggles in the decentralised healthcare system. [4] This paper uses a systematic literature review (SLR) for qualitative exploration of these dynamics, drawing evidence from 17 peer-reviewed articles published between 2019 to 2025. The study aims to gather qualitative insights by focusing on themes like the adaptive approach and policy gaps in the Indian settings. Through this, the paper further focuses on presenting informed strategies for improving leadership effectiveness.

The SLR responds to three primary research questions:

RQ1: What are the primary challenges faced by leaders in Indian government hospitals, particularly during a health crisis?

RQ2: How do leadership competency and style influence crisis response effectiveness in such situations?

RQ3: What structural reforms and policies are recommended to enhance leadership resilience for future health crises?

These RQs facilitate a thematic synthesis, contributing to a deeper understanding of leadership in resource-constrained environments.

LITERATURE REVIEW

The Systematic Literature Review (SLR) drew qualitative evidence (conceptual knowledge, existing issues, theoretical aspects, etc.) from 17 studies, the findings of which reveal consistent patterns of adaptive deficiency, operational disruption, and reform imperative, linked to the unique federal state health dynamics of India. [6]

SYSTEMIC BARRIERS

Key findings highlight systemic barriers compounded by crises. For instance, healthcare providers in India reported resource shortages and serious mental health impacts during the pandemic, with leaders facing ethical dilemmas in staff management and triage. [2] Exploratory studies in Eastern India revealed managerial ineffectiveness because of occupational stress and inconsistent guidelines, resulting in a decline in service quality. [15] Frontline managers faced hurdles in policy implementation, like innovative but unsustainable workloads and human resource gaps, specifically in rural areas. [7] The vulnerability in the healthcare system was evident during the second wave of COVID-19; governance weaknesses delayed responses, and federal-state tensions amplified fragility. [8] A systematic review of the distribution of services revealed leadership failure in the supply chain, largely affecting the vulnerable portion of government hospitals. [10]

LEADERSHIP COMPETENCY AND STYLE

On leadership styles, the adaptive approach was reported to be crucial, yet it was underdeveloped. A conceptual framework on adaptive leadership in crisis revealed the need for evolutionary transformation, including the promotion of collaboration and distress regulation during uncertainty. [17] A qualitative descriptive study focused on the Kerala region revealed successful strategies like community engagement and swift adaptation in the initial phase of the pandemic, suggesting a flexible leadership style. [11] Theories on healthcare leadership revealed challenges in pragmatic decision-making and emotional labour, suggesting significant competency gaps. [16] Global reviews showed a buffering effect of sense of coherence for the mitigation of mental health stress on leaders [14], though it is underutilised in the Indian setting. Evidence from Indonesia shows the role of the transformational leadership style in improving hospital performance, offering a parallel for the Indian setting, where hierarchical models usually weaken. [3]

POLICY AND STRUCTURAL REFORMS

Post-COVID-19 pandemic analysis promoted adaptive governance beyond just coverage, focusing on multidimensional reforms for building resilience. [12] Evaluation of public health policy identified failure in India's counter-response, forecasting needs for training and decentralised incentives. [5] During the pandemic, hospital response strategies, drawing on qualitative evidence, recommended preparedness simulation and intersectoral coordination to overcome challenges like communication failure. [9] Insights from Bangladesh showed similar issues to the Indian context, highlighting policy gaps and professional burnout. [13], presenting cross-regional learning. Resilient hospital building learnings from the Eastern Mediterranean Region, focused on context-specific adaptation [6], are transferable to resource-limited Indian settings. Innovative strategies were linked to evolutionary transformation during COVID-19, stressing the shift from a reactive to a proactive leadership approach. [1] Table 1 summarises the 17 sources, including authors, year, focus, methods, main findings, geographic focus, and a structured quality assessment based on CASP (Critical Appraisal Skills Programme) (High to Low).

TABLE 1: SUMMARY OF RESEARCH PUBLICATION USED IN STUDY

| Authors and Year | Study Focus | Methodology | Key Findings | Geographic Focus | Quality/Rigor (Indicative) [CASP] |
|------------------------------|---|--|---|---|-----------------------------------|
| Nimavat N et al., 2022 [10] | Pandemic effects on healthcare service distribution | Systematic review with qualitative synthesis | Leadership failures in supply chains are affecting equitable access | India | High |
| Schäfer SK et al., 2020 [14] | COVID-19 impact on public mental health | Qualitative buffering effect analysis | Sense of coherence buffers mental health strains in crises | Germany | High |
| Singh PK et al., 2024 [16] | Navigating healthcare leadership theories | Thematic qualitative study | Theories, challenges, and insights for future leadership practices | Global (general, with Indian relevance) | High |
| Sott MK et al., 2025 [17] | Role of adaptive leadership in crises | Systematic review and conceptual framework | Framework for adaptive competencies in times of crisis | Global | High |
| Fahlevi M et al., 2022 [22] | Leadership style and hospital performance | Empirical qualitative evidence | Transformational leadership enhances crisis outcomes and performance | Indonesia | Moderate-High |
| Gauttam P et al., 2021 [5] | Public health policy and COVID-19 response in India | Empirical policy analysis | Critiques policy failures and recommends reforms for better crisis combating. | India | Moderate-High |
| Khalil M et al., 2022 [6] | Building resilient hospitals during COVID-19 | Lessons from qualitative analysis | Context-specific strategies for resilience in | Eastern Mediterranean Region | Moderate-High |

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|---------------------------------|--|---|---|------------------|---------------|
| | | | resource-limited settings | | |
| Kundapur R et al., 2023 [7] | Frontline managers' challenges in COVID-19 policy implementation | Qualitative analysis | Human resource gaps and innovative responses in multi-state settings | India | Moderate-High |
| Razu SR et al., 2021 [13] | Challenges for healthcare professionals in COVID-19 | Qualitative inquiry | Burnout, policy gaps, and professional strains during the pandemic | Bangladesh | Moderate-High |
| Mohammadinia L et al., 2023 [9] | Hospital response challenges and strategies in COVID-19 | Qualitative study with interviews | Coordination gaps and preparedness needs for effective crisis management | Iran | Moderate-High |
| Prajitha KC et al., 2021 [11] | Strategies and challenges in Kerala's COVID-19 response | Qualitative descriptive study | Effective adaptations in the initial phase, with community engagement key | India (Kerala) | Moderate-High |
| Rao NV et al., 2021 [12] | Adaptive governance for post-COVID reforms | Qualitative reform analysis | Multidimensional resilience beyond coverage, emphasising shared accountability | India | Moderate-High |
| Crain MA et al., 2021 [1] | Healthcare leadership preparation and transformation during COVID-19 | Qualitative narrative analysis | Emphasises innovative preparation leading to evolutionary changes in leadership roles for crisis resilience | Global (general) | Moderate |
| Filip R et al., 2022 [4] | Global public health challenges during COVID-19 | Qualitative review of measures and problems | Systemic strains, policy gaps, and the need for buffering strategies in pandemics. | Global | Moderate |
| Sengupta M et al., 2021 [15] | Challenges for providers in COVID-19 times | Exploratory qualitative study | Managerial stress and inefficiencies | India (Eastern) | Moderate |

| | | | | | |
|----------------------|--|---------------------------|--|-------|----------|
| | | | from guidelines and shortages | | |
| Malik MA, 2022 [8] | Health system fragility in pandemics | Qualitative data analysis | Governance weaknesses and lessons from India's second COVID-19 wave | India | Moderate |
| Debbarma S, 2023 [2] | Challenges for healthcare professionals in India during COVID-19 | Exploratory (Editorial) | Resource shortages and mental health strains as major barriers in Indian hospitals | India | Low |

CASP Legend (indicative):

- High = systematic/structured analysis or strong theoretical rigor
- Moderate-High = solid analytic work with some scope limits
- Moderate = narrative/descriptive with peer review but limited structure
- Low = editorial/opinion, no primary data used

GAPS IDENTIFIED IN THE LITERATURE

The SLR revealed notable gaps in research on leadership challenges in Indian government hospitals during a health crisis, particularly COVID-19. Various sources focused on systemic issues like bureaucratic delay and resource scarcity, but there is limited comparative study across different regions of the country, like district-tertiary or rural-urban divides, with some isolated examples like Kerala. Accountability mechanisms and clinical managerial conflicts are some of the underexplored areas, though briefly mentioned in the literature, but not analysed extensively. Mental health support strategies for leaders are discussed globally, but their implementation in an Indian-specific context is sparse, usually overlooking the long-term burnout impact on vulnerable populations. Furthermore, the adaptive leadership framework is conceptualised, but studies lack long-term tracking of post-crisis reforms, like the evolution of federal-state tension or training efficacy. Global comparisons are limited, with missed opportunities of contrasting India's challenges with successful strategies from regions like Indonesia and the Eastern Mediterranean. The gaps present the need for rigorous and mixed-method research, including quality assessment and a global perspective, to improve leadership resilience in future uncertainties.

METHODOLOGY

This SLR methodology complies with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. [18] As an SLR approach, narrative themes are synthesised from peer-reviewed sources.

CASP, a well-established tool used to systematically assess the quality, trustworthiness, and relevance of research evidence. A structured critical appraisal using CASP tools is performed on the study using an appropriate CASP checklist per study type (qualitative/systematic review/cohort-adapted for analytic quantitative paper) based on the information provided in the selected articles. CASP criteria are condensed into five domains: 1) aims & method fit, 2) design & recruitment, 3) data collection & ethics, 4) analysis rigor & reflexivity, and 5) findings clarity & value and summarised into the CASP summary table (see Appendix 1).

INCLUSION AND EXCLUSION CRITERIA

The inclusion criteria followed for the selection of articles are:

- Peer-reviewed articles from 2019 to 2025
- Articles focused on leadership in an Indian government hospital (or comparable) during COVID-19
- English, open-access articles

The exclusion criteria were based on:

- Reports or non-peer-reviewed articles
- Non-crisis context
- Irrelevant research focus, for example, studies conducted in private hospitals

SEARCH STRATEGY

An initial search was conducted on three major databases, PubMed, Scopus, and Google Scholar, using the Boolean strings "leadership challenges" AND "government hospitals" AND India. AND COVID-19; "adaptive leadership" AND "public health"; "adaptive leadership" AND pandemic and other combinations for the 2019 to 2025 period. The initial result showed 200 records, and PRISMA was followed on this, as shown in Figure 1. On screening, 50 duplicates were removed, and on title/abstract screening, 120 were excluded. The remaining 30 articles were searched for full text, of which 4 were not accessible; lastly, 17 articles were included in the SLR.

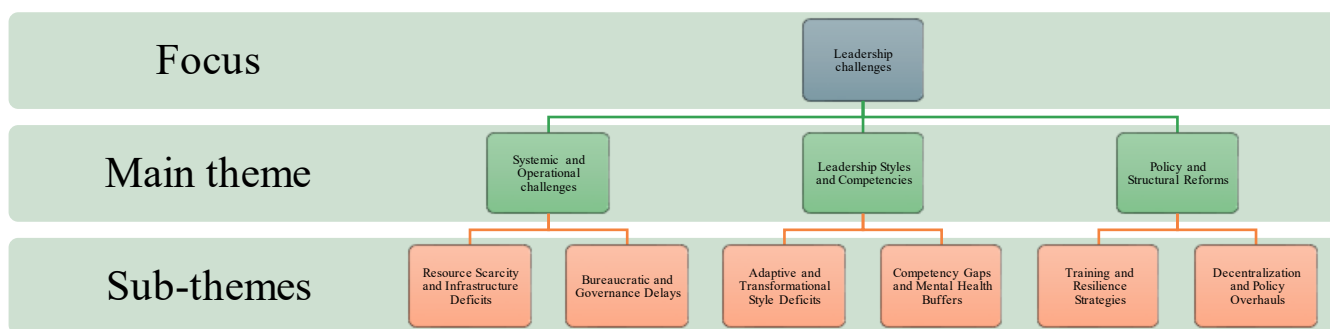
FIGURE 1: PRISMA FLOWCHART



FINDINGS

The review revealed three interconnected themes that capture the complexities of leadership challenges in Indian government hospitals during a health crisis, specifically the COVID-19 pandemic, as shown in Figure 2. The themes show the dynamic relationship between operational barriers, leadership, and reform needs, suggesting how systemic pressures cascade into demand for long-term structural changes and enhanced competencies. The interplay maps to research questions; systemic issues under RQ1 create the need for adaptive competencies in RQ2, eventually pointing toward policy reforms in RQ3.

FIGURE 2: IDENTIFIED THEMES IN SLR



THEME 1: SYSTEMIC AND OPERATIONAL CHALLENGES (ADDRESSING RQ1)

This dominant theme focuses on the foundational hurdles that compound leadership difficulties in the public health system in India during crises, differentiating crisis-specific stressors from usual operational challenges. It explicitly links the issues to pandemic-induced pressures like supply disruptions and overwhelming patient load, rather than treating them as perennial issues in complicated health institutions. This theme demonstrates the way operational barriers affect leadership efficacy, necessitating a focus on adaptive approaches. The sub-themes under this highlight how resource constraints and governance inefficiency create a vicious cycle of ethical strain and inefficiency.

Sub-theme 1.1: Resource Scarcity and Infrastructure Deficits

The subtheme of resource scarcity and infrastructure deficit emerges dominantly; leaders in government hospitals struggled with shortages of medical staff, basic facilities, and essential supplies, usually resulting in profound ethical dilemmas in care allocation and patient triage. [2,15] During the pandemic, healthcare professionals reported disruption in service distribution; rural areas suffered disproportionately because of logistical failures and inadequate infrastructure. [10] This constraint strained regular operations and heightened mental health impacts on staff and leaders, fostering reduced morale and burnout in a high-pressure workplace. [14] Studies further revealed that these constraints, although present in non-crisis times, were magnified by demands during the pandemic, like sudden spikes for PPE and ventilators, forcing leaders to improvise without sufficient backup. [4, 13] Global overviews frame resource issues as manageable by leveraging innovation, but in the Indian context, the inequity is highlighted, and vulnerable populations in remote locations bear the consequences, showing a gap in equitable response. [5, 8]

Sub-theme 1.2: Bureaucratic and Governance Delays

This subtheme illustrates hurdles in policy implementation, including federal-state tensions and obstructed timely crisis response. [7, 8] Frontline managers chalked out innovative but unsustainable strategies for navigating through delayed approvals and inconsistent guidelines, hindering leadership effectiveness and amplifying systemic fragilities. [7] The second COVID-19 wave in India witnessed deeper governance loopholes, like poor coordination between state and central authorities, resulting in operational disruptions that could have been overcome with agile structures. [8] This subtheme differentiates pandemic-specific delays, like procurement bottlenecks, from usual administrative issues.

THEME 2: LEADERSHIP STYLES AND COMPETENCIES (ADDRESSING RQ2)

This theme dives into how deficiencies in transformational and adaptive leadership approaches undermine crisis management effectiveness, highlighting a critical gap in current strategies. It maps challenges to theoretical frameworks like the transformational and contingency models. This theme illustrates the way leadership style and competency deficits amplify systemic issues (RQ1), paving the way for specific reforms.

Sub-theme 2.1: Adaptive and Transformational Style Deficits

The sub-theme shows that leaders usually opt for hierarchical models, which are ineffective in dynamic crises, resulting in suboptimal responses and missed opportunities for improvement. [1, 3, 17] For example, in Kerala, adaptive strategies focusing on rapid decision-making and community collaboration were successful in the initial phase of the pandemic, contrasting with failures in rigid systems in other parts of the country. [11] Comparative details from Indonesia show that

transformational leadership style fosters flexibility and motivation, significantly enhancing hospital performance, and provides valuable lessons for the Indian setting. [3] Innovative preparation, resulting in evolutionary transformation, emerges as a mandatory aspect, with research stressing a shift from a reactive hierarchical model to a proactive team-oriented approach to better manage crises. [1, 16, 17] This sub-theme focuses on the impact of leadership style on outcomes, like better resource utilisation and enhanced staff resilience, while chalking out lack of flexibility in Indian government hospitals.

Sub-theme 2.2: Competency Gaps and Mental Health Buffers

The focus of this sub-theme is on unaddressed skills like emotional intelligence and distress regulation, contributing to widespread leadership burnout during prolonged uncertainty. [14, 16] Buffering methods like the sense of coherence reported mitigation of mental health impacts in a global setting, but were not explored in the Indian setting because the theoretical insights usually fail to translate into a practical setting in India's rigid system. [4, 13] Research highlights the requirement of competency development to bridge the gaps, revealing that inadequate skills reduce crisis readiness and exacerbate ethical stress. [16]

THEME 3: POLICY AND STRUCTURAL REFORMS (ADDRESSING RQ3)

The forward-looking theme is based on resilience building via systemic changes, including global lessons to inform India-specific strategies and presenting actionable insights to address underexplored issues.

Sub-theme 3.1: Decentralisation and Policy Overhauls

Decentralisation and policy overhauls require granting local autonomy to overcome bureaucratic delays, with post-COVID analysis stressing multidimensional governance, including shared accountability for resolving federal stress. [5,12] Policy forecast in the Indian setting reveals the need for a tailored response for the vulnerable population, moving ahead of cost-focused metrics to a more equitable framework. Global studies reinforce this by critiquing one-size-fits-all practice and presenting a decentralised model to improve responsiveness. [4]

Sub-theme 3.2: Training and Resilience

This focuses on innovative preparation as a major parameter for leadership evolution, drawing from global examples like the resilience hospital building in the Eastern Mediterranean, suggesting intersectoral coordination. [6, 9, 17] A study focusing on Bangladesh provides a parallel for incentive-based training, focusing on preparedness to bridge operational gaps and mitigate mental health stress. [13] This sub-theme is linked to RQ2, proposing the integration of an adaptive framework into policy for sustainable resilience.

RECOMMENDATIONS

Various actionable recommendations have emerged to address the leadership challenges in Indian government hospitals during a health crisis, like the COVID-19 pandemic. These recommendations aim to bridge systemic gaps, improve adaptive competency, and promote resilient reforms, directly addressing the research questions by mitigating operational barriers (RQ1), enhancing leadership styles (RQ2), and promoting policy changes (RQ3). Through the recommended changes, administrators and policymakers can evolve crisis response from reactive to proactive, improve outcomes, and reduce inequities.

RECOMMENDATION 1: IMPLEMENT ADAPTIVE TRAINING PROGRAMS

Incorporate an adaptive training program to build competencies among leaders. [17] For example, the conceptual model emphasises the development of evolutionary leadership, incorporating scenario-based and simulation exercises to develop skills like flexible decision-making and distress regulation. [1,17] This could be achieved through workshops tailored to the Indian setting, drawing on global insights to bridge gaps identified in qualitative studies, eventually reducing burnout and improving crisis readiness. [16] The training would directly address hierarchical deficits found in frontline managers, promote transformational styles to improve ethical handling of resources, and enhance team motivation.

RECOMMENDATION 2: DECENTRALISED AUTHORITY

Decentralise authority to reduce bureaucratic delays and empower local leaders, since centralised structures often aggravate federal-state strain during a crisis. [5,12] Policy suggests shifts in decision-making power to the hospital level, allowing timely responses in case of demand surges, like procurement of supplies without wasting time on national approvals. [5, 8] This reform would promote agility, as seen in regional models like community-driven adaptation in Kerala, and align with the requirement of multidimensional governance to provide equitable services.

RECOMMENDATION 3: IMPROVE MENTAL HEALTH SUPPORT

Improve mental health support for leaders in government hospital settings through dedicated strategies and programs, including buffering mechanisms to overcome emotional strain and burnout. [2] Studies revealed a significant psychological impact from resource constraints, suggesting interventions like coherence building and unselling strategies for maintaining leadership efficacy. [14] This is important for sustainable morale in a high-pressure workplace, as evidence from reviews suggests that mental health prioritisation improves outcomes. [4]

RECOMMENDATION 4: FOSTER GLOBAL PARTNERSHIPS

Foster global partnership to support resilience, using lessons on cross-cultural strategies from regions like Bangladesh and the Eastern Mediterranean. [6, 13] Collaborative initiatives could include knowledge-sharing on resilient hospital models and intersectoral coordination, adapting successful practices to India's context to address underexplored issues like clinical-managerial conflicts. [9]

RECOMMENDATION 5: EVALUATE REFORMS QUALITATIVELY POST-CRISIS

Qualitatively evaluate reforms post-crisis through feedback loops and thematic assessment to understand effectiveness and refine accordingly. Hospital response strategies advocate for this practice to keep track of long-term impacts, ensuring reforms evolve simultaneously based on empirical findings (based on empirical studies in SLR). [9] Collectively, these recommendations provide a roadmap for transforming leadership and promoting sustainability and equity in India's public health system.

CONCLUSIONS

The review has highlighted the multifaceted leadership challenges in Indian government hospitals during a health crisis, specifically COVID-19, through an analysis of 17 peer-reviewed articles from 2019 to 2025. Systemic barriers, adaptive leadership style deficits, and the imperative for policy reforms were the three identified themes, addressing research questions and suggesting that crisis-specific stressors compound longstanding inequities. Findings reveal the requirement for a shift from the traditional hierarchical leadership model to a flexible, resilient model, supported by regional success stories like Kerala's. These results give policymakers a road map for improving crisis preparedness and equity by promoting international collaborations and mental health assistance. In order to assess the effects of reform, future research should use longitudinal mixed-methods studies. This will help to fortify India's public health system against new challenges and ensure ethical, long-lasting leadership for people who are at risk.

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APPENDIX 1: CASP SUMMARY TABLE

| Authors and Year | CASP tool used | Overall Appraisal |
|---------------------------------|--|-------------------|
| Nimavat N et al., 2022 [10] | Systematic-Review | High |
| Schäfer SK et al., 2020 [14] | Cohort (CASP-adapted to cross-sectional analytics) | High |
| Singh PK et al., 2024 [16] | Qualitative (thematic/conceptual) | High |
| Sott MK et al., 2025 [17] | Systematic-Review | High |
| Fahlevi M et al., 2022 [22] | Qualitative | Moderate-High |
| Gauttam P et al., 2021 [5] | Qualitative (policy analysis) | Moderate-High |
| Khalil M et al., 2022 [6] | Qualitative (multi-setting lessons) | Moderate-High |
| Kundapur R et al., 2023 [7] | Qualitative | Moderate-High |
| Razu SR et al., 2021 [13] | Qualitative | Moderate-High |
| Mohammadinia L et al., 2023 [9] | Qualitative | Moderate-High |
| Prajitha KC et al., 2021 [11] | Qualitative | Moderate-High |
| Rao NV et al., 2021 [12] | Qualitative (policy analysis) | Moderate-High |
| Crain MA et al., 2021 [1] | Qualitative | Moderate |
| Filip R et al., 2022 [4] | Systematic-Review | Moderate |
| Sengupta M et al., 2021 [15] | Qualitative (exploratory) | Moderate |
| Malik MA, 2022 [8] | Qualitative (descriptive) | Moderate |
| Debbarma S, 2023 [2] | Qualitative (applied to editorial) | Low |