

# Culture Change: The Nexus of Leadership, Organisational Development Models, and Coaching Cultures in Healthcare

**Dr. Virginia Bianco-Mathis**

Marymount University, Arlington, VA, USA

**Dr. Darrell Norman Burrell**,  <https://orcid.org/0000-0002-4675-9544>

Associate Professor, Marymount University, Arlington, VA, USA

**Corresponding author:** Dr. Darrell Norman Burrell, [dburrell@marymount.edu](mailto:dburrell@marymount.edu)

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**Abstract:** *The COVID-19 pandemic has ushered in an era of unparalleled challenges for healthcare systems worldwide. As hospitals and healthcare organizations shoulder the immense responsibility of delivering critical care to patients, they have grappled with an array of dynamic and intricate cultural challenges that have emerged during the pandemic and continue to shape the healthcare landscape in the U.S. This paper embarks on a vital exploration into the multifaceted realm of organizational cultural change within the context of healthcare institutions. By delving into the intricacies of cultural transformation during and after the pandemic, this research inquiry, grounded in a comprehensive review of research theories and the latest literature, not only seeks to provide a deeper understanding of the evolving dynamics within healthcare organizations but also offers a novel perspective on the navigation of these complexities. The importance of this research lies in its ability to shed light on the profound shifts in workplace dynamics and priorities brought about by COVID-19, thereby contributing valuable insights that can guide healthcare leaders and practitioners in adapting to this new reality and fostering resilient healthcare systems for the future.*

**Keywords:** change management, organisational agility, organisational adaptability, resistance to change, healthcare administration, healthcare leadership, transformational leadership, COVID-19.

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## Introduction

The COVID-19 pandemic, caused by the novel coronavirus SARS-CoV-2, has posed unparalleled challenges to healthcare systems globally. As the primary institutions tasked with providing critical care to patients, hospitals have encountered dynamic and multifaceted cultural challenges during and after the onset of the pandemic. One of the foremost cultural challenges hospitals confronted during the COVID-19 pandemic was the allocation of limited resources, such as ventilators, personal protective equipment (PPE), and intensive care unit (ICU) beds. The surge in COVID-19 patients overwhelmed many hospitals, forcing healthcare providers to make difficult decisions about resource allocation. Ethical considerations, including the principles of distributive justice and maximizing benefits, guided these decisions (Emanuel et al., 2020).

Hospitals were also faced with the critical organisational cultural issue of workforce management. The pandemic placed immense pressure on healthcare workers, leading to concerns about burnout and mental health. Ensuring the safety of healthcare professionals while maintaining a sufficient workforce became paramount. Hospitals had to adapt rapidly by implementing telemedicine solutions, redeploying staff, and providing adequate mental health support (Greenberg et al., 2020). The financial implications of the pandemic posed a significant organisational and cultural challenge for hospitals. The cancellation of elective procedures and decreased patient volumes during the initial wave of the pandemic resulted in substantial revenue loss. Simultaneously, hospitals faced increased costs related to PPE procurement, staff overtime, and facility modifications. These financial pressures jeopardized the stability of healthcare systems, especially those with limited reserves (Czeisler et al., 2020).

COVID-19 accelerated the need for organisational cultural change in healthcare delivery. Hospitals had to adopt telehealth services, implement AI-driven diagnostic tools, and reconfigure their physical spaces to minimize virus transmission. The pandemic underscored the importance of technology and innovation in providing efficient and accessible healthcare services (Hollander & Carr, 2020). How do you change an organisation's culture? This is a question that leaders, practitioners, and researchers have pondered since the concept of "culture" was defined decades ago. In this time of COVID-19 and other crisis events, leaders are, not surprisingly, reflecting on their organisations' cultures. Those leaders whose organisations have strong cultures are working to leverage and expand that culture beyond the four-walls of corporate headquarters and make it live in the new virtual and hybrid 'work from anywhere' world. Leaders whose organisations have weak cultures are scrambling to take advantage of this time of transformation and create something vital and new.

Certainly, the authors unfortunately have the ostriches who have put their heads in the sand and are just waiting it out, hoping that everything will return to "normal." Nevertheless, what is normal? As Sneader and Singhal state (summarizing the McKinsey 2021 Trends Report), "The next normal is going to be different. It will not mean going back to the conditions that prevailed in 2019. Indeed, just as the terms 'prewar' and 'postwar' are commonly used to describe the 20th century, generations will likely discuss the pre-COVID-19 and post-COVID-19 eras" (2021: 1). As the endless blogs, articles, podcasts, newspaper items, and journals are espousing, this time of leading across the virtual divide is taxing even the most positive cultures. Everything is magnified in a hybrid culture (Putter, 2021; Wilkes, 2021). You cannot just communicate; you must communicate in new ways with focus and empathy. You cannot just hold virtual meetings; you must engage and make people feel involved. You cannot just pay people, coach, train, brainstorm, and send emails—you must embrace new technology and group software, demonstrate vulnerability, provide participative accountability, and build a sense of human connection across continents (Dewar et al., 2020; Levenson & McLaughlin, 2020; Loh & Fishbane, 2020; Udemy, 2021). As CEO Martin Hartshorne says (as referenced by Patton, 2021), "COVID has accelerated the development of communication and collaboration tools that 'make employees feel like they are communicating human to human'" (2021: 2).

## Problem Statement

Cultural change management in healthcare organisations is a multifaceted challenge characterized by several key complexities and organisational cultural obstacles. This research aims to comprehensively investigate and

understand these complexities and challenges, focusing on the dynamics during and after the COVID-19 pandemic. The inquiry, through several significant theories in previous research, will address the following key problem areas.

**Resistance to Change:** Healthcare organisations, like many large institutions, often face resistance. This resistance can manifest at various levels, from frontline healthcare workers hesitant to adopt new protocols to entrenched administrative practices. Understanding the sources and manifestations of this resistance is essential for effective cultural change management.

**Leadership and Vision:** The role of leadership in driving cultural change cannot be overstated. Effective leadership is critical for articulating a clear vision for cultural change and fostering a culture of adaptability and innovation. However, healthcare organisations may struggle to provide strong and consistent leadership during crises such as the COVID-19 pandemic.

**Resource Constraints:** Healthcare organisations often operate under resource constraints, impeding cultural change initiatives. Reallocating resources during the pandemic to address immediate needs may have diverted attention and funding away from long-term cultural change efforts.

**Organisational Silos:** The existence of silos within healthcare organisations, where different departments or units operate independently, can hinder cultural change efforts. The pandemic may have exacerbated these silos, making cross-functional collaboration and communication even more challenging.

**Sustainability of Change:** Ensuring that cultural change initiatives implemented during the pandemic endure and become embedded in the organisational culture is a significant challenge. Maintaining the momentum for change after the acute phase of the crisis is a critical aspect of successful cultural change management.

In light of these complexities and challenges, this research article explores the nuances of cultural change management within healthcare organisations during and after the COVID-19 pandemic. By identifying the key problem areas and offering insights into potential strategies for addressing them, this inquiry aims to contribute to developing best practices for fostering cultural change and enhancing the adaptability of healthcare organisations in the post-pandemic era.

## Methodology

The research design for this paper employed a multi-method approach to gather and analyze data from academic papers, scholar-practitioner books, and case studies through a scoping review of research to influence the world of practice. In particular, the concept of a scoping literature review is highlighted as a practical and accepted approach to data collection. A scoping review involves systematically mapping the existing literature on a broad topic to identify key concepts, evidence types, and research gaps. This method is precious in the mentioned research design, which aims to gather insights from academic papers, scholar-practitioner books, and case studies.

A scoping literature review allows researchers to navigate the extensive literature in their field. It involves critically examining and synthesizing the existing literature to identify gaps, patterns, and trends. Using a literature review as a data collection method allows researchers to access knowledge and insights from previously conducted studies, providing a solid foundation for their investigation. By leveraging insights from diverse sources, the researchers aim to uncover viable and practical solutions that can positively impact the field, demonstrating the power of a well-executed literature review in guiding and enriching the research process.

An article based solely on a review of literature can meet established scientific standards and be considered an accepted practice for several reasons:

**Synthesis of Existing Knowledge.** A literature review comprehensively synthesizes existing scholarly works on a specific topic. The article consolidates knowledge in a particular field by systematically reviewing and summarizing relevant studies. This synthesis is valuable for researchers, practitioners, and policymakers seeking a comprehensive understanding of the current state of research on a given subject.

**Contribution to Evidence-Based Practice.** Articles based on literature reviews contribute to evidence-based practice by summarizing and interpreting the best available evidence on a specific topic. This synthesis of evidence helps practitioners make informed decisions and apply research findings to real-world scenarios. It aligns with the scientific standard of translating research into practice for the betterment of a particular field. An article based solely on a literature review can meet established scientific standards by offering a

synthesized overview of existing knowledge, identifying research gaps, critically evaluating methodologies and findings, contributing to evidence-based practice, following systematic methods, and undergoing rigorous peer review. This approach is widely accepted in academia as it is crucial in advancing knowledge and informing future research directions.

## Literature Review

Organisational culture is an intricate and multifaceted phenomenon that plays a pivotal role in shaping an organisation's identity, behavior, and outcomes (Cameron & Quinn, 2011; Schein, 2017). Understanding what constitutes organisational culture, its underlying complexities, and the challenges involved in driving cultural change is essential for effective management and organisational development.

**Defining Organisational Culture.** Organisational culture refers to the shared values, beliefs, norms, and customs that characterise an organisation and guide the behaviour of its members (Schein, 2017). It encompasses the unwritten rules shaping how individuals interact, make decisions, and perceive organisational roles (Cameron & Quinn, 2011). Organisational culture manifests itself in various dimensions, including artefacts (visible symbols and practices), espoused values (expressed beliefs and ideals), and underlying assumptions (deep-seated, often implicit beliefs about reality) (Schein, 2017).

### *Complexities of Organisational Culture*

Understanding organisational culture is complex due to several factors:

**Cultural Heterogeneity:** Organisations often comprise diverse subcultures, reflecting variations in departments, functions, and geographic locations (Martin, 2002). These subcultures may have conflicting values and norms, adding complexity to the overall culture.

**Cultural Change Resistance:** Organisational cultures resist change due to their stability and ingrained nature (Cameron & Quinn, 2011). Change efforts often face cultural resistance, making aligning culture with strategic goals challenging.

**Dynamic Nature:** Organisational cultures are not static; they evolve in response to internal and external forces (Hatch & Cunliffe, 2013). Managing cultural change requires an understanding of the dynamics of cultural evolution.

### *Challenges of Organisational Cultural Change*

Cultural change within organisations presents various challenges:

**Leadership Alignment:** Achieving cultural change necessitates strong leadership commitment and alignment (Cameron & Quinn, 2011). Leaders must model the desired cultural behaviours and values.

**Employee Resistance:** Cultural change initiatives often encounter resistance from employees who are accustomed to existing norms and practices (Holt et al., 2007). Overcoming this resistance requires effective communication and involvement strategies.

**Measurement and Assessment:** Assessing cultural change is challenging, as culture is often intangible (Denison & Mishra, 1995). Developing reliable metrics and assessment tools is critical for monitoring progress.

**Sustainability:** Sustaining cultural change over the long term poses a significant challenge. Without ongoing reinforcement, cultures revert to their original state (Cameron & Quinn, 2011).

**Resource-Based View (RBV) Theory in the Context of Changing Organisational Culture.** Resource-Based View (RBV) is a prominent theoretical framework in strategic management that focuses on how an organisation's unique and valuable resources and capabilities can contribute to its competitive advantage and long-term success (Barney, 1991; Lubis, 2022; Chatterjee et al., 2023). When applied to changing organisational culture in healthcare organisations during and after the COVID-19 pandemic, RBV offers insights into leveraging critical resources to drive cultural transformation effectively.

Resource-Based View (RBV) theory is highly applicable to organisations navigating the challenges of resource constraints and cultural change during and after the COVID-19 pandemic. RBV underscores the significance of identifying and leveraging an organisation's unique and valuable resources and capabilities to achieve a competitive advantage (Barney, 1991). In the context of the pandemic, healthcare organisations

faced unprecedented resource constraints, including shortages of medical supplies, overwhelmed healthcare systems, and a strained workforce. RBV suggests that organisations assess their existing resources and capabilities and strategically allocate them to adapt to the changing landscape (Lubis, 2022; Chatterjee et al., 2023). For example, organisations with a skilled and adaptable workforce can prioritize training and development to enhance their capacity to manage COVID-19-related challenges, fostering a culture of resilience and continuous improvement.

Moreover, RBV theory aligns with the need for healthcare organisations to adapt their cultures during and after the pandemic. Cultural change is crucial for promoting behaviours that prioritize patient safety, adaptability, and innovation in healthcare delivery. The theory emphasizes the importance of core resources and capabilities that are valuable and difficult for competitors to imitate (Lubis, 2022; Chatterjee et al., 2023). Healthcare organisations can apply RBV principles to their cultural change efforts by identifying the core cultural elements they wish to reinforce, such as teamwork, communication, and a patient-centred focus. These elements can be considered unique cultural resources, and organisations can strategically allocate resources to support initiatives that cultivate and embed these cultural norms in their workforce, ultimately leading to better patient care and outcomes.

**Identification of Core Resources and Capabilities.** RBV emphasizes identifying an organisation's core resources and capabilities, which are valuable, rare, non-substitutable, and difficult to imitate (Barney, 1991; Lubis, 2022; Chatterjee et al., 2023). In healthcare organisations, core resources may include skilled healthcare professionals, state-of-the-art medical equipment, patient data, and specialized knowledge and expertise in infectious disease management. During the pandemic, healthcare leaders must assess their existing resources and capabilities and identify the most relevant ones for fostering a culture of adaptability, resilience, and patient-centred care.

**Leveraging Core Resources for Cultural Change.** RBV theory suggests that organisations should exploit their core resources to create sustainable competitive advantages (Barney, 1991; Lubis, 2022; Chatterjee et al., 2023). In the context of cultural change in healthcare organisations, these core resources can be harnessed to drive change initiatives effectively. For instance, the expertise of healthcare professionals can be leveraged to develop and deliver training programs on new cultural norms and practices related to infection control and patient safety. The availability of advanced medical equipment can support the adoption of innovative care delivery models that align with the desired culture.

**Resource Heterogeneity and Cultural Change.** RBV also emphasizes resource heterogeneity, suggesting that organisations differ in the nature and quality of their resources (Barney, 1991; Lubis, 2022; Chatterjee et al., 2023). Healthcare organisations may vary in access to resources such as financial investments, technology infrastructure, and human capital. Resource constraints experienced during and after the COVID-19 pandemic may require healthcare leaders to prioritize resource allocation strategically. For example, allocating resources to enhance telemedicine capabilities and remote patient monitoring can support cultural changes focused on patient-centred virtual care delivery.

**Resource Complementarity for Cultural Transformation.** RBV recognizes the importance of resource complementarity, where resources and capabilities reinforce one another (Amit & Schoemaker, 1993; Lubis, 2022; Chatterjee et al., 2023). In healthcare organisations, this concept can be applied to cultural change by aligning various resources and capabilities to reinforce the desired cultural norms. For instance, combining clinical expertise with digital health technologies and data analytics can create a culture of evidence-based decision-making and continuous improvement. Resource-Based View (RBV) theory provides a valuable lens through which healthcare organisations can navigate the complexities of changing organisational culture during and after the COVID-19 pandemic. By identifying and leveraging core resources and capabilities, healthcare leaders can drive cultural transformation that aligns with the organisation's strategic objectives and enhances its ability to adapt, innovate, and provide high-quality care in a dynamic healthcare landscape.

**Organisational Learning Theory to Address Organisational Silos.** Organisational Learning Theory offers valuable insights for healthcare organisations seeking to address the challenge of organisational silos while undergoing cultural change during and after the COVID-19 pandemic. This theory, rooted in the works of Argyris and Schön (1978), emphasises the importance of examining and challenging existing mental models and routines within organisations. In the healthcare context, organisational silos can impede collaboration and hinder cultural change efforts. By applying Organisational Learning Theory, healthcare organisations can foster an environment of reflection, learning, and adaptation to break down silos and facilitate cultural

transformation. Organisational Learning Theory introduces the concept of double-loop learning, which encourages individuals and teams to question underlying assumptions and rethink existing practices (Argyris & Schön, 1978; Xie, 2019).

In healthcare, this approach can be applied to challenge the traditional boundaries between departments or specialties that contribute to silos. By encouraging healthcare professionals to engage in open dialogue and critically assess their practices in cultural change, organisations can promote the sharing of insights and the breakdown of siloed thinking. The COVID-19 pandemic has highlighted the urgent need for healthcare organisations to improve coordination and collaboration across different units and stakeholders. Organisational Learning Theory aligns with this need by promoting continuous learning and adaptation (Xie, 2019). By facilitating double-loop learning, healthcare organisations can encourage teams to explore alternative ways of working together, identify systemic barriers to collaboration, and develop innovative solutions that align with the desired cultural change.

***Nudge Theory: A Brief Overview.*** Nudge theory, developed by Thaler and Sunstein (2008), represents a framework for understanding and influencing human behaviour through subtle, non-coercive interventions. At its core, nudge theory recognizes that individuals often exhibit cognitive biases and systematic irrationality, which can influence their choices and actions. Nudges are designed to help individuals make better decisions by leveraging these cognitive biases without imposing mandates or restrictions. Instead, they gently guide individuals toward choices in their best interest.

***Elements of Nudge Theory.*** Nudge theory comprises several key elements.

**Choice Architecture:** Choice architecture refers to the design of the decision-making environment. It involves organizing information and options to influence people's decisions without restricting their freedom of choice. For example, placing healthier food options at eye level in a cafeteria can nudge individuals toward making healthier food choices (Thaler & Sunstein, 2008).

**Default Options:** Default options represent individuals' choices if they do nothing. Nudge theory recognizes that people often stick with the default option because of the cognitive effort required to make an alternative choice. Altering default options can have a significant impact on behaviour. For instance, setting organ donation as the default option on driver's license applications increases the number of registered donors (Johnson & Goldstein, 2003; Profiroiu & Tătaru, 2018).

**Framing:** Framing involves presenting information that highlights certain aspects and influences decision-making. By framing information differently, nudges can steer individuals toward specific choices (Profiroiu & Tătaru, 2018; Johnson & Goldstein, 2003).

**Feedback:** Feedback mechanisms provide individuals with information about their behaviour and its consequences. Timely feedback can nudge individuals to adjust their behaviour to achieve desired outcomes. Patient feedback on lifestyle choices or medication adherence in healthcare can encourage healthier behaviours (Loewenstein et al., 2012).

***Application to Changing Organisational Cultures in Healthcare Organisations.*** The application of nudge theory to changing complex organisational cultures in healthcare organisations during and after COVID-19 holds substantial promise. Healthcare organisations faced numerous challenges during the pandemic, including rapidly changing protocols, resource allocation dilemmas, and stressed healthcare workers. Implementing nudge interventions can address some of these complexities. For instance, in resource allocation, choice architecture can guide healthcare leaders in making equitable decisions. By designing decision-making processes that consider both immediate and long-term impacts, healthcare organisations can nudge leaders toward more effective resource allocation strategies. This approach can help ensure that critical resources are distributed efficiently and fairly (Thaler & Sunstein, 2008; Profiroiu & Tătaru, 2018).

In terms of workforce well-being, feedback mechanisms can play a pivotal role. Healthcare organisations can use feedback systems to monitor healthcare workers' mental and emotional health, identifying signs of burnout or stress. Timely feedback can nudge organisations to implement supportive interventions, such as counselling services or workload adjustments, to improve staff well-being (Loewenstein et al., 2012; Profiroiu & Tătaru, 2018). Nudge theory provides a valuable framework for influencing behaviour within healthcare organisations focused on cultural change during and after COVID-19. By strategically employing elements of nudge theory, organisations can navigate the complexities of cultural change more effectively, fostering a culture of adaptability, resilience, and evidence-based decision-making in the face of ongoing challenges.

***Bridges Transition Model: A Framework for Change.*** The Bridges Transition Model provides a valuable framework for understanding and managing organisational transitions. This model highlights the distinction between change and transition, emphasising that change is an external event or situation, while transition is the psychological process individuals go through in response to change (Bridges, 2003; Graf et al., 2020). The model comprises three stages: Ending, Neutral Zone, and New Beginning (Graf et al., 2020). In the Ending stage, individuals let go of the old ways and beliefs. The Neutral Zone is uncertain and ambiguous, and the New Beginning signifies acceptance and commitment to the new state (Graf et al., 2020).

***Resistance to Organisational Cultural Change.*** Resistance to organisational cultural change is a common challenge leaders and change agents face. Employees may resist change due to various factors, including fear of the unknown, attachment to existing routines, or concerns about the impact of change on their roles and job security (Ford, Ford, & D'Amelio, 2008). In the Bridges Transition Model context, resistance often manifests during the Ending and Neutral Zone stages. In the Ending stage, employees may resist letting go of familiar cultural norms and practices. In the Neutral Zone, uncertainty and ambiguity can lead to resistance as individuals grapple with the unfamiliar (Graf et al., 2020).

***Best Practices for Overcoming Resistance.*** To effectively overcome resistance to organisational cultural change using the Bridges Transition Model, several best practices can be employed:

**Effective Communication:** Communication is paramount throughout the transition process. Leaders should clearly articulate the reasons for cultural change, its benefits, and the expected impact on employees. Transparent and open communication can alleviate fears and misconceptions (Ford et al., 2008).

**Empathy and Support:** Acknowledging employees' feelings and concerns is essential. Leaders should demonstrate empathy and offer support to individuals navigating the transition. Resources such as training, coaching, or counselling can help employees cope with the changes (Bridges, 2003; Graf et al., 2020).

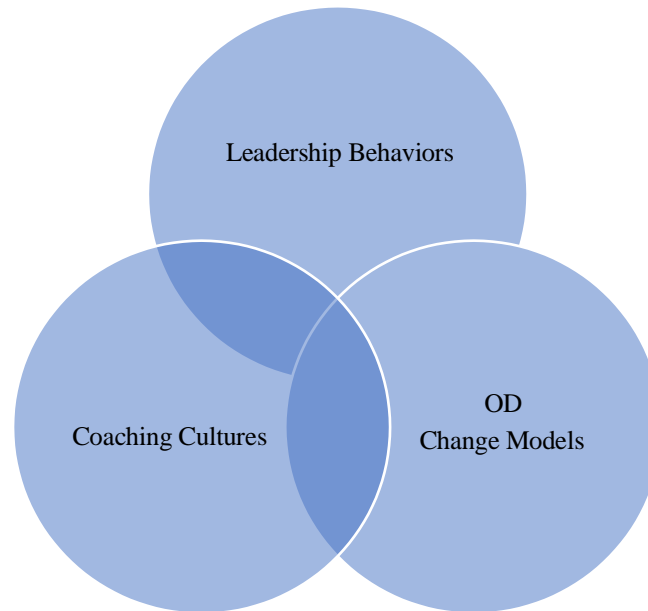
**Involvement and Participation:** Involving employees in the change process can reduce resistance. Seek their input, involve them in decision-making, and allow them to contribute to shaping the new culture. This sense of ownership can enhance commitment to the change (Ford et al., 2008).

**Clear Vision and Goals:** Establishing a clear vision of the desired cultural change and setting achievable goals provides a roadmap for employees. When individuals understand the purpose and direction of change, they are more likely to embrace it (Bridges, 2003; Graf et al., 2020).

**Feedback and Adaptation:** Continuously seek feedback from employees throughout the transition. Use this feedback to make necessary adjustments to the change strategy. A flexible approach that adapts to employees' evolving needs and concerns can enhance the success of cultural change initiatives (Ford et al., 2008).

The Bridges Transition Model offers a valuable perspective on managing organisational cultural change. By recognizing that change is inherently tied to individuals' psychological transitions, organisations can tailor their change strategies to address resistance effectively. Employing best practices such as effective communication, empathy, involvement, clear vision, and adaptability can help organisations navigate the complexities of cultural change with greater success (Graf et al., 2020).

***Organisational Behavior and Organisation Development (OD).*** In organisational behaviour and organisation development (OD), three dynamic elements are crucial in building the culture demanded by today's forces: leadership behaviour, OD change models, and coaching cultures (see Figure 1). Other experts and practitioners may want to highlight different areas, but all would likely agree that these three must be considered during organisational change work. There has been extensive research on these factors separately and in various combinations, but there has been little research on all three factors working together; in essence, the nexus of how these three factors can be combined to create powerful culture change. This is important in times of crisis. Organisations have been challenged with how the post-Covid movement from in-person to a virtual and hybrid work environment can more easily be attained through the adoption and interplay of coaching cultures, inclusive and caring leadership behaviours, and system-wide OD implementation strategies (see Figure 1).



**Figure 1. Dynamic Organisational Change Elements**

Source: Compiled by the authors

Leaders are scrambling to transform their brick-and-mortar “way of being” to one that deliberately captures both face-to-face and remote workers within one engaging and equal umbrella culture, not an “us vs. them” culture (DDI, 2021; Malhotra, 2021). As Malhotra emphasizes, “Knowledge work will increasingly be performed virtually, continuing the trend accelerated by the COVID-19 pandemic...individuals will prefer working remotely. One of the foremost organisational challenges of the future of work is maintaining a culture when most if not all, the employees are virtually distributed...” (2021: 1091). This is further highlighted in a McKinsey study, “...executives have indicated in surveys that hybrid models of remote work for some employees are here to stay. The virus has broken through cultural and technological barriers that prevented remote work in the past...” (Lund, Madgavkar, Manyika, & Smit, 2020: 1).

Technological work platforms, continuous learning, global meetings for continuous communication, structured in-person venues, flexible work schedules, interactive forums for “working aloud”, large group facilitations through “real-time” group software, virtual coaching check-ins, cross-functional connections, and virtual water cooler platforms are helping to redefine what it means to be a successful leader, attractive employer, and high-performance organisation (Culture Amp, 2021; Patton, 2021). Data is pouring in supporting the notion that organisations that develop and implement hybrid work environments where employees have a choice – a choice to work under conditions where they can do their best work – are increasing productivity by 77% (Marinova, 2021: 1). As Microsoft claimed in Chin’s *Wall Street Journal* article, “Our goal is to give employees further flexibility, allowing people to work where they feel most productive and comfortable...” (2021: 2).

Exploring the interplay of leadership, OD models, and coaching cultures demonstrates that many of the “new” ideas and methods that need to be acted upon today are “carryovers” from traditional tools that practitioners and researchers have espoused for years. What has been highlighted as characteristics of the best leaders and organisations for the past 20 years has collided with the reality of a worldwide phenomenon (COVID-19); this, in turn, has forced many leaders to face the true power of long-standing organisational advice: the most successful organisations in terms of engagement, productivity, and bottom-line results are those that capture the human spirit and value a culture of connection, empathy, continuous learning, flexibility, dialogue, and growth.

**Leadership.** The pivotal role leaders and leadership teams play in creating, supporting, and changing organisational culture has been documented, studied, and proven over many years. Schein wrote an entire book on it in 2004, *Organisational Culture and Leadership*. The virtual workspace and emerging hybrid space that organisations are grappling with during these Covid times are demanding leadership skills that foster renewal, empathy, support, inclusion, engagement, and a total reframing of taking an organisation’s culture and instilling it beyond the four walls of brick-and-mortar (Culture Amp, 2021; Dewar et al., 2020; Thomson,



2021). Hooigberg & Watkins explain this well. Their future work study identified that leaders must work in a “multimodal” mode, effectively navigating between virtual coordination and face-to-face collaboration, intending to foster deep learning, innovation, acculturation, and dedication (2021: 1).

Ironically, the leadership characteristics proving effective in helping an organisation deal with crisis and cultural transformation were documented by Goleman 20 years ago through his work with emotional intelligence (EI) (2004). At first, considered a “feel good” culture and leadership development intervention, Goleman proved that leaders demonstrating emotional self-awareness, self-actualization, empathy, flexibility, and optimism led their organisations to bottom-line success.

Moving from 2004 to 2011, Development Dimensions International (DDI) did a global leadership forecast study with responses from 1,897 human resource professionals and 12,423 leaders from 74 countries (2021: 1). In the area of strategic goal achievement and monetary success, organisations with leaders who possessed a high level of emotional intelligence were 13 times more likely to outperform their industry competitors. In addition, such organisations created psychological safety, higher engagement, lower turnover, and employees who felt increased motivation to perform at their best in ways that transformed their organisational cultures.

The leadership qualities emphasized as leading to positive cultures and bottom-line success 20 years ago are again highlighted as the way to catapult organisations into a new world of survival. A recent study (Smet et al., 2021) showed that leadership behaviours highly correlated to positive organisational growth: inclusiveness, self-awareness, open dialogue, cultural awareness, quality social relationships, mindful listening, situational awareness, and situational humility. When leaders were trained in these behaviours and subsequently practised them, their organisations innovated more quickly and adapted well to change. Another recent leadership study by Culture Amp found that EI must be practised by both leaders and employees alike as one of the seven tools of future work. The study quotes Michael Ventura, CEO of Sub Rosa and author of *Applied Empathy*: “Emotional intelligence is the foundation for self-empathy. It allows us to confront and overcome challenges and become better collaborators, partners, and problem-solvers with those around us” (2021: 8).

Hooigberg and Watkins found in their work that leaders need to act as conductors, catalysts, coaches, and champions; in particular, they must focus on “helping people achieve peak performance while building trust and focusing on their well-being and requires a high degree of emotional intelligence” (2021: 5). As further supported in the next section, these qualities are also required within coaching culture – asking powerful questions, creating dialogue forums, being open and vulnerable to feedback, and working towards higher levels of understanding and performance. To leverage the above leadership approaches and skills, leaders need to turn to organisation development implementation strategies, infrastructure support structures, and guiding models.

**Organisational Development Models.** Larry Greiner's Organisational Development (OD) Model, introduced in the 1970s, provides a structured approach to understanding and managing organisational growth and development. The model identifies five distinct phases of growth, each marked by a crisis that necessitates organisational change and adaptation (Greiner & Cummings, 2004; Greiner, 1972). Greiner's model underscores the inevitability of organisational crises and the need for proactive strategies to navigate them. Applying this model to cultural change, particularly within healthcare organisations responding to the challenges of COVID-19, offers a valuable framework for understanding and addressing complex cultural transformations.

**Phase-Based Approach to Cultural Change.** Greiner's model can be applied to healthcare organisations during and after the COVID-19 pandemic to address the complexities of cultural change. The model identifies phases such as “growth through creativity” and “growth through delegation” that may resonate with the challenges faced by healthcare organisations as they adapt to new realities. For example, during the pandemic, healthcare organisations experienced rapid growth in telemedicine services, requiring creativity and innovation to establish new care delivery models. Leaders in these organisations needed to foster a culture of adaptability, encouraging healthcare professionals to embrace new technologies and patient care approaches (Greiner & Cummings, 2004; Greiner, 1972).

**Crisis Points and Cultural Transformation.** One of the strengths of Greiner's model is its recognition of crisis points as drivers of organisational change (Greiner & Cummings, 2004; Greiner, 1972). Healthcare organisations during COVID-19 faced unprecedented crises, from resource shortages to overwhelmed healthcare systems. These crises served as catalysts for cultural transformation. Leaders had to adapt quickly to changing circumstances, redefining cultural norms to prioritize patient safety, staff well-being, and

innovative solutions. The phases of “growth through collaboration” and “growth through alliances” within the Greiner model resonate with the need for healthcare organisations to foster collaboration with external partners and stakeholders to address the pandemic's challenges.

**Leadership and Change Management.** Leadership is crucial in applying Greiner's model to cultural change in healthcare organisations. Effective leaders must recognize the phase their organisation is experiencing and tailor their leadership approaches accordingly. During COVID-19, leaders needed to be adaptive, providing clear direction during times of crisis and fostering a culture of resilience and continuous learning. Greiner's model highlights the importance of leadership agility and change management skills in guiding organisations through complex cultural transformations (Greiner & Cummings, 2004; Greiner, 1972). Larry Greiner's Organisational Development Model offers a structured approach to understanding and managing cultural change within healthcare organisations, particularly during and after the COVID-19 pandemic. By recognizing the phases of growth and crisis points within the model, healthcare leaders can better navigate the complexities of cultural change. Applying this framework can help healthcare organisations adapt, innovate, and foster resilient and resilient cultures to the ever-changing challenges of the healthcare landscape.

**Leavitt's Organisational Diagnosis Model: A Framework for Cultural Change.** Leavitt's Organisational Diagnosis Model, developed by Harold J. Leavitt in the 1960s, provides a comprehensive framework for assessing and understanding the various elements within an organisation and how they interact. This model encompasses four key components: structure, tasks, people, and technology (Leavitt, 1965; Singh et al., 2020). When applied to complex organisational cultural change, Leavitt's model offers insights into how cultural transformation affects these components and how changes in these components can impact culture (Singh et al., 2020).

**Structural Changes and Cultural Transformation.** One of the fundamental aspects of Leavitt's model is organisational structure. Organisational culture changes often require structural adjustments (Singh et al., 2020). In healthcare organisations responding to the challenges of COVID-19, structural changes may involve creating multidisciplinary teams, establishing new reporting relationships, or adopting matrix structures to enhance responsiveness. These structural modifications can facilitate cultural change by enabling more agile decision-making and communication processes (Leavitt, 1965; Singh et al., 2020).

**Task and Role Alignment.** Leavitt's model emphasizes aligning tasks and roles with organisational objectives. In healthcare organisations during and after the pandemic, tasks and roles underwent significant changes to meet evolving healthcare needs. Healthcare workers had to adapt to new care protocols, telemedicine practices, and patient management strategies. Aligning these tasks and roles with the desired cultural changes required clear communication, training, and continuous feedback to ensure that employees understood their roles in the evolving culture (Leavitt, 1965; Singh et al., 2020).

**Human Resources and Change Management.** The people component of Leavitt's model underscores the significance of human resources in driving cultural change. Healthcare organisations faced the complexities of adapting their workforce to new demands and addressing staff well-being during the pandemic. Effective change management strategies, including communication, training, and support, were essential to help healthcare workers embrace cultural shifts while maintaining their well-being (Singh et al., 2020). The model highlights the importance of addressing the human aspect of cultural change, especially in healthcare settings where the workforce plays a central role (Leavitt, 1965; Singh et al., 2020).

**Technology Adoption and Cultural Transformation.** Leavitt's model recognizes the role of technology as both an enabler and a driver of cultural change. The COVID-19 pandemic accelerated the adoption of telemedicine, digital health records, and other technologies in healthcare organisations. These technological changes influenced how healthcare professionals interacted with patients and colleagues and required cultural norms and practice adjustments. The model emphasizes that cultural change should be closely aligned with technological advancements to ensure seamless integration and acceptance by the workforce (Leavitt, 1965; Singh et al., 2020).

Leavitt's Organisational Diagnosis Model provides a valuable framework for understanding the complexities of cultural change in healthcare organisations during and after the COVID-19 pandemic. By considering the interplay between structure, tasks, people, and technology, healthcare leaders can effectively navigate the challenges of cultural transformation. Applying this model can help healthcare organisations adapt, innovate, and foster resilient and resilient cultures to the ever-changing challenges of the healthcare landscape.

**Coaching Cultures.** Employee engagement theory is a foundational concept in organisational psychology and management. It refers to employees' emotional, cognitive, and behavioural commitment to their work and organisation (Saks, 2006). Developing an organisational coaching culture in healthcare organisations during and after the COVID-19 pandemic can be greatly enhanced by leveraging employee engagement theory. This approach recognizes that engaged employees are more likely to embrace coaching as a means of personal and professional development, leading to a culture of continuous learning and improvement (Saks, 2006).

**Engaged Employees as Coaching Advocates.** Engaged employees tend to be enthusiastic about their work and more open to growth and development opportunities (Bakker & Schaufeli, 2008; Byrne, 2022; Kwon & Park, 2019; Sun & Bunchapattanasakda, 2019). When healthcare organisations prioritize employee engagement, they create a fertile ground for promoting coaching to enhance individual and team performance. Engaged employees are more likely to become advocates for coaching spreading positive experiences and benefits throughout the organisation. Their enthusiasm can contribute to a culture where coaching is not seen as a remedial tool but as a proactive means of achieving personal and organisational goals (Bakker & Schaufeli, 2008; Atkinson et al., 2022).

**Coaching as a Driver of Engagement.** Conversely, coaching itself can be a powerful driver of employee engagement. Effective coaching conversations provide employees with clarity, feedback, and opportunities for skill development, all factors known to enhance engagement (Macey & Schneider, 2008; Atkinson et al., 2022). Healthcare organisations can harness this synergy by integrating coaching into their talent development and performance management processes. Coaching can help employees better understand their roles and responsibilities, align their goals with organisational objectives, and foster a sense of purpose and fulfilment in their work, all of which contribute to higher engagement levels and effective organisational cultural change (Macey & Schneider, 2008; Atkinson et al., 2022).

**Leadership as a Catalyst.** Leadership is pivotal in applying employee engagement theory to establish an organisational coaching culture. Leaders who are themselves engaged and committed to coaching send a powerful message to their teams about the value of coaching in the organisation (Eisenbeiss, Knippenberg, & Boerner, 2008). Healthcare leaders should model coaching behaviours, provide resources and support for coaching initiatives, and create an environment where coaching is encouraged and rewarded. This proactive leadership approach can reinforce the connection between engagement and coaching and set the stage for a culture that prioritises both in ways that drive significant change (Eisenbeiss et al., 2008; Atkinson, Watling, & Brand, 2022). Employee engagement theory provides a solid foundation for developing and nurturing an organisational coaching culture in healthcare organisations during and after the COVID-19 pandemic. By recognizing the symbiotic relationship between engagement and coaching, organisations can foster a culture where coaching is embraced as a vehicle for personal and organisational growth (Atkinson, Watling, & Brand, 2022). Effective leadership is key to unlocking this potential, as engaged leaders can inspire and empower their teams to fully embrace coaching to achieve excellence in healthcare delivery.

**Coaching as a Tool for Organisational Change.** As established by Boyatzis, the underlying process for coaching and intentional change involves envisioning the ideal self, exploring your present self and the gaps or opportunities you wish to fill and discover, developing a learning agenda or a road map for turning aspirations into reality, and then experimenting and practising with new behaviours and roles (Boyatzis et al., 2019: 1). Almost all coaching frameworks include some version of these steps. As envisioned, this process can be applied to an individual, a team, or an entire organisation. When leaders and companies embed coaching as “the way we do things around here”, the results are pervasive and include return on investment, increased skills in managing complexity, improved communications, increased loyalty and engagement, and smoother organisational transitions (Bianco-Mathis & Nabors, 2017; Fillery, 2011; ICF, 2020; Phillips, 2012; Sherpa, 2020; Stober, 2006).

The human-centred behaviours that have already been discussed in previous sections – when practised by leaders and all employees within an organisation – foster more innovative and flexible cultures. Ironically, those exact behaviours are inherent in coaching: listening, being vulnerable, asking powerful questions, supporting dialogue, setting stretch goals, and opening oneself and the organisation to new ideas, change, and learning. When one reviews the many definitions of coaching (Hargrove, 1995; Parsloe and Leedham, 2016; Passmore and Fillery-Travis, 2011; Whitmore, 2011), the common elements include challenge and support, unlocking potential, stimulating self-awareness, focused dialogue, mindful reflection, and progress toward a preferred future. Coaching is a powerful combination of behaviour and process designed to create a space where ideas and possibilities can take root, flourish, and grow into tangible, desirable results.

With these characteristics associated with coaching – whether formal coaching sessions or informal coaching in hallways, problem-solving meetings, or on virtual platforms – a coaching culture can be defined as “one deliberately focused on growing and nurturing talent to deliver key results, strengthen leadership capacities, increase retention and deepen engagement. When coaching is embedded through all levels of an organisation, it creates a culture of employees who work and lead together with a common goal of building a best-in-class organisation (Hudson Institute, 2021). Funck from the Center of Creative Leadership says a coaching culture “focuses on shifting unwritten rules, values, norms, behaviours, and practices to spread a coaching mindset and coaching practices throughout the organisation so that coaching becomes a key part of the company’s identity. A coaching culture improves how employees interact with each other and their interactions with customers and potential clients” (2020: 1).

Qualitative studies have proven that coaching cultures increase an organisation’s ability to deal with change, enhance solution-focused thinking, and increase self-efficacy and resilience (Grant, 2013). The Harvard Business Review quoted many senior leaders sharing their stories of choosing coaching cultures as their path to success. Iberra & Scoular quotes Nadella of Microsoft, “Nadella quickly realized that Microsoft needed a cultural transformation to regain its momentum and assert itself as a force in the new landscape and instead develop a growth mindset where everybody in the organisation was open to constant learning and risk-taking” (2019: 10).

Implementing entire coaching programs to build a coaching culture requires using the steps of classic OD models. In her article “Making it Stick: Coaching as a Tool for Organisational Change”, Stober compares what is needed for change using Kotter’s 8 OD implementation phases to the six steps required in the transtheoretical model of individual change. Both follow the same path of creating a sense of urgency/contemplating the need for change, generating winning actions/making small changes, and reinforcing change over time/sustaining acceleration (2008: 74). Thus, leaders can and should combine organisational and individual models to reinforce one another. In this way, an organisation can move forward and build coaching cultures on multiple levels at the same time – leader, team, individual employees, and entire organisations.

The actual steps to implement a coaching culture include classic OD action research steps, such as “conduct an assessment, select pool of external coaches, develop internal coaches, expand leadership capacity in coaching, align policies and procedures, and measure results (Leadership That Works, 2021: 1). Aligning policies and procedures is how coaching becomes embedded in all organisational structures, such as coaching evaluations, dialogue forums, meeting protocols, and hiring techniques. A model that can be adopted is shown in Figure 2. The model continually reinforces itself and the organisation, with every implementation uncovering new data, new learning, and higher performance levels. Coaching infrastructures are the glue that steady the organisation towards continuous growth.

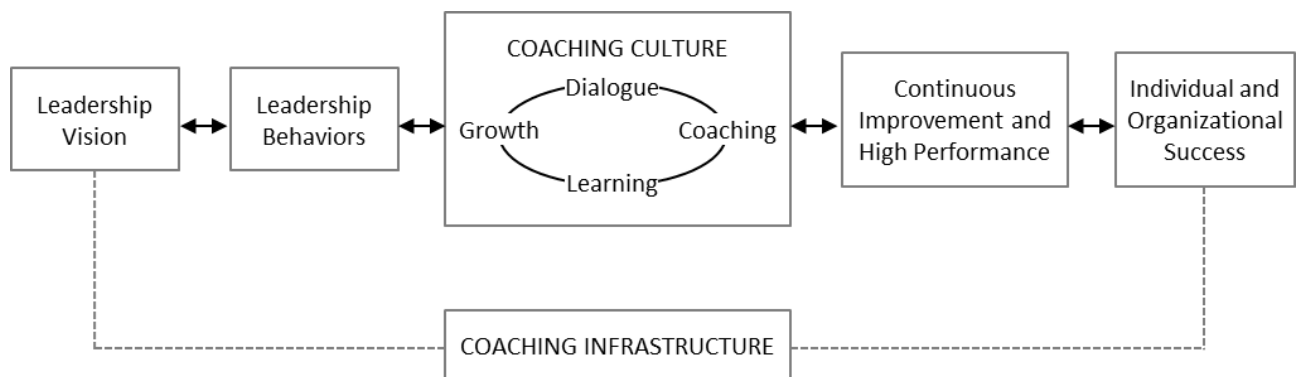


Figure 2. OD Model for Coaching Culture

Source: Leadership the Works, 2021

## Conclusions

In conclusion, this research endeavours to shed light on the intricate landscape of cultural change management within healthcare organisations, especially in the context of the dynamic challenges posed by the COVID-19 pandemic. The multifaceted nature of this undertaking becomes evident through exploring key problem areas

identified in this study. The pervasive resistance to change erupting from various levels within healthcare institutions underscores the need for nuanced strategies that recognize and address the diverse sources and manifestations of such opposition. Leadership emerges as a pivotal factor, emphasizing leaders' indispensable role in articulating a compelling vision for cultural change and navigating organisations through crises.

The demands of the pandemic have exacerbated resource constraints and perennial challenges in healthcare settings, potentially diverting attention and funding away from long-term cultural change efforts. The existence of organisational silos, accentuated by the crisis, further complicates the landscape, emphasizing the importance of fostering cross-functional collaboration to overcome barriers to change. As we navigate through the acute phase of the pandemic, the sustainability of cultural change initiatives takes centre stage. Ensuring that the momentum established during this crisis persists and becomes ingrained in the organisational fabric necessitates strategic planning and ongoing commitment. The challenges facing hospitals during and after the onset of COVID-19 indicate the broader vulnerabilities within the organisational cultures of healthcare systems and organisations. Hospitals and healthcare companies must adopt a multifaceted organisational development and change approach to address these challenges effectively.

First, improving resource allocation requires the development of organisational cultural values and resources centred on transparent and ethical guidelines for crises. Hospitals must establish robust protocols for resource allocation, ensuring that decisions are transparent, equitable, and based on the best available evidence. Second, workforce management should prioritise the organisational culture and climate towards a focus on the well-being of healthcare professionals. Hospitals should invest in mental health resources, offer training in crisis management, and ensure that staff have access to necessary PPE and vaccinations to safeguard their health.

Third, addressing financial strain necessitates increased support from governments and healthcare organisations. Strategic financial planning, diversified revenue streams, and improved supply chain management are crucial for hospitals to enhance their financial and organisational cultural resilience. Finally, the pandemic has underscored the importance of organisational cultural change innovation in healthcare. Hospitals must continue to invest in telehealth technologies, data analytics, and AI-driven solutions to improve patient care, streamline operations, and enhance preparedness for future crises.

The COVID-19 pandemic has tested the resilience of hospitals and healthcare organisations in unprecedented ways. The challenges of resource allocation, workforce management, financial strain, and the imperative for innovation have illuminated areas where healthcare systems can improve their preparedness for future public health crises. By addressing these dynamics, hospitals and other healthcare organisations can emerge from the pandemic stronger, with more adaptable organisational cultures, and better equipped to meet the healthcare needs of their communities.

This research contributes to the broader discourse on cultural change management by thoroughly examining these complexities and challenges. By delving into the nuances of resistance, leadership dynamics, resource constraints, organisational silos, and sustainability concerns, this article aims to offer valuable insights and potential strategies for navigating these complexities. As healthcare organisations strive to adapt and transform in the post-pandemic era, the findings of this study aspire to inform the development of best practices for fostering cultural change and enhancing organisational adaptability. Through a comprehensive understanding of the intricacies involved, the authors can collectively contribute to the resilience and evolution of healthcare organisations in a rapidly changing landscape.

### **Recommendations for Future Study**

As the authors move into a post-COVID hybrid work world, it is necessary to study surviving organisations further and the factors that enable them to navigate the storm and transform. Building on the findings and gaps identified in this study, several promising avenues for future research in this domain can be proposed:

- **Longitudinal Studies:** To gain a deeper understanding of the lasting effects of the pandemic on healthcare organisational culture, longitudinal studies are warranted. Researchers can explore how cultural changes initiated during the pandemic evolve over time and whether they become embedded as enduring cultural norms.
- **Comparative Analysis:** A comparative analysis of healthcare organisations across different regions, healthcare systems, and settings (e.g., urban vs. rural) can provide insights into how contextual factors influence cultural change dynamics. This approach can help identify best practices and strategies for fostering cultural resilience in diverse healthcare settings.

- **Leadership and Change Management:** Further research should investigate the role of leadership and change management practices in driving cultural change during health crises. Exploring effective leadership behaviours, styles, and strategies for managing cultural change in healthcare organisations can contribute to practical guidance for leaders.
- **Virtual Teams:** Future research could investigate the challenges and complexities of managing remote workers and the changes in organisational dynamics, resources, and infrastructure due to more remote workers.

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