The interaction of leadership characteristics and organizational and structural barriers on employee involvement in strategy development in the healthcare sector.

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Abstract

This study focuses on the interaction between leadership characteristics (openness and vision) and organizational and structural barriers (cultures and labor market) within the healthcare sector. Understanding these interactions is critical, as misalignment between leadership characteristics and organizational and structural barriers can hinder the formation of an effective and highly involved workforce. The goal of this study is to offer insight into how these factors combine to influence employee involvement in strategy development.

Existing literature examines leadership characteristics, organizational, and structural barriers individually. The existing literature lacks research on the combined effect of these factors on employee involvement in strategy development in the healthcare sector. This study is addressing this gap by analyzing how openness and vision of leaders can reduce the negative effects of organizational cultures and labor shortages on employee involvement. Within this study, a qualitative research method is used. By means of an exploratory multiple case study and semi-structured interviews with executives, middle managers, and employees, this research method offers an in-depth insight into these complex dynamics within four Dutch healthcare organizations.

The empirical findings demonstrate that leadership characteristics such as openness and vision play a crucial role in promoting employee involvement in strategy development in the healthcare sector, but hierarchical structures and entrenched practices characterized by resistance to change and risk aversion limit this employee involvement. A psychologically safe environment for employees is created when leaders show vision and openness; this psychological safety encourages employees to actively participate in strategic processes. However, the findings indicated that inconsistency in communication and interpretation of vision can create misalignment between the board and employees of the organization. In addition, conservative and family-oriented cultures slow down innovation and reduce room for criticism and feedback as organizational barriers. Structural barriers, such as labor shortages, increase the workload of employees, further complicating employee involvement in strategy development. The findings further indicated that employee intrinsic motivation appears to be a critical factor for employee involvement, even under difficult conditions.

Keywords: Leadership characteristics, Employee involvement, Organizational barriers, Structural barriers, Strategy development.

Contents

1 Introduction

In many organizations, a significant gap exists between leadership and employees when it comes to involving employees in critical processes, such as innovation, change management, strategy formulation, and organizational development. This gap is concerning because research consistently shows that active employee involvement in these areas is essential to the success of organizations. Leaders who foster an open and inclusive environment, where diverse perspectives are encouraged, are more likely to lead teams that drive innovation (West & Anderson, 1996). Involving employees not only fosters a sense of ownership and responsibility but also enhances motivation and morale, leading to more innovative and effective outcomes (Anderson et al., 2014). Despite this, many leaders struggle to effectively involve employees, often due to a lack of understanding of how to do so or because they underestimate the willingness and capability of employees to contribute effectively to these processes. Leaders assume that employees have no interest or expertise in the organization's decision-making. This underestimation leads to missed opportunities for innovation and improvement, as employees are less likely to contribute their insights if they feel their input is undervalued (Morrison, 2011).

Leaders frequently lack essential leadership characteristics, such as vision, courage, openness, and humility. An optimal set of leadership characteristics is crucial for empowering employees and fostering a transparent, open environment where innovation can succeed (Owens & Hekman, 2012). This study focuses on vision and openness, because these characteristics form the foundation of a culture where employees are genuinely involved in strategy development (Thomas et al., 2009; Yue et al., 2019). Vision is required to inspire and align the workforce towards common goals. Openness is essential because it can help leaders listen more effectively to employees (Doten-Snitker et al., 2020; Maran et al., 2021). Leaders who openly communicate their vision while being open to employees support an environment that supports high levels of involvement (Carmeli et al., 2010). Literature shows that employees are more likely to voice their opinions when they perceive their leaders as open, supportive, and approachable (Burris, 2012). However, instead of these empowering characteristics, many leaders exhibit counterproductive behaviors, such as rigidity, overconfidence, or behavior that is too authoritative. These characteristics tend to block employee voice, which can lead to negative outcomes such as lack of involvement, reduced innovation, and resistance to change, hindering employee involvement (Berson et al., 2007).

These problems in leadership do not happen in isolation; they are often increased by organizational and structural barriers that further inhibit employee involvement in strategy development. For instance, a conservative culture can hinder employee involvement in strategy development by creating an environment where new ideas, change, and innovation are viewed with resistance. Traditional values, established routines, and risk aversion often take precedence in organizations with a conservative culture. This culture can lead to low involvement and morale, as employees feel their inputs are not accepted or appreciated (Kotter, 1997). Furthermore, labor market shortages can significantly reduce employee involvement, as labor shortages lead to increased workload and less time for strategic participation. The Dutch Healthcare Inspectorate (IGJ) highlights the significant shortage of healthcare personnel in the Netherlands, putting pressure on healthcare providers (IGJ, n.d.). Consequently, employees often experience stress and prioritize their daily tasks over broader organizational involvement. High workload undermines employee involvement through exhaustion and reduced motivation (Schaufeli & Bakker, 2004). This study focuses on conservative culture as an organizational barrier and market-level labor shortage as a

structural barrier in the healthcare sector. Because a conservative culture is vital, as it influences healthcare practices and decision-making processes (Mannion & Davies, 2018). Similarly, labor market shortages are crucial to investigate because they directly affect healthcare organizations' ability to recruit and retain skilled staff (IGJ, n.d.). These combined challenges, such as the lack of essential leadership characteristics and the presence of organizational and structural barriers, significantly hinder the development of a workforce that is both involved and effective in strategy development. In this study, employee involvement refers to active participation in decision-making (bottom-up). A workforce like this is essential for fostering innovation, adapting to the rapidly changing business environment, and achieving strategic goals (Herring, 2009). While existing literature has explored the importance of leadership characteristics, organizational, and structural barriers individually, there is an important gap in the literature investigating how these elements interact and their combined effect on employee involvement. (Crossan & Apaydin, 2010; Hannah & Avolio, 2011). Further research is needed to explore how leadership characteristics influence decision-making with the presence of organizational and structural barriers.

1.1 Current literature

The literature noted that leaders who demonstrate openness and a clear vision are more successful in involving employees in organizational change. Leaders who are open to new ideas and feedback create psychological safety, where employees feel free to participate (Carmeli et al., 2010; Detert & Burris, 2007). However, hierarchical structures make employees reluctant to provide input for fear of negative consequences (Morrison & Milliken, 2000). The vision ensures that employees are inspired with the goal of connecting them to the strategic goals of the organization. Because of this, the alignment of vision between employees and leaders is essential to employee involvement (Berson & Avolio, 2004; Baum et al., 1998). At the same time, studies show that organizational and structural barriers limit the effectiveness of leadership. A conservative culture that is risk-averse and resistant to change causes bottom-up involvement to be hindered (Hogan & Coote, 2013). In addition, labor shortages in the healthcare sector cause a lack of involvement through heavy workloads (Schaufeli & Bakker, 2004). In this regard, Porter and McLaughlin (2006) state that organizational effectiveness depends mainly on the organizational context, such as structural constraints, culture, and external pressures. Their research emphasizes that leadership depends on context and that success is determined by how well a leader's characteristics fit the environment. Leadership styles effective in one environment may not work in another, showing the importance of adaptability in leaders (Porter & McLaughlin, 2006). The current literature addresses leadership characteristics, organizational, and structural barriers individually, but there is limited attention to the interaction between these elements and their combined impact on employee involvement. While Porter and McLaughlin (2006) emphasize the importance of context, this study builds on Porter and McLaughlin's conclusions by addressing an important gap in the existing literature. By examining the interaction between leadership characteristics such as openness and vision, an organizational barrier like conservative culture, and a structural barrier like labor shortages, this study aims to understand how these dynamics influence employee involvement in strategy development in real-world settings.

1.2 Contributions to research

Despite the valuable contributions of the studies outlined, they leave important gaps in understanding how leadership characteristics interact with organizational and structural barriers, especially in healthcare organizations where conservative cultures and labor market shortages are common. All studies fail to address how leadership characteristics like vision and openness interact with organizational and structural barriers on employee involvement in strategy development.

This study will fill this gap by focusing on healthcare organizations and investigating the interaction between leadership characteristics (openness and vision), an organizational barrier (conservative culture), and a structural barrier (labor shortages). By understanding these dynamics, this research will provide valuable findings on how organizations can better align leadership practices with the demands of their workforce. Ultimately, this alignment is expected to enhance organizational performance, increase adaptability, and support the long-term success of the organization. The goal of this study is to contribute to the body of literature by examining, firstly, the interaction between leadership characteristics, an organizational barrier, and a structural barrier. Secondly, specific attention to the healthcare sector, where these dynamics play strongly. Thirdly, provide insights into how leaders can effectively address barriers to promote employee involvement in strategy development. This will be achieved by offering a more detailed understanding of how leaders can effectively bridge the gap between management expectations and employee capabilities, ensuring that employee involvement is carried out with maximum efficiency in strategy development in real-world settings.

1.3 Contribution to practice

This study will offer practical contributions for leaders and organizations in the healthcare sector. By understanding the interaction between leadership characteristics, an organizational barrier, and a structural barrier, organizations can develop strategies that more actively involve employees in strategy development. Leaders can create psychological safety by promoting openness, encouraging feedback, and aligning employees with clear organizational goals. In addition, this research supports organizations in more effectively addressing labor shortages and resistance to change, resulting in higher employee involvement, improved performance, and sustainable growth within complex environments such as the healthcare sector.

1.4 Problem statement

In many organizations, there is a significant gap between leadership and employees in terms of openness to employee involvement in innovation, change, strategy, and organization development. Employees want more; leaders are not accustomed to how to do that and are often surprised that employees are capable and willing. This research focuses on healthcare organizations, aiming to investigate how specific leadership characteristics, such as openness and vision, interact with organizational and structural barriers like a conservative culture and labor market shortages.

Understanding these interactions is critical, as misalignment between leadership characteristics, an organizational barrier, and a structural barrier can hinder the formation of an effective and highly involved workforce. It can also delay the development and implementation of successful strategies and change, ultimately affecting the organization's long-term success and adaptability. As a result, this study addresses the gap in the literature by answering the following problem statement:

"How do leadership characteristics, in interaction with organizational and structural barriers, influence the effectiveness of employee involvement in strategy development in the healthcare sector?"

The following sub-questions are used in order to answer the problem statement:

- How do leadership characteristics, such as vision and openness, drive employee involvement in strategy development in the presence of organizational and structural barriers?

- How can organizational and structural barriers, such as a conservative culture and labor shortages, weaken the influence of leadership characteristics on employee involvement in strategy development?

2 Literature review

This section develops and defines the fundamental concepts and notions related to this thesis. First, we will look at the leadership characteristics of openness and vision. Second, this chapter delves deeper into the decision-making process. Thirdly, we will explore an organizational barrier like a conservative culture. Fourthly, we discuss a structural barrier like labor shortages. Lastly, the current literature on the combined effect of leadership characteristics and organizational and structural barriers is examined. The chapter ends with the theoretical framework.

2.1 Leadership characteristics

Research into leadership characteristics, such as openness and vision, and their impact on employee involvement in strategy development has increased attention in organizational behavior, psychology, and strategic management. These characteristics contribute to creating environments that encourage employee involvement.

2.1.1 Openness

Openness in leadership refers to the extent to which leaders are open to new ideas, feedback, and diverse perspectives. It supports collaboration and transparency within the organization, which positively influences employee involvement in strategy development. Literature suggests that leadership openness enhances employee involvement to actively participate in decision-making, thus improving the overall performance (Wang et al., 2012). Openness in leaders creates a psychologically safe environment, which supports employee involvement in strategy development. Employees feel enabled to voice ideas and contribute without fear of negative consequences. Inclusive leadership behavior such as openness promotes psychological safety, which increases employees' willingness to engage in strategic tasks (Carmeli et al., 2010). Morrison (2011) highlights the importance of psychological safety. Employees must feel safe from negative consequences to express their ideas or concerns. Leaders who fail to recognize this dynamic contribute to an environment where employees feel disengaged. Leaders who stick to the traditional top-down management style tend to hinder employee initiative, thus creating a culture where employees are unwilling to offer feedback or ideas (Morrison, 2011). That is why the bottom-up strategy is much more effective in achieving employee involvement (Kotter, 1997).

2.1.2 Vision

Vision in leadership refers to the ability of leaders to develop and articulate a compelling and inspiring vision for the organization. A strong vision provides direction, aligns employees with the goals of the organization, and fosters a shared sense of purpose. Leaders who demonstrate a clear vision can positively influence organizational mechanisms such as employee involvement and strategy implementation (Utomo et al., 2022). Visionary leadership encourages higher involvement, with employees who are more likely to contribute to strategic goals (Baum et al., 1998). Literature shows that leaders with a strong and clear vision are more likely to inspire employees and create alignment with organizational goals. By promoting a compelling vision and providing employees with autonomy, the sense of control and responsibility of employees is enhanced. A strong and clear vision combined with support like autonomy and psychological empowerment creates an environment where employees feel valued and capable. This will lead to greater involvement in the strategic development processes (Hartog & Belschak, 2011). Middle managers have a critical role

because they are the bridge between the top management team vision and the employees who implement these strategies (Floyd & Wooldridge, 1997). When middle managers understand the vision, they can promote a collaborative environment where employees are enabled to participate actively in strategy-related initiatives (Raes et al., 2011). Openness and vision in leadership is a powerful combination that can encourage a highly engaged and adaptable workforce. Vision provides a clear direction, while openness makes employees feel valued and involved. Leaders not only communicate where the organization is headed but also encourage transparency and feedback. When vision is paired with openness, it can lead to a more efficient and effective workplace (Walumbwa et al., 2007).

2.2 Decision-making process

In contrast to the top-down approach, the literature shows that both the leader and employees must work together with aligned goals to promote sustained growth. The involvement of employees in the strategic decision-making process is a major factor in determining growth. Employees who feel connected to the organization's strategy and direction are more likely to contribute to achieving the goals set by the leader (Baum et al., 2001). There is a positive relationship between employee involvement and business outcomes. Organizations with high employee involvement levels performed better in terms of productivity, profitability, customer loyalty, and lower employee turnover (Harter et al., 2002). When employees are given more control in decision-making processes, their job satisfaction and organizational commitment increase, ultimately leading to a better overall performance (Hackman & Oldham, 1976).

The paper by Harmon et al. (2003) explores the impact of high-involvement work systems (HIWS) on employee satisfaction, service quality, and cost efficiency within the context of healthcare organizations. HIWS is characterized by procedures that promote bottom-up involvement, allowing input in decision-making, engagement in improving operations, and enabling employees to take responsibility for their work. Employees who are involved in decision-making show higher levels of job satisfaction and commitment to their organization. It also motivates employees to find innovative solutions and improve the quality of services they provide to patients. HIWS also contributes to lowering service costs, empowering employees to make decisions and improve processes. This bottom-up approach encourages a culture of collaboration, continuous improvement, and shared responsibility, which are all critical in complex service environments like healthcare (Harmon et al., 2003).

Bottom-up employee involvement through HIWS leads to both higher employee satisfaction and improved organizational performance. The literature supports the idea that empowering employees to participate actively in decisions is a key driver of improved performance. Involving employees in strategy development is crucial because these employees possess valuable insights into patient care. By intensively including employees, leaders can enhance involvement, which in turn encourages a culture of continuous improvements and innovation (Martin et al., 2008).

2.2.1 The selection stage of bottom-up strategy

The selection stage of the bottom-up approach refers to the process through which organizations evaluate and choose which ideas and proposals from employees will be considered. Selection stages are crucial because they determine which ideas make it to the decision-making table, directly impacting employee involvement. According to Reitzig and

Sorenson (2013), biases such as status bias (preference for ideas from higher-status employees) and familiarity bias (preference for familiar ideas) often hinder the selection process, limiting innovative ideas from employees. These findings are relevant to this study as they highlight how leadership characteristics, such as openness and vision, can reduce biases, ensuring that employee input is evaluated based on its strategic relevance rather than status or familiarity. In contrast, organizational and structural barriers can either reduce or enhance the potential impact of biases on employee involvement. In the selection stage, leaders decide which bottom-up proposal to pursue, which is a critical phase. When organizations seek to involve employees in strategy development, the biases and barriers can distort decision-making at the selection stage. Leaders are not always objective in evaluating ideas based solely on their value; this can limit the innovative potential of bottom-up strategy development, which can weaken the purpose of involving employees in strategy development (Reitzig & Sorenson, 2013). While the selection stage itself is not the focus of this study, it provides valuable context for understanding how leadership characteristics and organizational and structural barriers influence employee involvement in bottom-up strategy processes.

2.3 Barriers

A conservative culture and tight labor market create barriers to employee involvement in strategy development. These barriers foster an environment resistant to change, where employees' voices are often ignored to maintain existing strategies (Pye & Pettigrew, 2005).

2.3.1 Organizational barrier

Firstly, the literature suggests that when an organization has a conservative culture, it prioritizes control, stability, and predictability. This type of culture is less beneficial to risk-taking and experimentation. Employees in this culture often feel that new ideas are not valued, which prevents them from actively participating in strategy development. Additionally, conservative cultures tend to have rigid hierarchies and defined roles, which can impede communication and limit cross-department collaboration (Hogan & Coote, 2013). In conservative cultures, making changes can feel like a threat rather than an opportunity. This defensive position fosters an environment where learning and adaptability are restricted. Employees feel pressured to adhere to established norms, instead of welcoming new perspectives, leading to limited contribution to strategy development by employees (Brown & Starkey, 2000). As already indicated in chapter 2.1, employees must feel safe from negative consequences to express their ideas or concerns. Research has shown that employees often withhold information out of fear of negative consequences, such as damaging their reputation or falling out of favor with their leaders. In conservative cultures, many employees do not believe that their feedback will result in meaningful change, discouraging them from sharing their concerns. Conservative cultures discourage opposing opinions and promote conformity, making employees less likely to voice their concerns. In contrast, open cultures, where leaders encourage feedback and criticism (openness), are more likely to foster bottom-up strategy development (Milliken et al., 2003).

Conservative culture's impact on strategy development results in organizations that avoid suggestions for changes or improvements to strategies. Employees feel that their ideas will not be accepted or appreciated, which leads to a lack of employee involvement in strategy development. Employees avoid questioning established practices, resulting in a lack of critical thinking in strategy development. When strategic decisions become top-down, organizations fail to reflect the insights and experiences of their employees (Denison & Mishra, 1995).

Brown and Starkey (2000) emphasize that conservative organizations act as a barrier to growth by discouraging learning and innovation, which are both essential for strategic renewal. An important factor for a conservative culture is executives who are at the end of their careers or in a long-term leadership position; these executives often resist change. These entrenched executives prefer stability and are often reluctant to embrace new ideas or initiatives, especially if they come from employees (Hambrick & Mason, 1984). According to Staw et al. (1981), this leads to "threat rigidity," where leaders fall back on familiar and traditional decision-making during times of change, which hinders innovation. Research shows that long-term leaders are often stuck in a narrow strategic vision; this vision is shaped by previous successes. This causes their ability to respond to new ideas to be limited; this results in the organization being held back in its development (Hambrick et al. 1993). Conservative cultures reinforced by entrenched executives mutually create supporting barriers that limit employee involvement. Organizations with these aspects struggle to integrate diverse perspectives into strategy development (O'Reilly et al., 1991). A conservative culture that promotes top-down control creates barriers to bottom-up involvement in strategy development. The result is an environment in which employees are not encouraged to actively contribute to strategic goals.

2.3.2 Structural barrier

Secondly, the situation in the tight labor market can have a significant influence on the extent to which employees are involved in strategy development within healthcare organizations. The shortages of the labor market in the healthcare sector in the Netherlands is a major problem, which is getting worse due to the aging population and growing demand for healthcare services. This has resulted in long waiting lists for care, higher workloads, and difficulties in maintaining service levels. This not only impacts the quality of care but also employee involvement, according to the Dutch Central Bank (2024). Many organizations in the healthcare sector are struggling with a shortage of employees. This increases the workload for current employees, which can reduce the motivation to think about strategic issues. They are often already overloaded by their daily tasks, leaving little time and energy for involvement in strategy. They experience strategic decision-making as irrelevant to their daily survival in the workplace (Schaufeli & Bakker, 2004).

High levels of job demand contribute to burnout. Job resources, such as feedback, autonomy, and social support, act as a buffer against burnout. Burned-out workers often experience emotional exhaustion, which damages their capacity to participate actively in healthcare initiatives (Shanafelt et al., 2017). Aiken et al. (2012) found that job dissatisfaction among nurses is strongly correlated with lower organizational involvement. Dissatisfied nurses have a lower chance to collaborate in strategic decisions, which directly impacts care quality and safety.

2.4 Interaction

The importance of organizational context in shaping leadership effectiveness is emphasized by Porter and McLaughlin (2006). They suggest that leadership characteristics alone are insufficient without a supportive organizational environment. This study will build on their work by investigating how openness and vision in leadership interact with organizational and structural barriers like conservative culture and labor shortages to improve employee involvement in strategy development.

The alignment between leadership characteristics like openness and vision and the environment of the organization is critical for leadership effectiveness. Leaders who are open create psychological safety and foster employees to share ideas without fear, while leaders with a clear vision align employees with the strategic goals of the organization (Carmeli et al., 2010; Hartog & Belschak, 2011). However, leadership characteristics like openness and vision can be weakened by an organizational barrier like conservative cultures, which resist change and discourage innovation (Hogan & Coote, 2013). Additionally, a structural barrier like labor shortages increases the workload of employees and reduces the capacity for involvement for employees (Aiken et al., 2012).

This study integrates the Ghoshal and Bartlett framework while building on the insights of Porter and McLaughlin (2006). The role of performance management and social support is highlighted by the framework in fostering an involved workforce (Birkinshaw & Gibson, 2004). Leaders who are open and have a clear vision balance performance management and social support in overcoming the organizational and structural barriers by promoting trust and adaptability. Ambidextrous leadership creates an environment beneficial to employee involvement, where performance expectations and robust social support stimulate employee involvement.

Furthermore, the Complex Leadership Theory (CLT) examines leadership as a development process, which is shaped by interactions within the organization (Uhl-Bien et al., 2007). The CLT complements the findings of Porter and McLaughlin and Ghoshal and Barlett by suggesting that openness and vision must evolve to respond to organizational and structural barriers. For instance, overcoming hierarchical resistance by fostering inclusive decision-making and addressing limited resources by aligning leadership practices with organizational realities and employee needs. These perspectives together highlight that there is a dynamic interplay between leadership characteristics and organizational and structural barriers. This study is building further on the existing literature in providing a complete understanding of how the variables interact with each other and their influence on employee involvement in strategy development in the healthcare sector.

2.5 Theoretical framework

Following the analysis of theories in the literature review in chapter 2, the following theoretical framework was developed, as illustrated in figure 1. This theoretical framework will serve as the foundation for the rest of the study.
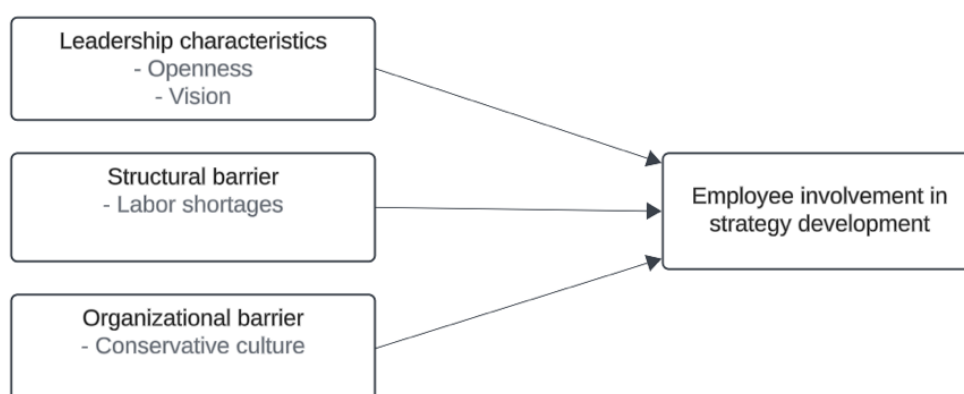

Figure 1 Theoretical Framework

3 Methodology

This chapter discusses the methodology utilized in this study. Additionally, it gives clear reasons for why the following approaches were chosen. These approaches are research design, data collection, sampling strategy, data analysis, and lastly the quality of the research will be discussed.

3.1 Research design

The research will employ a qualitative and exploratory method to investigate the interaction of how leadership characteristics and structural and organizational barriers affect employee involvement in strategy development. Qualitative methods allow for a refined understanding of the interaction between these dynamics. This approach allows adjusting questions and investigating deeper based on interview responses, which can uncover unexpected behaviors or leadership strategies that have not been predicted in advance. That's why qualitative methods make it easier to explore complex organizational dynamics (Gill et al., 2008). Qualitative methods can help to reveal the "why" behind employee involvement or non-involvement by examining how leaders and managers interpret and navigate organizational and structural barriers (Eisenhardt, 1989). This approach is crucial for understanding the underlying beliefs, motivations, and assumptions of the participants. In under-explored areas like the interaction between leadership characteristics and organizational and structural barriers, qualitative methods are important for developing new theories or frameworks. The insights of this qualitative study can refine existing theoretical models or guide future quantitative studies.

3.1.1 Exploratory multiple case study

An exploratory multiple case study is useful to explore complex issues, with the aim of discovering new ideas and patterns. Leadership characteristics, employee involvement, organizational, and structural barriers are complex and context dependent. Because these dynamics depend on culture, organizational norms, and external pressures (Hofstede, 1993). Leadership behaviors are contextual, shaped by organizational hierarchies and culture. An organizational barrier like conservative culture limits adaptability and participation (Ashforth & Mael, 1989). This type of research is useful to examine an unstudied and poorly defined phenomenon. Eisenhardt (1989) remarks that case study research is effective for theory building when exploring under-researched areas, such as the interaction between leadership characteristics and organizational and structural barriers. A multiple case study approach allows delving into these complex interactions within real-world settings (Doz, 2011). Several cases will be examined, instead of just one. By looking at different cases, it makes it possible to compare and contrast findings across contexts, which leads to identifying unique patterns and characteristics (Stake, 2005). To understand the phenomenon in-depth across various examples helps identify trends and develops a richer, more complete understanding (Eisenhardt & Graebner, 2007). Organizational culture and management practices are influenced by contextual factors that are challenging to capture through quantitative methods. Multiple case studies capture these interactions to gain a complete view of a complex real-life phenomenon and its contextual conditions. One limitation of multiple case studies is the issue of generalizability. Findings for this specific case may not be applicable to other settings due to unique contextual factors (Yin, 2017).

3.2 Data collection

For this research, semi-structured interviews are chosen as the suitable method for data collection due to their flexibility and depth. This method provides a deep qualitative understanding of the subject, addressing areas that may be overlooked by other research approaches. This allows for guided open-ended conversations, helping participants share their insights on leadership characteristics and organizational and structural barriers (Gill et al., 2008). By conducting semi-structured interviews, the researcher can investigate the complex dynamics of employee involvement in strategy development by gathering primary data directly from key stakeholders within healthcare organizations. This helps capture the individual experiences and perspectives of participants, leading to more and richer meaningful data (Kvale, 2007). Semi-structured interviews encourage a conversational style, which helps participants experience greater comfort. This is especially important in sensitive topics related to organizational culture and leadership dynamics, where employees may be hesitant to share honest opinions (Creswell & Poth, 2017). Semi-structured interviews were conducted with four healthcare organizations, of which three were hospitals and one was an elderly care organization. The purpose of the interviews is to gain an understanding of the ways in which employee involvement in strategy development is influenced by the interactions between leadership characteristics and organizational and structural barriers. This research is undertaken in collaboration with CircleLytics; this company is specialized in strategy development, including in the healthcare sector. Due to CircleLytics' strong network within the healthcare sector, several organizations were approached to participate in the research, and four of them agreed to participate. The healthcare sector is an excellent context for this study due to its complexity, large organizational structures, and the presence of barriers like labor shortages and conservative cultures. Interviews were conducted with executives, middle managers, and employees from several departments to obtain a range of perspectives. In the fourth organization, only the executive was interviewed to focus on strategic leadership insights. A total of 10 interviews were conducted for this study, which will provide a detailed understanding of the personal experiences and perceptions of individuals across four healthcare organizations.

3.2.1 Sampling strategy

The selection of participants is based on specific characteristics and insights relevant to the research objectives. Purposive sampling enables the focus on healthcare organizations with varied structural and cultural profiles. Within each organization, the executive, a middle manager, and an employee with direct experience in strategy development and employee involvement were the focus. This ensures that the participants can provide rich insights into the interaction between leadership characteristics and organizational and structural barriers. Purposive sampling is especially suitable in this research because the participants are chosen based on their experiences and roles that are crucial to understanding the interaction between leadership characteristics, organizational, and structural barriers on employee involvement in strategy development. This enhances the depth and applicability of findings, capturing a wide range of organizational cultures and barriers (Etikan, 2016). Purposive sampling allows the researcher to gather focused insights that directly address the research objectives (Morse, 1991). By including executives, middle managers, and employees, this sampling ensures a complete view of the organizational dynamics. There is a potential disadvantage of purposive sampling. The findings of this research may not be generalizable to other organizations or industries, as it focuses on the healthcare sector. This study employs purposive sampling to select four healthcare organizations where interviews are conducted with the executives,

middle managers, and employees. The sampling strategy aligns well with the exploratory, qualitative nature of research, which leads to a complete view of how leadership characteristics and organizational and structural barriers interact and their influence on employee involvement in strategy development within the healthcare sector. The study aims to uncover new insights that contribute to a deeper understanding of the research issue by involving a diverse range of participants.

3.2.2 Equipment

The interviews of this study were conducted via Google Meet to suit the schedules of the executives, middle managers, and employees in large healthcare organizations. A virtual meeting allowed for greater flexibility and convenience for the participants. Each interview was audio-recorded and transcribed with the consent of the participant to ensure consistency in data analysis. The transcripts were stored securely to protect participant confidentiality. To minimize potential bias and error in the study, participants were allowed to choose the time and place for the interview to ensure they felt comfortable (Sands & Krumer-Nevo, 2006). A rapport was built to candid answers, explaining that there were no right or wrong answers. Non-leading questions were used, and participants were given space to share freely, especially important in sensitive topics related to organizational culture and leadership dynamics.

3.2.3 Participants

The study involves three groups: executives, responsible for strategic direction; middle managers, who bridge employees and executives, translating strategy into action; and employees, who execute tasks to achieve organizational goals. The participation of each group is necessary for understanding how barriers and leadership decisions impact their involvement and ability to contribute to strategic initiatives. Large healthcare organizations are participating in this research because these organizations are more likely to encounter organizational and structural barriers due to complex structures, multiple hierarchical layers, and the need to align diverse stakeholder interests. To guarantee an accurate understanding of the issues, a wide range of organizational departments, functions, and levels will be reflected to gather diverse experiences and viewpoints. This will ensure that experiences with organizational and structural barriers and leadership characteristics are represented across different segments of the organization, including employees, middle managers, and executives.

3.3 Data analysis

The data analysis in this research will be conducted using cross-case analysis, which involves comparing cases to identify recurring patterns, causal mechanisms, and unique variations (Yin, 1984). Cross-case analysis enhances the robustness of findings by increasing the generalizability of patterns observed. This involves coding, thematic analysis, and comparison to uncover relationships between leadership characteristics and organizational and structural barriers (Eisenhardt, 1989). This multi-approach allows for a complete examination of the interaction between leadership characteristics and organizational and structural barriers on employee involvement in strategy development. By integrating qualitative data from interviews with frameworks and findings from academic literature, the richness and validity of the analysis will be enhanced (Bryman, 2008). This research applied triangulation as an analytical strategy. This involves cross-verifying findings from different data sources. This will be done through comparing the perspectives of the interview participants with existing

academic sources, with the aim to uncover deeper insights and validate the results that arise from the semi-structured interviews. This triangulation facilitates a complete view of how leadership characteristics interact with organizational and structural barriers on employee involvement in strategy development. The first step involves transcribing the interviews. After transcribing, the qualitative data from the interviews will be analyzed through coding. Codes are generated based on the data, followed by axial coding to identify relationships between codes (Charmaz, 2006). During this analysis, key patterns and topics that emerge from the participants' responses will be identified. The coded data will then be analyzed to identify broader themes that emerge across the different cases, highlighting similarities and differences that may provide insights into effective practices in different contexts (Nowell et al., 2017). The last step involves understanding the themes within the context of existing literature and the specific environments of the cases studied. This allows for grounding the findings in the theoretical framework (Stake, 2005). To guarantee validity and reliability, the results will be cross-checked and verified using relevant industry knowledge and established frameworks. enabling a thorough investigation of how organizational and structural barriers, leadership characteristics, and their interactions impacted employee involvement in strategy development.

3.4 Research quality

The constructs of internal and external validity and reliability of an exploratory multiple case study contribute to the research quality (Yin, 1984). Internal validity ensures an accurate causal relationship between variables, while external validity evaluates the generalizability of the study's findings, and reliability ensures consistent and replicable measurement methods (Gibbert et al., 2008). Internal validity was enhanced by employing member checking and triangulation. To ensure more credible and accurate results, multiple perspectives were integrated (Patton, 1999). Member checking was used to accurately reflect participants' perspectives and experiences to maintain trustworthiness in qualitative research (Creswell & Miller, 2000). External validity was addressed by employing purposive sampling, which involved selecting healthcare organizations in the Netherlands that represented the broader healthcare sector. This method ensures that findings are relevant to similar healthcare organizations with characteristics like hierarchical structures and challenges like labor shortages. By selecting cases that demonstrate common organizational dynamics within the healthcare sector, the study's findings can be applied to similar healthcare settings (Yin, 1984). Reliability was ensured by presenting the research process transparently and consistently. A detailed document has been made where all research decisions, methods, and any changes during the research are recorded. This enhanced the study's credibility and robustness (Lincoln et al., 1985). The researcher employed a standard interview guide, referred to in appendix 4. This approach ensures that the study is replicable by other scholars (Yin, 1984). Moreover, the recorded interviews helped to ensure the accuracy of the data collected.

3.5 Coding scheme

The coding scheme is presented below in figure 2. Since three categories of groups were interviewed, the responses are analyzed from each perspective to examine their experiences with the subject.
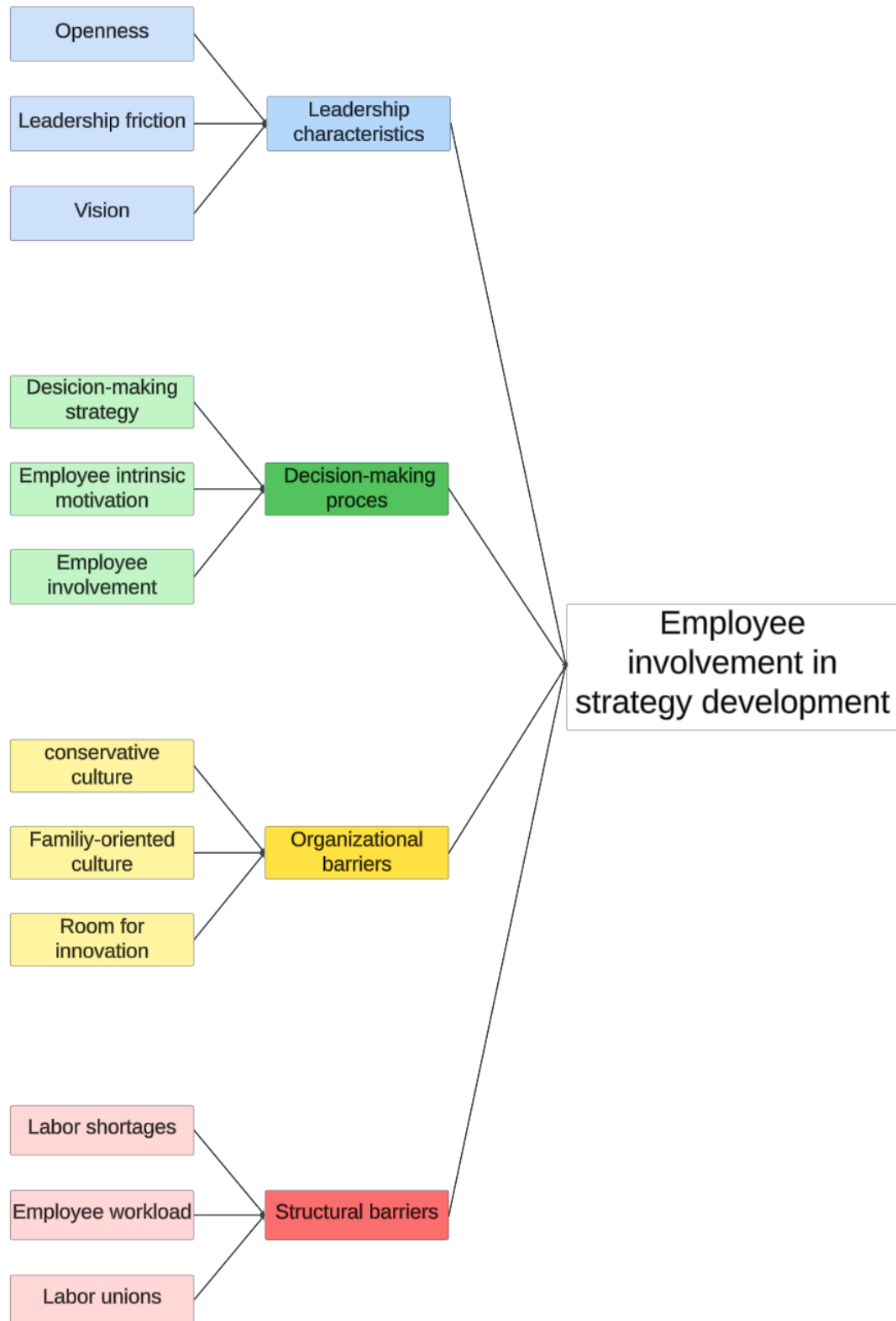

Figure 2 Coding Scheme

4 Findings

This chapter summarizes the findings from the interviews with the healthcare organizations A, B, C, and D. The conclusions coordinated around the themes identified from the literature, beginning with leadership characteristics and followed by organizational and structural barriers.

4.1 Leadership characteristics

This paragraph examines the perspectives of employees, middle managers, and executives on leadership characteristics, openness, and vision, highlighting both frictions and improvements in leadership.

4.1.1 Openness

Employee Perspective
The participating employees acknowledge that there is a willingness to be involved and support input. The results indicated that the participating employees consider openness as an important leadership characteristic. But the openness of the leaders is influenced by organizational complexities, structure, and individual leadership styles. The complexity of large organizations and newly implemented structures creates inconsistencies. The employee of org A experiences a directive approach by the board and managers but remains open if employees present well-prepared arguments. The employee of org A emphasized, "*The board and senior leaders demonstrate a directive approach but remain open to dialogue if employees present well-prepared and structured arguments.*" In contrast, employees of org B and C see differences in managers' leadership styles as obstacles to openness to employees; the board is open to ideas, but at the departmental level it varies greatly. The employee of org B stated, "*Some executives give space, while others are mostly reserved.*" Employees of org B and C recognize that leadership varies greatly by department. Some leaders are supportive, while others resist change; this also does not help that employees experience a great distance with the board of directors.

Middle manager perspective
The middle managers who participated in the study find transparency and listening within facilitating leadership important. Generally, healthcare organizations are very large; this ensures that the distance to the directors is long. This makes it difficult to exhibit facilitative leadership because the span of control for managers is too large, as stated by org A middle manager: "*The manager's span of control is too large. This creates a lot of distance between the manager and employees.*" Middle managers stated that while the boards are generally open, some middle managers feel disconnected from fully engaging with them. The middle manager of org A responded that there is more and more room for an open culture. However, often there is resistance: "*But I still find the board of directors difficult sometimes.*" She noticed that certain topics were not negotiable, limiting openness. This is also tied to individual leadership styles among middle management layers. The middle manager of org B emphasized, "*A layer of seven or eight managers, their openness really depends on their personalities.*" The organizations demonstrate a foundation of openness, particularly at the executive level, but its application across different layers is inconsistent. In comparison, the middle manager of org C feels openness; she thinks vision is related to openness. When there is no clear vision, then openness also becomes more difficult. "*When vision is not clear, you also don't know what to say yes or no to.*"

Executive perspective

The results show similarities in the way executives demonstrate a leadership style grounded in openness, trust, and pragmatism. They actively seek feedback, encourage collaboration, and manage based on trust. The executive of org A stated, *"I am open to criticism and feedback; I am in frequent contact with employees."* The executives of the participating organizations encourage learning through mistakes and believe that trust fosters responsibility and creativity. The executive of org B emphasized, *"The more I fill in, the less creative the other person becomes."* He tries to set the good example for his managers: to be open and transparent. The executive of org C supports this argument because their focus is on creating a positive shift encouraging learning and improvement to help people do better rather than emphasizing punishment. While executives say they are open, the executive of org D does quote that as an executive, it is easy to say that is the case, that you are open. But he knows that criticism is always hidden behind three walls: *"Because I can still like myself, but not everyone says everything to me."* Despite executives demonstrating leadership styles grounded in openness, this openness is not always applied consistently, according to middle managers and employees. This shows that personal leadership styles and hierarchical structures can limit openness.

4.1.2 Vision

Employee perspective

The employees participating in the study highlighted that there is a significant gap in the communication, clarity, and application of the organization's vision. Despite the fact that all employees find vision very important, as stated by the employee of org C, *"Leaders must have a clear vision and a connection with their employees."* The gap in the vision is driven by a focus on execution rather than strategic alignment, and the distance from the board ensures that this vision does not always land well. Also, the variability in how managers and departments communicate and embody the vision drives this gap. The employee of org A stated, "*There is a big difference in how the board of directors outlines the vision and how we employees outline the vision.*" In org A, the vision is too broad, resulting in location managers having freedom in how they align with the vision. While orgs B and C struggle to translate the vision into actionable steps for the work floor. The employee of org B emphasized, "*The vision and mission exist as beautiful documents but fail to connect with the work floor.*" The employees of org A and B mentioned that the role of managers is critical in connecting the vision to day-to-day activities.

Middle manager perspective

The middle managers of the participating organizations express their concerns about the clarity and communication of the organization's vision; middle managers do not know if the vision the board of directors' sets is perceived that way by everyone, as stated by the org B middle manager: *"There is one real vision. I don't really know whether it is clearly experienced this way by everyone."* In org B the problem lies in communication and involvement of people, while in org A and C the problem lies at the organizational level. According to org C's middle manager, it is difficult for employees to understand where the organization wants to go and where it should be. She stated, *"Missing the dot on the horizon."* The middle manager of org A acknowledges that the organization prioritizes operational tasks over a clear integrated vision, describing it as *"a do organization."* Because of this, I don't think the vision is communicated the same way everywhere. Middle managers

perceive the organization as more action-oriented than vision-driven. According to the middle managers of org B, "*communicating the vision often feels more like informing rather than truly involving or embodying it.*" All middle managers express the need for deeper engagement with the vision.

Executive perspective
The results indicate that executives of org A and B believe the vision is well communicated throughout the organization, as stated by the executive of org B: "*I believe that the vision is well communicated.*" Although the executive of org A recognized that sometimes the direction of the organization is clear, in practice it is interpreted differently. He responded, "*I've learned to spend a lot of time on clarifying the direction.*" The case of org C had the opposite problem: "*zero vision is communicated by the board.*" An employee survey confirmed that this was the case. The executives recognize the importance of communicating the vision effectively to prevent misalignment and ensure shared understanding. The executives of org A and C identify a need to focus more on the purpose behind the organization's actions to improve alignment of the direction of the organization. As the executive of org A responded, "*The 'why' of what we do often gets little attention,*" highlighting the need to better integrate purpose into organizational strategies. Despite executives demonstrating efforts to communicate vision and emphasizing its importance, inconsistencies remain in how it is applied. This shows how hierarchical structures and inconsistent communication limit the alignment and effectiveness of vision.

4.1.3 Leadership friction

Employee perspective
The employees of the participating healthcare organizations express their need for greater visibility of leadership, better communication of a clear vision, and more ways and time to contribute ideas. The employee org A stated, "*Visibility and transparency are incredibly important.*" The employee of org B calls for clear channels for input because nurses often want to contribute but don't know where to go with their ideas.

Middle manager perspective
There is resistance in leadership; all participating middle managers describe a significant barrier in aligning strategic plans with the reality of the work floor. The middle manager of org A stated that "*The board had already envisioned the strategy and outcome. It simply didn't match the reality of the work floor. They were reluctant to adapt their plan.*" Additionally, the middle manager of org B emphasized that there is a lack of strategic thinking and adaptability among some leaders: "*They still say that if I get my staff in order, everything will be fine. And that's just not going to happen.*" Efforts are being made by the healthcare organizations to address challenges like shortages and innovation, but the middle managers miss a broader, more personal focus. The middle managers highlight the need for regular feedback, communication, and support. The middle manager of org C responded, "*When you understand why you're doing things, the commitment is much greater.*" Middle managers emphasize the importance of acting on the input of employees to build trust. The middle manager of org A stated, "*If you ask employees for input, you must actually do something with their feedback.*"

Executive perspective
Executives of the participating healthcare organizations highlight a crucial role for leadership in shaping the organizational culture. The executive of org C views leadership as a foundation

for cultural influence: *"Leaders are the ones who shape the organizational culture. If you want to influence the culture, you must first focus on shaping leadership."* The executive of org A acknowledges the challenge of balancing a long-term vision with practical short-term steps. A better change management to motivate and excite people about the direction of the organization is needed. *"Our biggest challenge isn't explaining where we want to go; it's the change management aspect."* The executives play a crucial role in change management. Additionally, the executive of org D reflects on how his leadership style differs from the organization's norms, often creates friction, but drives progress: *"If I were to be the same and still adopt a somewhat happy, complacent attitude, the organization would not move forward at all."* These challenges highlight the barriers to achieving sustainable organizational change. The executives of the participating healthcare organizations emphasize the importance of giving employees a voice and explaining how changes impact their daily lives. The executive of org A stated, *"It's essential to clearly and understandably explain what this change means for them."* In contrast to the executives of Organizations A, C, and D, the executive of Organization B stated that a different problem needs to be addressed within their organization. Org B highlights the need for managers to create space for employee input: *"Employees must be given that space by their manager, and some managers do not do that, which means that fewer people want to make their voices heard."*

4.2 Decision-making process

This paragraph examines the perspectives of employees, middle managers, and executives on their experiences with decision-making, employee involvement, and the intrinsic motivation of employees.

4.2.1 Decision-making strategy

Employees perspective
Employees of the participating organizations describe the decision-making process in healthcare organizations as hierarchical top-down. Only the employee of org A mentioned that it is slowly evolving to be more bottom-up. It's a big change to change the decision-making process, as higher departments still find it difficult to change the top-down approach. The employee of org A stated, *"Managements and higher departments sometimes find this quite difficult to deal with input from lower levels."* The change to bottom-up is appreciated by all the employees, as it recognizes their ideas and contributions. There are efforts in the organizations to foster transparency and involve teams and employees earlier. But employees often still perceive strategies as fully formed when presented to them. The employee of org B emphasized, *"Strategy often feels finalized before it is shared; decision-making still often defaults to top-down structures."* Employees perceive their strategy developments as "a world away," noted by the org C employee reflecting on the limited opportunities for their involvement.

Middle manager perspective
The middle manager of org A emphasized that the decision-making process is in a transition from a top-down approach to a more bottom-up model. Org A introduced a program aimed at going to the work floor to see what people need and what is going on. The middle manager of org A mentioned, *"I feel for the first time that real listening is happening."* In contrast to middle managers of org B and C, where it is still a top-down approach. Org C has sessions where employees are invited to think about new developments. But in practice, it still does not seem to be working out well. The middle manager of org C stated, *"To what extent are the*

employees aware that they can have a say and are encouraged? This happens too little." This suggests that there is an emerging effort to bridge the gap between decision-makers and the workplace. Often, healthcare organizations have a strategy department, which is responsible for strategy. The middle manager of org B emphasized, *"The major lines are mainly set top-down."* As a result, employees often find it unclear how to provide their input. The middle manager of org B mentioned that there is room for improvement on the shorthand: *"Listening to each other effectively and understanding different perspectives, that's an area where we still have room for improvement."* There is often a disconnect between the board's urgency and the broader organization's readiness, which leads to potential resistance and misalignment. The middle managers of org B and C sometimes wonder whether the top managers are genuinely engaged or if it's still largely driven by the executives. *"The exact dynamics stay somewhat unclear to me,"* responded the middle manager of org C.

Executive perspective
The executives of the participating organizations experience the decision-making process and employee involvement in different ways but share the desire to make these processes more inclusive. The executive of org A emphasizes that decisions are formally made by the board of directors but are done in collaboration with a management team. Various factors are taken into account, including the interests of clients, employees, and financial feasibility. Nevertheless, he acknowledged that greater use could be made of input from people within the organization: *"I believe we should make greater use of the ideas, wishes, knowledge, and experiences of employees."* The executive of org B describes the decision-making process as a hybrid approach that combines both top-down and bottom-up elements. The organization tries to involve employees in strategy development, but this has its limitations: *"We want to impose strategy development in the organization as little as possible from above. But you cannot avoid an assignment from the board level."* The organization strives to find a balance between top-down guidance and employee input. The executives of orgs A, B, and D are trying to find a balance between top-down and bottom-up decision-making, while the executive of org C emphasizes a strong top-down approach with an emphasis on external analyses. There is a lack of internal analysis within the organization, which results in employees feeling insufficiently involved in strategic processes: *"It has been noted that employees feel insufficiently involved in the strategy."* Noting that discussions are not deep enough and that one-time input without clear feedback hinders involvement: *"Asking for input just once, without making it clear what will be done with that input, does not create any sense of ownership."* The importance of broader participation to develop a collective and effective strategy is emphasized. Each executive of the participating organizations has a different focus but recognizes the need to involve employees more in decision-making; this emphasizes that openness and vision are important to build trust and encourage bottom-up involvement. However, this brings challenges, with time, scale, and effectiveness posing significant obstacles. Engaging all employees requires a great deal of time, and the size of the organizations makes the process of fostering involvement complex. As the executive of org B points out, *"How do we reach 4,300 employees? That is indeed complicated."*

4.2.2 Intrinsic motivation

Intrinsic motivation is an emerged theme based on the findings. The employees who participated in the study are open and enthusiastic about contributing to strategy, but they also all confirm that this is not the case for everyone. The employee of org A mentioned, *"There are a lot of healthcare colleagues who say so. Hey, don't call me for participating. Just let me*

do my thing.” It really varies from person to person; it is down to the intrinsic motivation of the employees, as the employee of org C responds, *“But sure, it also varies from person to person; it’s more intrinsic motivation.”* Employees who want to be involved sometimes have difficulty indicating that they want to participate. The employee of org B stated, “*But employees are just very searching. Where should I go with my question?”* It lies in the intrinsic motivation to participate in strategy development. This suggests that intrinsic motivation influences the relationship between leadership characteristics, organizational and structural barriers, and their impact on employee involvement. The participating healthcare organizations are large, which makes it difficult for everyone to work together. The manager of the department also plays a role in whether or not employees are included. The employee of org B stated, *“It depends whether you have a manager who motivates and supports you instead of always holding you back with a "No, that's not possible.”* The manager’s approach shapes the level of involvement.

4.3 Organizational barriers

This paragraph examines the perspectives of employees, middle managers, and executives on their experiences with conservative and family-oriented cultures. Additionally, the middle managers and executives’ experiences with the balance between their current culture and innovation.

4.3.1 Conservative culture

Employees perspective
The employees of the participating healthcare organizations in this study describe their healthcare organizations as generally warm and ambitious; the employee of org A emphasized the focus on individual growth is appreciated: *“They genuinely try to understand who you are and what your ambitions are.”* This warm culture is coupled up with conservative elements that can hinder change and limit leadership characteristics, openness, and vision. In org A and C there is still a tendency to stick to traditional ways of working, with some team managers that are hesitant to embrace new approaches. The employee of org A highlights, *“There are often older managers who say, ‘We’re fine the way things are.”* This makes innovation more challenging, even though forward-thinking managers exist. The employees of org A and C describe their organizations as traditional and old-fashioned, as the employee stated, *“Sometimes a bit too informal and old-fashioned.”* Revealing the conservative tendencies within these organizations, which hinder and slow down the implementation of changes. Although the organization is committed to an open culture, the practical realization of this appears to be different according to employees of org A and C. The employee of org B experienced a different conservative element; he emphasizes, *“There is room for new ideas. But there is no room in the approach to this.”* Namely, the result is that nurses and other employees are often excluded from early stages of idea development. The employee of org B also notes the need for cross-sectional participation in projects; there always must be someone from all levels.

The culture within these organizations significantly impacts employees’ involvement. The employee of org A highlights that there is space for ideas, but the involvement of multiple departments often slows progress: *“There are so many departments that need to have their say… and then the idea ends up in a drawer somewhere.”* Which results in some employees feeling that their ideas don’t matter, demotivating them from sharing further input. Additionally, labor shortages and high workloads exacerbate this issue, as stated by the

employee of org C. A sense of uselessness will be created when employees voice their concerns or suggestions regularly that are not addressed. Both the employee of org C and B emphasized this: *"If you've pointed that out many times and nothing is done with it, then employees are more likely to be encouraged not to give input anymore."* This highlights how organizational culture can hinder employee involvement.

Middle managers perspective
The middle managers describe the culture of the healthcare organization as a mix of openness and conservatism, with factors varying by organization that hinder progress and innovation. The middle managers of org B and C noted that openness to ideas and initiatives is recognized, but a lack of robust structural foundations weakens their success. As the middle manager of org C observed, *"We start somewhere and then we just move on to something… without putting down a good structure from the beginning."* This tendency to stick to existing ways of work is summed up as *"That's just the way it is."* The middle manager of org B also highlights a risk-averse and resistant-to-change culture in the organization: *"Even small changes are perceived as intense."* It is often difficult to involve people because the responses will be negative; this results in the mental leap to consider broader strategies feeling overwhelming: *"They are often too focused on immediate concerns."* In contrast, the middle manager of org A claims that conservatism comes mainly from the work floor; some staff hold on to outdated practices. *"Staff believe they're not doing their job properly unless they personally provide care to clients,"* as stated by the middle manager of org A. These elements of conservatism limit the organization's ability to adapt and evolve.

Executive perspective
The executive of org C acknowledges the deeply rooted top-down culture, although they push for openness and transparency. The executive of org C stated, *"The top-down culture is deeply rooted in the organization's past."* This problem has multiple causes; firstly, many leaders are not fully mature in their roles, often acting merely as intermediaries rather than genuine leaders. This lack of personal authority and engagement undermines their credibility, making them less effective and less respected in their positions. Secondly, a large span of control in healthcare makes personal connection and support difficult. In contrast, the executive of org D describes the organization culture as participatory, but the status quo is a tendency to resist change. "*Holding on to the status quo a bit, as being familiar and recognizable, that is the greatest enemy."* This shows that it is difficult for executives to create an open culture even if executives try to demonstrate openness and vision, while middle managers note weak structural support, and employees feel their input is overlooked, hindering an open culture.

4.3.2 Family-oriented culture

Middle managers perspective
Family-oriented culture is an emerged theme based on the findings. In addition to a conservative culture, the middle managers of org A and C also describe their culture as family-oriented and traditional, where giving feedback and taking responsibility is weak. The middle manager of org A highlights, *"Employees may want input, but they often don't want to take ownership."* The middle manager of org C also confirmed this family culture; we have a small hospital where everybody knows each other: *"It can sometimes feel a bit overly cozy."* This dynamic hinders accountability and growth.

Executive perspective
Compared to org C, which primarily describes its culture as conservative, org A, B, and D also characterize their organizational culture as family-oriented. The executive of org A made efforts to broaden perspectives and encourage diverse input: *"We regularly invite people who think differently and enter into discussions about them."* However, this progress is often slowed by a family-oriented culture. This culture is warm and supportive, but this makes it hard for employees to give feedback or challenge one another; people tend to skirt around issues and are less likely to address each other. The executive of org B emphasized this problem: *"It stems from a kind of family-like culture that makes people feel warm and valued but also makes it difficult for them to correct one another."* The executive of org D also recognized this type of culture; he would like to see a more assertive organization by balancing warmth with accountability as key to really making progress. These dynamics hinder executives from effectively developing a clear vision and addressing challenges, which further hinders employee involvement.

4.3.3 Room for innovation

Middle manager perspective
The middle managers of the participating healthcare organizations highlight different types of tension between their organization's conservative culture and the room and need for innovation. The middle manager of org A mentioned that while the boards are open to innovation, progress remains slow due to conservative attitudes from the employees within the organization. There often is misalignment between the plans of the boards and the needs of the work floor; *"Bottom-up takes more time… but it doesn't always align with what the work floor needs. They need to let go of their preconceived notions."* In contrast, in org B the conservative elements come mainly from the board; efforts to involve broad input are often delayed by top-down structures, with some processes taking months for approval, which hinders progress: *"We spent 1.5 years creating a well-thought-out supervision model with broad involvement. However, it sat with the Board and Works Council for nine months,"* as stated by the middle manager of org B. Executives tend to focus on informing rather than genuinely involving employees. In organization C, conservatism comes from both the work floor and the board. The middle manager of org C stated that some employees and managers who are nearing the end of their careers are further making these challenges harder. These people are fine with the way things are.

Executive perspective
The executives of the participating healthcare organizations highlight the challenge of introducing innovation. The executives of org A and B emphasize the need to help and motivate employees stepping out of their comfort zones: *"The challenge is helping everyone step out of their comfort zone. If we don't, the default attitude will remain: 'Let's not do it."* As noted by the executive of org A. The executive of org B added that innovation extends beyond technology to integrate rethinking of work practices: *"Innovation can mean organizing your team more efficiently or approaching tasks differently."* In comparison, the executive of org C highlights a different challenge. Critical business processes that are vital to the organization's survival are often shaped by individuals with limited expertise in those areas. This challenge is compounded by a family-oriented culture where employees find it difficult to provide feedback to one another. The executive of org D highlighted that innovation is a source of energy, inspiring employees: *"Innovation generates energy by putting it on the agenda. Themes like innovation and sustainability are extremely inspiring for employees."*

4.4 Structural barriers

This paragraph examines the perspectives of employees, middle managers, and executives on their experiences with labor shortages, labor unions, and the workload of employees due to these dynamics. All participating organizations are experiencing the structural barrier of labor shortages; therefore, there is no variation in this variable.

4.4.1 Labor shortages

Employee perspective
Labor shortages are a daily struggle that affects all levels of the organization, as described by the employees of the participating healthcare organizations. It's not just about needing more staff, but utilization and support of existing employees are also crucial, emphasized by the employee of org A: *"It's about using the people we have more effectively and supporting them better in their roles."* Labor shortages have a negative influence on employee involvement, as noted by the employee of org B: *"Nurses often drop out of projects, which means that important input is missing."* Nurses are often unable to stay involved in strategic initiatives due to their shifting schedules.

Middle manager perspective
The labor shortages are a persistent and visible issue as described by the middle managers of the participating healthcare organizations. The middle managers highlight the tension on operations, such as canceled procedures and reduced service accessibility, as the manager of org C stated: "*Sometimes ORs have to be canceled. Because a doctor drops out."* According to the middle manager of org B, a vicious cycle is created, where fewer staff means less capacity to train new employees, but without training, new employees cannot be properly prepared, making it difficult to resolve the ongoing labor shortages.

Executive perspective
Also, the executives highlight that labor shortages are a significant limitation in the healthcare sector. However, they identify different major issues contributing to these shortages. Labor shortages affect the number of workers, the quality of workers, and the changing nature of the workforce. The executive of org D points to a vulnerability in the healthcare sector, where specific tasks can only be performed by certain qualified individuals. Meanwhile, the executive of org A mentioned that a new generation of employees with different expectations will enter the labor market. He stated that there is insufficient attention to this shift in strategy: *"We will soon have a new generation of employees who look at work in a different way than the generation before."* Furthermore, the manager of org B mentioned that labor shortages limit innovation and technological advancements, such as AI and streamlining processes: *"If we want to innovate and improve… we are significantly held back by the lack of resources in our ICT department."* The executive of org C noted that the large span of control is another critical issue, which leaves employees feeling unheard and unsupported. The large span of control plays a role in turnover in the healthcare sector: *"This is a reason why many people choose to leave the healthcare sector."*

4.4.1.1 Workload of employees

Employee perspective

These labor shortages increase the workload of employees. According to the results, this has significant consequences. The employees of the participating healthcare organizations mentioned that high workloads, irregular hours, and open shifts significantly decrease employee commitment and job satisfaction. Also, frequent absences and an aging population are making the workload even heavier, as stated by the org C employee: *"Almost every department faces open shifts and sick colleagues every week. With an aging population, the workload becomes even heavier."* The increasing workload due to labor shortages makes it harder for employees to stay involved, even if they want to. This ongoing problem supports lower morale and less active participation in the organization's effort to improve.

Middle manager perspective

The heavy workload caused by labor shortages forced employees to work harder and focus simply on getting through the day. *"Quite a few people are actually mainly concerned with how I get through the day in a good way and how I stay upright."* As stated by the middle manager of org B. This makes participation in strategies feel overwhelming. This hinders executives in their efforts to initiate change and promote involvement by demonstrating openness. The middle manager of org A emphasized that these working conditions negatively affect job satisfaction and retention: *"Employees are forced to work much harder because there are fewer people on the floor. This can negatively impact satisfaction and retention."* The middle manager of org C reinforced the problem that even the families of the elderly in elder care are being asked to take additional responsibilities.

4.4.2 Labor unions

manager perspective

According to the results, the emerging theme of labor unions was identified as a factor that worsened the effect of labor shortages. The challenges presented by labor unions regarding regulation, particularly around working hours and rosters, were acknowledged by the middle manager of org A. This can significantly impact employee satisfaction. However, finding a balance between these regulations and an organization's daily staffing requirements is challenging. Middle managers of org B and C noted limited interaction with labor unions because there are more frequent consultations with client councils. Remote work options and flexible work arrangements are still under evaluation in the organizations. The middle manager of org C responded, *"Working from home and flexible workplaces... we're all certainly not leaders in that."* Emphasizing that the organization lacks a leading position in these areas.

Executive perspective

The executives of the participating healthcare organizations communicated their concerns about the misalignment between labor unions and the changing needs of the healthcare sector. The executives of orgs A and B argue that unions and labor agreements are inflexible, uniform rules that no longer reflect the complexities of modern society: *"They often think in terms of rules that must apply to everyone, while society has become far more complex."* The executive of org C criticized union representatives for lacking training to fully understand the complexities of the field they operate in, noting: "*Representatives often lack the training to fully understand the complexities of the field they operate in and what is both realistic and*

beneficial for the greater good.'' These perspectives highlight the perceived disconnection between the labor unions and the practical realities of the healthcare sector.

4.5 Revised theoretical framework

In chapter 2.5, the study illustrated the initial theoretical framework, which was developed from the themes identified during chapter 2. Following the analysis of the empirical data into the themes in chapter 4, a revised theoretical framework was developed, as illustrated in figure 3. Chapter 5 will discuss the revised theoretical framework.
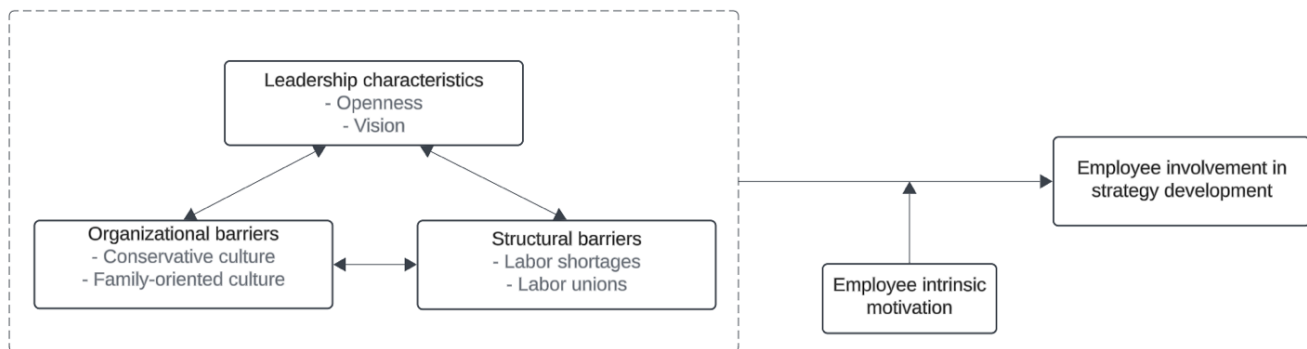

Figure 3 Revised Theoretical Framework

5 Discussion and conclusions

This chapter highlights the findings on the interaction between leadership characteristics and organizational and structural barriers on employee involvement in strategy development. Subsequently, the study's conclusion with the contributions and implications is developed. Finally, the limitations and future research directions are discussed.

5.1 Discussion on findings

This study highlights the interaction between leadership characteristics and organizational and structural barriers on employee involvement in strategy development. While some findings of the study are consistent with the established theories in Chapter 2, additional discoveries have emerged, especially regarding the dynamics of interaction. The revised theoretical framework in paragraph 4.5 includes the identified interactions and relationships between theories, where the initial theoretical framework in paragraph 2.5 did not. The revised theoretical framework introduces emerged complexities by including labor unions as a structural barrier and family-oriented culture as an organizational barrier. Additionally, it highlights employee intrinsic motivation as a moderating factor that influences employee involvement in strategy development, providing a more complete understanding of the interaction between leadership characteristics and organizational and structural barriers. The following paragraphs show the conclusions that emerged from the findings.

5.1.1 Leadership characteristics

The study indicated that openness is a valued leadership characteristic, fostering collaboration and psychological safety. These findings match with Carmeli et al. (2010), who highlight the role of openness in creating psychological safety. The findings identified inconsistencies in the way executives and middle managers demonstrated openness, varying by organization. In org A, the executive and middle managers demonstrate openness if employees present well-prepared arguments, but the middle managers noted that some topics remain non-negotiable, limiting full openness. Orgs B and C show differences at the departmental level. Middle managers were often influenced by personal leadership styles rather than organizational norms, which resulted in employees noting variability in openness. Across organizations, hierarchical structures and entrenched managerial practices often hindered openness, contrasting with the ideal inclusive leadership style described by Morisson (2011). Openness was guided by conservative cultures, as some managers and leaders resisted change, resulting in minimizing the psychological safety needed for employee involvement.

Vision is also confirmed as a key leadership characteristic in driving employee involvement. Baum et al. (1998) highlight that visionary leadership inspires employees; both employees and middle managers confirm that a well-communicated vision is crucial in ensuring strategic consistency. However, gaps in translating the vision into actionable steps were identified, with differences between organizations. In org A, the vision is broad and inconsistently communicated. Orgs B and C struggle to connect the vision to the work floor. The executives of orgs A and B stated their vision was communicated effectively, while these messages often failed to connect with employees and middle managers. In org C, no clear vision is communicated by the board. Results showed that middle managers have a critical role because they are the bridge between the top management team vision and the employees who implement these strategies. However, middle managers struggle to bridge this gap because they missed the dot on the horizon by their leaders, and the span of control for managers is too large, which results in them prioritizing operational concerns over strategic consistency.

Resulting in a failure to inspire employees and the risk of losing its motivational force. The findings confirm that vision is related to openness; when vision is not clear, it's hard to know what to agree or disagree with.

Leadership misalignment is a major barrier to strategic implementation, with differences across organizations. The study revealed a lack of strategic thinking among leaders, which helps to identify the disconnect between the board and the work floor. In org A, middle managers noted resistance from the board in adapting strategies to operational realities. Org B faces challenges in providing clear channels for employee input, with the executive highlighting that some managers fail to create spaces for employee input. The executive of org C emphasized that the leadership role is crucial in shaping the organizational culture, highlighting the need for change management and a balance between long-term vision and practical steps. In organization D, the executive leadership style contrasts with the organizational norms, driving both progress and friction. The results indicated that employee involvement and communication are key areas for improvement. Across organizations, greater visibility and transparency from leaders are called for by employees. This aligns with Reitzig and Sorenson's (2013) argument that biases of leaders hinder bottom-up involvement. Middle managers demand quick action on employee feedback to build trust. Executives highlight the urgency to clearly explain the impact of changes on employees.

5.1.2 Organizational barriers

The study confirms that a conservative culture in healthcare organizations is a notable barrier for leadership characteristics and employee involvement, characterized by resistance to change, risk aversion, and entrenched practices. Differences between organizations were noticeable: in org A, a shift towards bottom-up is emerging, but employees still note that the board struggles to act on their input, while org C's top-down culture leaves employees feeling disconnected. In org B, openness to ideas exists, for example, that employees can provide input, but there is no room in that approach for that input. This aligns with the argument of Hogan and Coote (2013) that control-oriented cultures hinder adaptability. The findings identified that employees and middle managers view the decision-making process as a top-down approach that is slowly evolving into a bottom-up approach, but employees still have little awareness that they have a say, indicating that openness is not being effectively demonstrated by leadership. The findings of the executives confirm that engaging all employees requires a great deal of time, and the size of the organizations makes the process of fostering involvement complex. Additionally, the study revealed the aspect of intrinsic motivation in driving employee involvement in decision-making. The employees who were personally motivated looked for opportunities to be involved, even when the condition was challenging. However, employees who were lacking intrinsic motivation were less likely to participate, even though leadership was open. While Baum et al. (2001) indicated that high involvement improves organizational performance, the study identified intrinsic motivation as an equally critical factor. In addition to conservative cultures, the study indicated that family-oriented cultures in orgs A, B, and D negatively influence leaders' vision and employee involvement. Family-oriented cultures make people feel valued, but they made employees hesitant in providing each other with critical feedback. Open cultures are associated with better employee involvement, but family-like cultures show that openness needs accountability to work well. Leaders need to balance warmth with assertiveness to make sure that inclusiveness does not stop important discussion.

The findings revealed a tension between the conservative culture and the need for innovation of healthcare organizations. In org A, resistance mainly comes from the work floor, despite the board's openness. Org B faces delays due to top-down structures, while org C's conservatism comes from both the board and employees, especially those nearing retirement who resist change. This is confirmed by Brown and Starkey (2000), who highlight how conservative cultures resist change. The executives of orgs A and B recognize the importance of motivating employees to step out of their comfort zone and rethink work practices. Meanwhile, org C struggles with critical business processes being managed by individuals with limited expertise. The study confirms that these challenges are amplified by employees and managers nearing retirement, who are comfortable with the status quo. This highlights the need for leaders to tackle these challenges to foster innovation successfully.

5.1.3 Structural barriers

Labor shortages are a critical structural barrier in the healthcare sector. Labor shortages have an impact on employee morale and capacity for involvement. The study confirms that high workloads and irregular hours left little time and energy for employees in strategy involvement. This reflects Schaufeli and Bakker's (2004) findings on how burnouts reduce involvement. High workloads cause change, and new ideas are seen as burdens rather than opportunities, while employees avoid conflict and difficult conversations, further amplifying the impact of organizational barriers and undermining the effectiveness of leaders' openness and vision. Middle managers highlight the repeated cycle of labor shortages, where overburdened labor had limited capacity to train new employees, amplifying the issue of labor shortages. This observation is in line with Aiken et al.'s (2012) argument that high levels of job dissatisfaction reduce employee involvement and service quality. Executives acknowledged these challenges, impacting workforce quality, innovation, and support. The executive of org A noted a lack of preparation for the new generation's work expectations. In org B, labor shortages hinder innovation, while org C struggles with a large span of control, resulting in employees feeling unsupported and contributing to turnover. The study discovered that labor unions presented additional challenges by requiring rigid work rules that sometimes conflicted with the need in the healthcare sector. For instance, rigid regulations around working hours and staffing often prioritize uniformity over flexibility, making it harder for leaders to implement innovative workforce strategies that could reduce shortages.

5.2 Conclusion

The findings of this study highlight the argument of Porter and McLaughlin (2006) that leadership characteristics are insufficient to drive employee involvement without a supportive organizational environment. Openness and vision stimulate employee involvement by fostering trust, psychological safety, and alignment. However, their impact is limited by the presence of organizational and structural barriers that limit the effectiveness of these leadership characteristics. While openness creates psychological safety, risk aversion and lack of accountability hinder involvement. In addition, a lack of a clear vision causes employees to not know what to support or criticize. Openness cannot be fully utilized if employees feel that their input is ignored by conservative practices. Vision loses its power when employees feel overburdened to support strategic change. Conservative and family-oriented cultures limit the effectiveness of openness and vision. Conservative cultures, with characteristics such as resistance to change and hierarchical tendencies, hinder the ability of open and visionary leaders to engage with their teams. Family-like cultures hinder critical dialogue and feedback, creating inconsistency where employees feel valued but hesitant to voice different opinions.

Labor shortages and unions strengthen these challenges, causing both leaders and employees to focus on immediate operational demands rather than long-term strategic involvement. Openness cannot be fully utilized if employees feel that their input is ignored by conservative practices. Leadership effectiveness is strongly influenced by the consistency of these characteristics across organizational layers. Executives try to demonstrate vision and openness; middle managers often struggle to bridge the gap between leadership and employees due to a lack of clear direction and operational pressures. Ultimately, the interaction between leadership characteristics and organizational and structural barriers creates a complex and context-dependent relationship. Effective leadership requires a balanced approach that demonstrates openness and vision while addressing organizational and structural barriers. Leaders must progressively shift cultural norms, balancing warmth and accountability to foster feedback and productive discussions. Structural barriers, such as labor shortages, should be addressed with innovative strategies to boost morale and capacity. Lastly, leadership must align long-term strategic goals with practical execution, ensuring the employees' realities with actionable visionary plans.

5.2.1 Contribution and implications

The literature discussed that leaders with strong vision and openness are better able to involve employees in change. Effective leadership requires adaptation to the organizational environment. But the literature lacks research on how specific leadership characteristics and barriers together influence employee involvement in the healthcare sector.

This study provides new insights into how leadership characteristics like vision and openness interact with organizational and structural barriers in the healthcare sector. By addressing the gap in understanding how these dynamic interactions influence employee involvement in strategy development in the healthcare sector, new contributions will be added to the literature. The findings highlight the need for a balance between openness and vision while addressing organizational and structural barriers to foster employee involvement in strategy development. Additionally, the necessity for healthcare organizations to shift from conservative and family-like cultures to a more open and accountable environment. This transition is critical for employees to voice their opinions and contribute to strategy development.

This study presents contributions as well as managerial implications. The study suggests implementing leadership training programs focusing on openness, vision, and adaptability to bridge the gap between strategy and employee expectations. Leaders and managers should foster openness and psychological safety, as well as translating visions into actionable steps. To ensure employees feel encouraged to share ideas and alignment across organizational levels. To address structural barriers, the following two strategies need to be introduced to reduce the impact of labor shortages. Firstly, cross-training employees: Train employees in multiple roles to allow for greater flexibility in meeting workforce demand. Secondly, shift flexibility: Implement self-scheduling or flexible work hours to attract part-time workers. For a cultural transformation, a shift from conservative culture will be suggested to a more open and accountable culture. And lastly, to enhance employee involvement, healthcare organizations need to establish clear channels, fixed hours, and feedback loops to ensure meaningful participation.

5.2.2 Limitations and future research directions

This study has several limitations that present opportunities for future research directions. The primary limitation of this study is that findings are not generalizable. This study focuses on the healthcare sector, limiting the generalizability of findings to other industries with different organizational dynamics. Another limitation of this study is the sample size of the qualitative data of this study. The qualitative approach, while offering depth, is limited to four healthcare organizations, which may not capture the full variability of organizational context. It was hard to find an employee, middle manager, and executive within the same organization to participate in this study, primarily due to labor shortages and time constraints. This also ensured that there was little or no variation in some of the variables. Furthermore, because intrinsic motivation emerged as a critical factor, its interplay with leadership characteristics was not extensively explored. The final limitation of this study is the temporal context; the findings are based on current conditions in the healthcare sector. The healthcare sector environment may evolve, affecting the relevance of some conclusions over time. Therefore, this study may be worth repeating in the future.

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