

Mind, Body, Heart and Spirit: Leader Transformation and the Coming into Being of the Leader's Creative Vision

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Abstract

This article aims to explore and discuss how the leader's creative vision comes into being within the leader and how it triggers the attainment of organizational transformation. Adopting the embedded multiple case study approach, three descriptive cases (organizational transformation initiatives) were selected for the analysis. In-depth interviews were carried out with the leader of the organizational transformation initiatives and fifteen respondents involved in the transformations. Westley and Mintzberg's Visionary Leadership Theory and Brook's Theorem on Transformation were used as the theoretical lenses of the study. Findings indicate the transformation process through which the leader's creative vision comes into being as an outcome of a 'whole-person' transformation involving the mind, body, heart, and spirit of the leader, which passes through the states of 'active desire', 'intent', 'confidence', and finally 'action' when the leader's creative vision is shared with the followers. The contribution of these findings to theory and practice are also discussed.

Keywords: *Creative leadership, Organizational transformation, Leader creative vision, Leader transformation process, Generalized theorem of transformation*

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Introduction

In today's turbulent and dynamically changing organizational environments, leaders are constantly called upon to take deliberate action to transform their organizations to survive and grow (Burnes, *Managing Change*, 2009; Gordon, Stewart, Sweo, & Luker, 2000; Hammer & Champy, 1993; Van de Ven & Poole, 2005), where creativity has been identified as a necessary condition for such transformations (Bourguignon, 2006). Viewed from the organizational perspective, Creative Leadership is defined as "... leading others towards the attainment of creative outcome" (Mainemelis, Kark, & Epitropaki, 2015, p. 393), based on the 'Leader's Creative Vision' (LCV). Researchers have discussed the influence leaders have on the innovation process within the organization (Friedrich, Mumford, Vessey, K, & Eubanks, 2010), while other researchers have discussed the qualities, personality traits, mindset and cognitive patterns (Sternberg & Lubart, 1999; Collins & Amabile, 1999) of leaders that influence such creative organizational outcomes (Reis, Hunt, & Parisot, 2020). Researchers in the arena of creative leadership continue to argue the necessity for a LCV while being silent on how such LCV comes into being. Against this background, the current article aims to explore and discuss how the LCV comes into being within the leader and how it triggers the attainment of creative outcomes within the organization and presents a conceptual model depicting how LCV comes into being. Externally, creative outcomes are viewed as an organizational transformation (OT).

Viewed from an OT perspective, successful transformations have been defined by scholars as; (a) transformations that have met the original vision perceived by the leader and (b) an organization displaying transformed patterns of behaviour visible to the external stakeholders (Czarnikawska & Joerges, 1996). Thus, the LCV (i.e., the personal image of the future organization in the mind of the leader) becomes a vital

element in determining the success of an OT. Of course, the LCV becomes visible only after the leader articulates his creative vision to the followers. However, such articulation of the LCV could only occur after it has come into being within the leader. While researchers have extensively discussed the concept of leader vision, the attributes of an effective leader vision and the impact of these attributes on OT (Baum, Locke, & Kirkpatrick, 1998; Kantabutra, 2008), it is also argued that researchers have not sufficiently explored how such leader vision comes into being, an area of much importance (Kaiser, Feldhusen, & Fordinal, 2013) to fully understand the concept of leader vision.

Scholars within the context of visionary leadership theory have discussed the transformation of the personal leader vision into a shared organizational vision (Westley & Mintzberg, 1989), i.e., how a shared organizational vision comes into being based on the leader's vision. In explaining this transformation, Westley and Mintzberg (1989) have drawn inspiration from a seemingly unrelated field of study - the creation of a stage drama. However, while these scholars have deliberated on how the organizational vision comes into being, they have merely assumed the existence of the leader's vision. Thus, how the leader's vision comes into being has largely been overlooked. Therefore, this paper intends to address the question "How does a Leader Creative Vision come into being within the leader".

Within this backdrop, this article examines and explains in detail and presents a conceptual model depicting how a LCV comes into being by drawing on several related works of literature, i.e., leadership, organizational change, and psychology. Inspiration for our work came from Westley and Mintzberg's Visionary Leadership Theory (Westley & Mintzberg, 1989) and Brook's Theorem on Transformation (Brook, 1968). The work of these scholars led us to a generalized process of transformation –



which we term as the Generalized Theorem of Transformation (GTT). This GTT is used to explain the transition of the leader across the different states the leader passes through during the process of the creative vision coming into being. As the leader passes through these states, it corresponds with a personal transformation that unfolds within the leader. We argue that this personal transformation of the leader enables his creative vision to come into being. We introduce this transformation process of the leader as the 'DICA Model of Leader Transformation'.

In the DICA Model of Leader Transformation, we argue that a leader transformation is triggered upon the leader identifying an organizational issue or potential opportunity, and the outcome of this transformation is the confident articulation of the LCV, which addresses the organizational issue or the potential opportunity. The intermediate states within this transformation process have been identified as; 'active desire', 'intent', 'confidence' and finally, 'action'. These states of the leader transformation process are aligned with the stages of 'pre-contemplation', 'contemplation', 'preparation', and 'action' in the Trans-Theoretical Model of Behaviour Change (Prochaska, DiClemente, & Norcross, 1992). Thus, we argue that the LCV comes into being as an outcome of a personal transformation that unfolds within the leader, and this vision is something specific, new, and unique to the leader, and valuable to the organization.

By identifying and elucidating how the LCV comes into being, our study contributes to both theory and practice. At a theoretical level, the contributions of this study are twofold. Firstly, the study conceptualizes the DICA Model of Leader Transformation, the process through which the LCV comes into being. Secondly, this study contributes to theory by developing the generalized theorem of transformation (GTT). This GTT provides a basis for developing a theoretical understanding of how cognitive, emotional,

or behavioural transformations unfold within individuals.

At the practical level, the contribution of this study is fourfold. Firstly, we explain how cognitive, emotional, or behavioural transformations unfold within individuals based on the GTT. This understanding will indeed be helpful to better manage individual transformations as well as overall OT outcomes within the organization. Secondly, the DICA Model of Leader Transformation provides an appreciation of the personal and environmental factors that influence the leader's transformation, which in turn gives rise to the creation of the LCV. This understanding will enable corporate boards to better identify appropriate leaders, to manage the dynamics that unfold within the leader and the organization during an OT initiative and evaluate the performance of leaders in relation to their creativity. Thirdly, the study illuminates the importance and significance of this concept of desire (Schroeder, 2006) as it relates to OT, a concept known to business leaders but not well understood. Fourthly and finally, the DICA Model of Leader Transformation could be extended to better understand how the process of innovation and creativity unfolds within the context of an organization and the external interventions required to support such innovation/creativity. In the following section, we provide a brief conceptual background to this study.

Conceptual Background

Internal personal transformations

In this paper, we argue that the external manifestation of an OT is the result of transformed behaviour patterns among the relevant individuals within the organization, starting from the leader. In this section, we present the conceptual background and argue that such transformed behaviour patterns will come into being when a personal transformation unfolds within the individual (Prochaska, DiClemente, & Norcross, 1992). Prochaska and DiClemente (1983) initially explained that an individual needs to pass



through different stages before such behavioural changes come into being. A decade later, working on behavioural changes related to addictive behaviour, Prochaska, DiClemente, and Norcross (1992) proposed the Trans-Theoretical Model (TTM) of Behaviour Change and identified five stages within the process of such behaviour transformation. These five stages were identified as; (1) *Pre-contemplation*: the stage in which the individual is aware but does not intend to take action in the near term, (2) *Contemplation*: a stage where the individual has an intention of changing the behaviour and aware of the investment required and the benefits of such change, (3) *preparation*: individuals in this stage of the transformation are planning to take action and have taken some significant covert steps towards the transformed behaviour, (4) *action*: this stage represents individuals who are overtly displaying transformed patterns of behaviour, and (5) *Maintenance*: the stage in which individuals have made specific, overt modifications in their lifestyles and are working to prevent a relapse into old habits. Our study uncovered that the creative leader also undergoes a similar process of transformation as argued within the TTM model of Behaviour Change, where the outcome of the transformation is the new behaviour of confidently articulating the LCV. In the subsequent sub-sections, we will present the Generalized Theorem of Transformation (GTT), to explain the transition across the different stages of the overall transformation and the relevant theoretical underpinnings that led to the GTT.

Transformation - A learning from the theatre

We will initially discuss the theoretical underpinnings and thereafter argue the GTT. Brook (1968) in his seminal book 'The Empty Space' argues, in the context of theatre, that a transformation takes place

when the 'formula', "R r a" (where 'R', 'r', and 'a' refers to 'repetition', 'representation', and 'assistance' respectively) interacts with a 'relationship'. For example, Brook (1968) argues that in the case of the theatre, 'repetition' would mean the repeated practice of the script and actions, which gives the actor a deep understanding and complete mastery of his role, while 'representation' refers to rehearsals (or the outcome of the transformation) and 'assistance' denotes the external assistance provided by the director (Brook, 1968, p. 171). This explains what occurs during every practice, where the 'script' is transformed into a 'rehearsal'. Brook further argues that this transformation takes place through the interaction of the formula (R r a) with the relationship 'actor/script/director'. This interaction is explained as; the actor's repetition gives rise to a deep understanding of the role and the freedom to perform the script under the direction or assistance of the director. This transformation could also be stated more simply as, the 'actor' through the repetition of the 'script' creates the 'representation' 'rehearsal', with the 'assistance' of the 'director'. This transformation is diagrammatically represented in Figure 01.

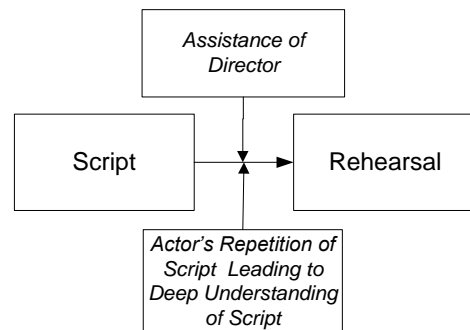


Figure 01: The process of transforming Script to Rehearsal

Source: Adopted from Brook's (1968) Theorem of Transformation

Visionary Leadership – Moving from Theatre to Organization

Westley and Mintzberg (1989), advancing their Visionary Leadership Theory, based on Brook's (1968) theory, argued that the personal 'leader vision' is transformed into the shared 'organizational vision' (i.e., the image of the future organization created in the mind of the followers) based on the leader's articulated vision and the assistance of 'empowered followers' (Westley & Mintzberg, 1989). Using Brook's Theorem of Transformation, this transformation can be explained as the interaction of the formula (R r a) with the relationship 'leader/ leader-vision/ empowered-followers'. We could elaborate this transformation further as; the 'leader' through the 'repetition' of the 'leader vision' creates the 'representation' 'organizational vision' with the 'assistance' of 'empowered followers'. The diagrammatic representation of this transformation is shown in Figure 02.

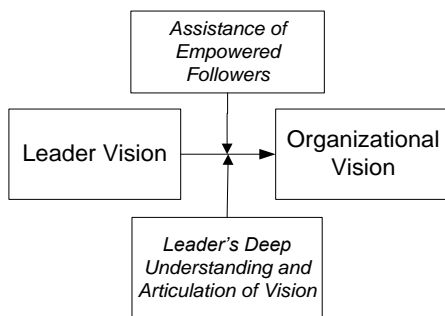


Figure 02: The process of transforming Leader Vision to Organization Vision

Source: Adopted from Westley and Mintzberg's (1989) Visionary Leadership Theory

Conceptualizing the Generalized Theorem of Transformation (GTT)

Based on the above-mentioned theoretical underpinnings, we developed a generalized representation of the transformation to explain the transition from one stage to another within the overall transformation process. This general representation of the transformation is now being presented as the

Generalized Theorem of Transformation (GTT), and this theorem goes beyond the specific transformations explained by Brook (1968) as well as Westley and Mintzberg (1989). In our GTT, we argue that every transformation by its very definition requires the existence of a 'current-state' and a 'transformed-state'. Further, there is an individual who takes the lead role in this transformation, who is referred to as the 'initiator' as well as some form of 'external support' provided to the 'initiator'. Once again, drawing from another example in the domain of theatre, as presented by Brook (1968), he argued that it is the deep personal understanding of the script the director develops, which enables the creation of the specific costume designs with the assistance of the costume designer. Here the 'current-state' is the script, 'transformed-state' is the costume designs, while the 'initiator' is the director, and the 'external support' is provided by the costume designer. The transformations discussed so far are all externally visible. However, these external transformations become visible only through individuals who, in turn, have undergone a personal transformation enabling them to conceive the transformed-state, which is the primary thesis of this article. For the moment, we argue that the proposed GTT provides the framework to understand both the externally visible transformations, such as the creation of the costume designs or the rehearsals, as well as the internal personal transformations that unfolds within individuals. We will now present the GTT.

We contend that a transformation from the given 'current-state' (e.g., script or leader vision in the examples discussed above) into the new 'transformed-state' (e.g., rehearsal or organizational vision in the above examples) takes place when Brook's formula (R r a) interacts with the generalized relationship 'Initiator/ Current-State/ External-Support' and described as; the 'initiator' through **repetition** of the current-state develops a deep understanding and freedom within the 'current-state', which enables the transformation of the 'current-state' to the

representation ‘transformed-state’ with the **assistance** of ‘external support’. This GTT is diagrammatically represented in Figure 03.

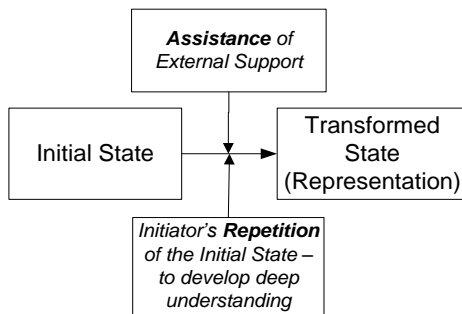


Figure 03: The Generalized Theorem of Transformation (GTT)

Source: Authors

In summary, the GTT argues that it is the deep understanding of the current state the initiator develops through repetition, which provides the initiator with the freedom to move towards the representation, transformed state, with the assistance of appropriate external support. Thus, this theorem highlights that all transformations require deliberate actions of the initiator as well as external support. The transformation of the organizational issue/opportunity into the LCV, which is the focus of this article, is diagrammatically conceptualized in Figure 04.

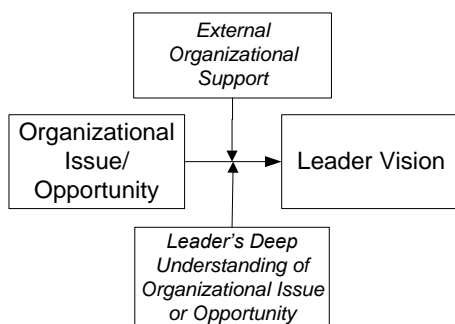


Figure 04: The Transformation of the Organizational Issue to Leader Vision

Source: Authors

We now present the Generalized Theorem of Transformation as:

Transformed-State = $(R \ r \ a)$. (Initiator, Current-State, Supporter)
where <R=repetition, r=representation and a=assistance>

Having provided a brief conceptual background to the current study and arguing the GTT, we provide a brief explanation of the methodology used for the current study.

Methodology

To examine how a LCV comes into being, we adopted the multiple case study approach within the broader case study research strategy, as it assists the understanding of how a ‘process’ unfolds within a phenomenon (Yin, 2009). Since the current study intends to uncover the process through which the LCV comes into being, there was a necessity to study the leader within the context of an OT. Thus, the embedded case study method was deemed the most suitable. Accordingly, we adopted a purposive sampling strategy and selected a newly established hospital (referred to as the ‘First-Hospital’ for anonymity) which is a part of a major hospital chain (referred to as SC Hospitals) in Sri Lanka that had displayed a successful OT, based on the criteria identified by Czarnikawska & Joerges (1996). First-Hospital is a medium-size 100-bed suburban hospital undertaken as a ‘green field’ project. We had our first in-depth interview with the CEO of First-Hospital and came upon the revelation that within the broader transformation of the organization, there existed three distinct and specific organizational transformation initiatives (OTIs). Each OTI was identified based on the distinct scope and time of the particular OTI and thus represented a specific case for the study. The first OTI is related to the *introduction of standard operating practices (SOPs)* within the hospital, while the second OTI was associated with the *introduction of patient safety and voluntary incident reporting*. The third OTI was related to the *introduction of the international quality*

standards that led to the international accreditation of the hospital. These cases have been explained in greater detail in the subsequent sections.

After the first interview, we proceeded to conduct a further 15 semi-structured in-depth interviews with other related parties, and most respondents provided information related to all three OTIs. Further, we adopted a top-down approach in selecting the respondents for the study, and the respondents represented multiple hierarchical levels, ranging from top management (4 respondents) to middle management (6 respondents) and operational level staff (5 respondents) such as nurses and doctors. Informed consent of the participants was obtained before initiating the interviews.

As the data collection and analysis were undertaken concurrently, it enabled the insights gained through the analysis of one interview to be investigated further in subsequent interviews (Yin, 2009). The data collection and analysis continued concurrently until we reached a state of information saturation. The data gathered through interviews were transcribed verbatim. The analysis followed the concept of open coding, where sentence by sentence coding was carried out (Miles & Huberman, 1994). This open coding was undertaken using the Nvivo software. Thereafter, the codes were clustered into meaningful categories or themes by comparing the data within the interview and across different interviews. We used GTT in analysing interviews when it moved to a higher level of coding and categorizing and looked for the current state, the actions undertaken by the leader (initiator) to understand the current state, the external support the leader received, and the transformed state, the four components of GTT. Since most of the respondents at the First-Hospital discussed all three cases within their interviews, it also provided a

convenient opportunity for cross-case analysis. Although the data was gathered around each OTI, the initial round of analysis was not influenced by these different OTIs, but instead, the concentration was on understanding the meaning (or associating a meaning) of the statements made by the respondents.

As the analysis progressed, it was possible to identify the leader of the specific OTI, and a pattern emerged suggesting a process through which the LCV came into being during the initial stages of the OTI.

Coming into Being of a LCV

The patterns that emerged from our three case studies suggest that the LCV comes into being as a consequence of a transformation that unfolds within the leader. Through this transformation, the leader is able to form a specific, new, and useful creative vision for the organization as well as confidently articulate his creative vision to the followers. Our study also revealed, as the leader begins to articulate his creative vision confidently to the followers, a transformation is triggered within the follower (the follower transformation is not discussed here as it is beyond the scope of this article).

In the following sections of this article, we discuss the three OTIs that unfolded within First-Hospital in greater detail. When presenting the finding we pay specific attention to the individual who provided leadership for each OTI, since the focus of this article is on the leader. The role of the leader in the context of an OTI has already been identified as the individual who possesses and articulates the creative vision to the followers (Venus, Stam, & Van Knippenberg, 2013; Kotter, 1995; Westley & Mintzberg, 1989). In the three cases identified above, it was possible to distinctly identify the specific individuals who provided such leadership for the specific

OTI. In addition to the necessity to possess a new and creative vision, the 'span of influence' among the transformation group of followers was also considered a pre-requisite to be identified as the leader of the specific OTI. Span of influence, is the ability to influence the followers required for the transformation, irrespective of the position an individual holds within the organization. Therefore, it is not always necessary for the positional head of the organization to become the leader of the OTI.

The study revealed that the Chairman of the hospital chain (SC Hospitals), referred to hereafter as 'Charles', provided the leadership for the first and third OTIs, while the Director of Medical Services (also the de facto CEO of First Hospital), referred to hereafter as 'Brian', provided the leadership for the second OTI. These three OTIs spanned over a period 4 years.

Case One: Introduction of Standard Operating Procedures at First Hospital and the Emergence of a Leader

During the initial stages, when the First Hospital was inaugurated, as it was a green field project, it became necessary to hire experienced nursing staff from other hospitals. The experienced staff recruited to First Hospital came from different backgrounds. Some of them were recruited from large private hospitals, some others from the state hospitals, and yet another group from hospitals operated by the armed forces. The training and experiences of these recruits varied depending on the type of hospital in which they worked and brought along their different operating cultures and procedures when they joined this new hospital. A senior ward sister during a focus group interview explained,

When I joined in 2008, we had a lot of problems. All four of us came from different hospitals. We all worked for private hospitals; some others came from government hospitals. It was very difficult for us

to work together, because I am talking about how I operated in [hospital A] and she is talking about [hospital B], we had a lot of problems because of the different cultures in the different hospitals.

This same diversity of cultures within the hospital staff was equated to different types of wheels in a car by Brian, the de facto CEO of First-Hospital. He explained his metaphor as,

... we have this wonderful BMW or Merc but unfortunately, we have different sizes of wheels – like one is a scooter wheel, another is a truck wheel, yet another is a jeep wheel, and the fourth is a bicycle wheel ... We cannot move the car like this. The car is beautiful – the interior is fine, but the core purpose of the vehicle is it has to move – but we cannot move with these different wheels.

The above statements highlight the fact that different cultures and procedures existed within this new hospital. When the hospital was newly inaugurated, it did not have its own culture or well-defined procedures of its own and provided the ideal breeding ground for the newly recruited experienced staff to introduce the procedures and cultures they had been practicing in their previous hospitals. This led to the co-existence of different organizational cultures and procedures within First Hospital. As these diverse cultures and procedures began to take root within First Hospital it led to conflicts among the staff as well as management and eventually resulted in poor quality of patient care at First-Hospital.

Charles, who was also a member of the family that owned SC Hospitals had developed a deep-rooted desire to provide a superior quality of patient care at SC Hospitals. This deep-rooted desire was created almost 10 years before SC Hospitals came into being, when he observed the careless manner in which his ailing father,



whom he loved very much was treated during the final stages of his life, at a leading private hospital in the country. His desire and frustration with the existing standard of patient care were simultaneously evident, when he stated, “[w]e will show these ‘buggers’ how to look after patients” while explaining how his desire for superior patient care came into being. This desire for superior patient care was now being challenged at his own hospital - as different protocols and procedures which were inconsistent and ill-formulated were being adopted, resulting in poor quality of patient care. The conflict between Charles’ desire and the failure to provide superior patient care enabled Charles to identify a problem within the hospital.

On the other hand, prior to being appointed as the Chairman of SC Hospitals, Charles was heading the apparel sector of the family business. The local apparel industry, being exposed to global markets, is conscious of quality at each step of the supply chain. While Charles worked in the apparel sector, he was also exposed to a SAP implementation¹ which was undertaken across all sectors of the group business. Since SAP implementations are based on the concept of automating standard operating procedures (SOP), Charles had already been exposed to the concepts of SOP and its potential for standardizing the operations of an organization. It was against this backdrop, that Charles together with his management team decided to design a set of SOPs for the First Hospital to address the issue of having multiple procedures being practiced within First Hospital. Most of the operational staff who joined First-Hospital from other hospitals confirmed that such SOPs did not exist in the hospitals they had previously worked. The introduction of these SOPs within First Hospital is identified as the first OTI and how this vision of implementing SOPs within First Hospital came into being

within Charles is considered as Case One within the current article.

Case Two: Introduction of Patient Safety and Voluntary Incident Reporting at the First Hospital and the Emergence of a Leader

Around the time the SOP were being designed and implemented at First-Hospital, Brian was recruited to SC Hospitals as Director of Medical Services for SC Hospitals. Although Brian’s designation was Director of Medical Services of SC Hospitals, he performed the role of de facto CEO of First Hospital. Brian, a qualified medical professional had served around ten years in the state medical system as a practitioner and during the later period made a shift in his career to focus on hospital administration. As a hospital administrator, Brian was aware that the services provided by the hospital were as vital as the medical care provided by the doctors. This awareness led to his deep-rooted desire towards providing a superior hospital environment for his patients. In addition, he also expressed a desire to be a pioneer in his field. This was evident as he became the first medical professional in the country to complete a MBA program.

Before joining SC Hospitals, and after leaving the state medical system, Brian was employed at a leading private hospital in the country. While he was with this hospital, he attended a medical conference in Singapore where he was exposed to the concepts of patient safety and voluntary incident reporting, a concept unknown at that time in Sri Lanka. This concept demanded, all medical mishaps be voluntarily declared to management, which dramatically contradicted the established practice of hiding medical mishaps for fear of punishment. Brian acknowledged his exposure to these concepts at the conference, transformed him as a hospital administrator. He believed that the hospital would be in a

¹ SAP implementation refers to the implementation of ERP (enterprise resource

planning) software developed by the German company SAP SE.



better position to provide superior patient care if such concepts were introduced to the hospital. He thereafter tested these concepts within a small section at his former hospital and found it to be both feasible and effective. Despite Brian possessing the required influence, commitment, and enthusiasm to introduce these concepts at his previous hospital in the private sector, he was unable to do so as he did not receive the support of his management for implementing such a new and unique concept across the hospital. Of course, it must be borne in mind that these concepts, were radically different from the procedures that existed in the hospital and were also unknown to his superiors.

Unable to introduce these concepts of patient safety and voluntary incident reporting at his previous hospital, which he believed was vital for the safety of patients, around 2008 Brian joined SC Hospitals as the Director of Medical Services. At the time Brian joined the SC Hospital, First-Hospital was implementing the SOP which had been initiated by Charles. Brian actively participated in the implementation of these SOPs, which was collaborated through his statement, "... before unacceptable practices begin to stabilize – we wanted to do the right thing. So, it was a sort of cultural change that we looked on". This involvement of Brian in implementing the SOPs within First Hospital enabled him to be accepted as the de facto CEO of First Hospital. Following this initiative of introducing SOP within First-Hospital, Brian began to introduce and implement the concepts of patient safety and voluntary incident reporting at First Hospital, which he had been exposed to while he was yet at his previous hospital but was unable to implement. Initially, Charles, Brian's superior, was also not enthusiastic but later agreed to this implementation after an Australian nurse, who was Charles' colleague at the MBA program visited First-Hospital and explained the importance of this concept to Charles and the senior management of the hospital. This reassurance enabled Charles to support the implementation of patient safety and

voluntary incident reporting at First Hospital which is the second OTI discussed within this article and how this creative vision came into being within Brian is considered as Case Two within this article.

Case Three: Introduction of International Quality Standards and the Emergence of a Leader

As a consequence of the above-mentioned transformational initiatives, the operations of the hospital had stabilized, and the standards of medical care improved at First Hospital. However, the hospital was yet facing a situation of underutilization of its facilities and low profitability, which was confirmed when Charles stated "... now we are losing money like hell". Charles, who previously operated in the apparel industry understood very well the direct relationship between quality, asset utilization, and profitability, and decided it was important for First Hospital to obtain some form of quality accreditation. Charles believed this accreditation would in turn enhance the confidence of the public towards First Hospital and thus increase utilization and profitability. Another MBA colleague of his, who was a practicing surgeon in Australia and considered the smartest student in the MBA class by Charles, had also emphasized the importance of such accreditation for the hospital. During a holiday in Australia, Charles requested his MBA colleague to introduce him to the Australian accreditation organization. Through the intervention of this MBA colleague, Charles received an introduction to the CEO of the Australian accreditation organization and initiated discussions.

This Australian hospital accreditation organization had a branch office in India. A couple of weeks after the discussions between Charles and the CEO in Australia, a representative of the Australian accreditation organization based in India was sent to Sri Lanka to meet Charles together with the complete set of quality standards. Thereafter, there were a series of sessions conducted for



the local staff of SC Hospitals to enable the hospital to determine their current state in relation to the expected international quality standards. Up to this point, the management and staff of First Hospital believed that the operations of the hospital were adhering to high-quality standards, and it was only a matter of obtaining certification to prove that they were complying with the required standards. However, these sessions proved to be a rude shock to the management as well as to the staff of SC Hospitals, who realized that there were some major changes they had to undertake to comply with the international standards. Charles, who was convinced of the need to obtain such accreditation requested his Board of Directors to permit him to go ahead. To his surprise, there was much opposition from within the Board of Directors for his proposal. However, based on a divided decision, Charles was allowed to initiate the activities towards obtaining international quality accreditation for First Hospital. Brian actively supported the implementation of the international quality standards at First Hospital which once again would enable him to be associated with the very first hospital in the country to be internationally accredited. Charles provided the leadership for this OTI of implementing international quality standards at First Hospital, and how this creative vision came into being within Charles is considered as Case Three within this article.

Leader Transformation and the LCV coming into Being

Initiating the Leader's Transformation

While the realization of the organizational issue could be considered as what triggers the leader transformation, the study exposed that the leader should also possess an innate desire to resolve the identified organizational issue. In the case of Charles, it was his desire towards superior patient care, which remained dormant for over 10 years, that ignited the transformation within Charles. As already mentioned, Charles' dormant desire towards superior patient care was evident

when he stated very emotionally, “[w]e will show these “buggers” how to look after patients” referring to another private hospital. This desire that lay dormant within Charles supported to trigger the creative visions of developing SOPs for the hospital as well as to move the hospital towards international quality accreditation, to address existing organizational issues. Brian on the other hand, perceived the existence of a problem related to patient safety and also possessed a desire to do his best as a hospital administrator for the patients coupled with the desire to be a pioneer in the field. This desire for being a pioneer was evidenced when he confessed, “I wanted to become the first hospital administrator to bring in the concepts of quality and safety to Sri Lankan hospitals”. In the case of Brian, the forming of the creative vision had started while he was yet with his previous employer. These leaders identified an existential or perceived organizational issue through the lens of their dormant desire and experienced the organizational issue as an opportunity to satisfy their personal dormant desire, rather than a mere issue within the organization that required resolution. Thus, it is this dormant desire combined with the organizational issue that triggered the transformation within the leader that eventually enabled the creative vision to come into being. A leader whose desire to resolve an organizational issue is triggered, is transformed into the state of ‘active desire’. For example, the transformation of Charles to the state of active desire is evidenced when in relation to the third OTI he stated, “... we knew we wanted quality in what we did. We didn’t quite know what it meant to have quality”, while Brian stated, “I have taken the initiative to introduce several patient safety measures to enhance the quality of patient care [...] perhaps for the first time in Sri Lanka.”

This state of active desire is aligned with Prochaska, DiClemente, and Norcross’s (1992) state of ‘pre-contemplation’, where the individual is aware of the issue but has not taken a firm decision towards taking any specific action. A leader in the state of active



desire has experienced a spiritual transformation where he has aligned the organizational issue with his higher purpose.

Conceiving the Initial Vision

Moving from a state of active desire to making a firm decision, moves the leader to the state of 'intent'. The study revealed that this transformation takes place with *leader exposure* and *external mentor support*. Charles, who was exposed to the concepts of SOP, when he was directly involved with the documentation of SOPs for the SAP implementation, understood how SOPs contribute towards the standardizing of procedures. On the other hand, Charles exposed himself to understanding quality accreditation within hospitals only after he moved into a state of active desire in the context of the third OTI. Similarly, Brian developed his exposure towards patient safety and incident reporting after moving into the state of active desire, as he too did not have prior experience in this domain. Brian articulated his exposure as,

... when I was at a conference in Singapore ... I walked up to a room where they were talking about a topic called patient safety. So, I sat in that room for nearly one and a half hours and when I came out of that room, I was completely a different hospital administrator.

With this exposure, the leader sought the mentor's support to enable him to move into the next stage of the transformation, 'intent'.

The mentor support Charles received in respect of Case One, was from the technical partner who helped to set up the hospital, while in the case of Brian, his colleagues from the Singaporean hospital, who had already implemented the concepts of patient safety and voluntary incident reporting provided the required mentoring. In the third case, the mentor support was provided by Charles' surgeon friend and MBA colleague. Charles recollected this MBA colleague's advice when he stated, "... at that time my

surgeon friend encouraged me to go and get accreditation, get world-class quality standards ...". The personal exposure the leader experiences coupled with the mentor support, transformed the leader into the state of 'intent'. Explaining how his intention came into being, Charles said, "[s]o, when [my surgeon friend] told me of accreditation and world-class quality, I kind of said this guy is a very smart fellow and a good guy and I am just going to see where this goes ...".

This state of intent is aligned with the state of '*contemplation*' in the TTM model where the individual has taken a firm decision towards a specific course of action (Prochaska, DiClemente, & Norcross, 1992). Further, this transformation of the leader is also aligned with the GTT, as the transformation from the state of an active desire to the state of intent takes place based on the actions of the initiator, i.e., the personal exposure experienced by the leader, and the external support provided by the mentor.

The leader in the state of intent has experienced a mental transformation and has cognitively decided on a specific path but has not yet reached a level of personal conviction that the selected path would comprehensively resolve the identified organizational issue. In the next part of the discussion, we focus on the transition of the leader from the state of intent to the state of 'confidence' or self-efficacy.

Building Confidence towards the Envisioned Future Image

Once the leader develops an intent that he perceives would address the organizational issue, he begins to undertake personal '*learning*' to gather more detailed knowledge about the selected intent and seeks validation from stakeholders. This deliberate learning undertaken by the leader and the external support in the form of *stakeholder validation* would transform the leader to the state of 'confidence'. In this state of 'confidence', the leader develops his self-efficacy towards his intent. For example, the learning Charles

underwent concerning Case Three was revealed when he stated, "...on receipt of the Australian standards, a big booklet, I spent several days trying to read it and absorb it ... I was hungry to learn ...". Brian in relation to Case Two stated, "I started linking up with a couple of hospitals in Singapore and ... I learned a lot about patient safety." With Case One, Charles had already undertaken his learning of SOP, when the SAP implementation was undertaken.

While developing an in-depth understanding of the intent, the leader begins to seek external validation for his intent from organizational stakeholders. For example, the stakeholder validation Charles received for Case Three was evident, when he stated "... at board meetings and family meetings – the importance of quality was discussed and emphasized." Similarly, with Case Two, the stakeholder validation came from Charles, when he stated,

The professor of nursing – my classmate taught us the rule of thumb for a 100-bed hospital would be 100 incidents a month. ... and if you are not getting 100 reports a month – then there is under-reporting or under-recognition, and that is a problem."

With Case One, the stakeholder validation was offered by the consultant doctors who operated within the hospital. Therefore, the deep understanding the leader develops about his intent and the testing of his intent among stakeholders provides the leader with the confidence that his intent is aligning with stakeholder needs. This self-efficacy he develops towards the intent transforms the leader to the state of 'confidence'. The leader's self-efficacy towards the intent is reflected when Charles explained his interaction with the Board when seeking approval for the proposed implementation of world-class quality standards in the hospital,

Then I went for the Board Meeting - we had to initially say [...] to the Australians ..., we are losing money

like hell, it was a long board meeting – I say I want this – [our technical partners] are saying this will be a big distraction – I was saying we need quality standards – we need procedures – they said you would be too busy – writing all these standards.

Charles's ability to hold his own despite not being trained in the hospital industry can only be attributed to his confidence and self-efficacy that he had acquired before presenting his case to the board as well as the personal preparation he has undertaken. In this state, the leader is personally convinced that his new intent could resolve the organizational issue but has not yet begun to openly articulate his intent to the followers. A similar state has been identified within the TTM model of Behaviour Change as the state of 'preparation' (Prochaska, DiClemente, & Norcross, 1992) where the individual has developed the required self-efficacy towards transforming the behaviour even though it is not yet visible. Further, the transformation from the state of intent to the state of confidence is once again in line with the GTT where leader learning represents the actions of the initiator, and the stakeholder validation is the external support experienced by the leader. A leader in the state of confidence or self-efficacy has experienced an emotional transformation and has affectively decided on the appropriateness of the selected intent. Next, we discuss the final stage of the leader transformation from the state of confidence or self-efficacy to the state of 'action'.

Articulating the New Creative Vision

Irrespective of the leaders' state of confidence and self-efficacy, he would not be in a position to move into a state of action where his creative vision is revealed to the followers, unless the leader actively engages in preparing for how he should communicate his intent, which has been identified as 'leader preparation' and receives the required support of the organization and its management to overtly



declare his creative vision. This external support provided by the organization and the management has been identified as the '*enabling environment*'. It is clear that Brian had undergone his transformation up to the point of his preparation in relation to Case Two, when he stated, "[t]hen I started trying to apply these things at my previous hospital". Similarly, in relation to Case One, Charles undertook preparation in the form of negotiating with the head-office for resources to develop the SOPs for the First Hospital. The preparation undertaken by the leader is generally twofold. Firstly, the leader is required to undertake preparations to convince the organization of the necessity of implementing his creative vision or the intent, as we saw Charles negotiating with the Board in relation to Case Three and Brian confirming he had tried to convince his previous management through a pilot in Case Two. Secondly, the leader during this stage also begins to prepare his message to the followers explaining his intent. It is this message to the followers that is referred to as the 'LCV' and this becomes visible only after the leader is transformed into a state of 'action'.

Charles explained the enabling environment he experienced in Case Three when he stated, "... but luckily a small majority of the Board was of the opinion that we should go for it. The final Board decision was to implement these international quality standards – but not to be a major distraction ...". Similarly, in Case Two, the environment that enabled Brian to implement the concept of patient safety and voluntary incident reporting was the approval he received from Charles. This was confirmed when Brian stated, "[Charles] was quite enthusiastic about these things and I did not have any difficulty in convincing him that this had to be introduced in the hospital system." Although Brian experienced an enabling environment at his current hospital, when Brian had tried to implement these same concepts at his previous hospital, he did not experience a similar enabling environment. This was confirmed by the Head of Nursing when she

said, "[Brian] was telling me at [the previous] hospital where he was working before, he tried to do something related to patient safety, but he couldn't do much, because he did not have the support from the other departments and the even the management." Therefore, unless the leader experiences the enabling environment, the leader is unable to move into the final the state of action.

As the leader moves into the state of action, he begins to display overt patterns of transformed behaviour. The primary pattern of this transformed behaviour is the confident articulation of the LCV. Charles preferred a more informal one-on-one communication of his creative vision with the top management team. In contrast, Brian preferred to communicate to the team as a whole, which was evidenced when he stated, "[t]he first message I wanted to tell everybody is that we are in the business of saving lives. At each point, a simple mistake can cost a life...", in relation to Case Two explaining his vision for introducing voluntary incident reporting.

In addition to articulating the creative vision, the leader is also engaged in taking direct action to ensure the creative vision becomes a reality within the organization, as the implementation has now become the leader's passion. These additional actions taken by the leader are identified as the creation of transformational artifacts which could take many different forms. In the case of the first OTI, Charles directly intervened in getting the hospital staff released for the purpose of preparing the SOPs; "...there were different committees appointed to study and create the different SOPs across the hospital". Brian on the other hand, took on the responsibility of not merely articulating his creative vision but actively engaging with the staff towards transforming their attitudes; "We had to explain to the staff that management is not going to use the incident report you give, on the mistakes you made, to punish you or to penalize you". In relation to the third OTI, Charles took the responsibility of creating the initial structure of the quality manual based on the study of the quality parameters he had



undertaken during the leader transformation process, which was confirmed when he stated; “Then one day I remember writing all the standards on an excel sheet and handing over to [Brian] and said ‘now go and do this – these are the 15 things you have to do’. Then at some point [Brian] was convinced”. This statement highlights another important factor, i.e., the followers, in this case, Brian, do not simply follow the creative vision articulated by the leader, but instead took time to internalize the LCV. This would imply that there is another form of transformation that unfolds within the followers before personalizing the LCV. This process of the follower internalizing the LCV was also identified within the broader study, but not discussed, as it is beyond the scope of this article.

This final state of ‘action’ is once again aligned with the state of *action* within the TTM model of behaviour change (Prochaska, DiClemente, & Norcross, 1992), where the individual begins to display overt patterns of transformed behaviour. We continue to argue, the transformation from the state of confidence/self-efficacy to the state of action is aligned with the GTT, as the transformation takes place, based on the actions of the initiator, which in this case is leader preparation, and the external assistance provided in the form of the enabling organizational environment’. A leader in the state of action is displaying a physical transformation by taking deliberate action to articulate and implement the creative vision.

Discussion

Based on the discussion above, we present the DICA Model of Leader Transformation is diagrammatically shown in Figure 05 and illustrates the transformation process through which the LCV comes into being. It is further evident that the LCV comes into being as an

issue would obtain the counselling of a mentor. Bynum (2015, p. 70) argued that mentoring is a “...process in which a more

outcome of a ‘whole person’ transformation, (i.e., spiritual, mental, emotional and physical transformation) (Covey, 2013) that corresponds with the states of active desire, intent, confidence and action, respectively. These same transformational states of the DICA Model of Leader Transformation process are aligned with the states of pre-contemplation, contemplation, preparation, and action argued within the TTM Model of Behaviour Change (Prochaska, DiClemente, & Norcross, 1992) and the transformation between these states is aligned with the Generalized Theorem of Transformation (GTT) argued within this article.

As already reasoned, the leader transformation is triggered when the leader identifies a relevant organizational need, which could be either an existential or perceived organizational issue towards which the leader possesses a dormant desire for its resolution. Upon the leader identifying such an organizational issue, the leader moves into the state of active desire, where the leader is propelled towards resolving the organizational issue. Church refers to such ‘active desire’ as a “a feeling of incompleteness that fuels action” (Church, 2010, p. 127).

From this state of active desire, the leader moves into a state of ‘intent’, based on the leader’s personal exposure to the organizational issue and the relevant mentor support he receives. This state of intent is referred to as “...the best way for a desire to satisfy itself” (Church, 2010, p. 127). Personal exposure within the context of this model refers to the extent of acquaintance the leader has developed towards the specific organizational issue and possible resolutions. Further, the greater the personal exposure to a given issue, the superior would be the leader’s intent towards its resolution. Every leader before developing a specific intent of how he aims to resolve the organizational

experienced person supports and aids a less experienced person in his/her professional and personal growth”. Wade (1998) argues



that it is the interweaving of an individual's experiences in a unique manner that gives rise to a transformation which in turn enables the leader to develop personalized creative vision for the organization. Therefore, strategies created in this manner are personal to the specific leader and not a mere re-articulation of an already existing idea within the organization, described by Hamburger, (2000) as a mathematical vision.

A leader in the state of intent has cognitively decided on the initial vision, or developed a general idea of the future course of action he intends to pursue for the organization but has not yet developed a level of personal conviction that the perceived vision would effectively address the identified

organizational issue. Next, the leader moves into the state of self-efficacy or confidence based on the personal learning undertaken by the leader and the stakeholder feedback. Scholars have already established the relationship between personal learning and transformation (Kenny, 2006; Land, 1972; Senge, 1990). This personal learning the leader undertakes would enable him to develop a deep and profound understanding of the specific intent he plans to pursue to address the organizational need. As the leader develops this understanding, he begins to seek stakeholder feedback to reassure the validity of the selected intent. Wade (1998) identified the need for such external validation.

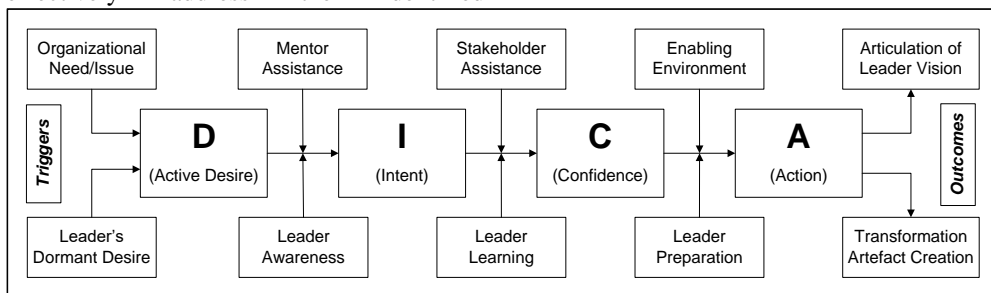


Figure 05: The DICA Model of Leader Transformation

Source: Author

Thus, the deep knowledge of the selected intent coupled with the positive stakeholder validation reassures the leader of the appropriateness of the intent in relation to resolving the organizational need and thereby transforms the leader into a state of self-efficacy or confidence - a personal conviction that a specific behaviour would produce a given outcome (Bandura, 1977).

Next, the leader moves into the final stage of the transformation process which is referred to as the state of 'action'. The transformation from the state of confidence to the state of action is based on the personal preparation undertaken by the leader and the enabling environment the leader experiences. Prochaska, DiClemente, and Norcross (1992) explain personal preparation is the covert action taken by the leader. Scholars

highlighting the importance of preparation assert "...the closer psychologists look at the careers of the gifted, the smaller the role innate talent seems to play, and the bigger the role preparation seems to play" (Gladwell, 2008). The enabling environment in the model refers to the supportive environment the management and organization provides the leader to overtly display transformed patterns of behaviour (Denti & Hemlin, 2012; Guo, Gonzales, & Dilley, 2016). In this state of action, the leader begins to confidently articulate his creative vision to the followers as well as create artifacts that would support its implementation.

Conclusion

In a context where many scholars consider articulating the leader creative vision as the

initial stage of visioning in their theories (Kotter, 1995; Westley & Mintzberg, 1989), we have presented the DICA Model of Leader Transformation as a blueprint for illustrating how these creative visions come into being within the leader. This framework argues that visionary leaders come into being through a process of personal transformation, where both the individual and the organization have to be active players. Based on this theory, organizations will be capable of identifying potential visionary leaders within their organizations, when senior management is capable of identifying employees who possess a passion to resolve existing organizational problems. To achieve such a state within the organization, senior management is required, firstly, to understand the personal 'dormant desire' of

their employees and support them to transform into visionary leaders. Mentor support, stakeholder validation, and providing the required enabling environment during their transformation process will be the responsibility of the management. On the other hand, this framework should also help senior management to evaluate their existing leaders and understand whether they are in the process of transformation that could driving OT within the organization. This DICA Model of Leader Transformation uncovered within the context of an OT, could be extended to understand, how self-induced creativity unfolds within employees in an organizational setting and the role of the organizations to promote such creativity within their employees.

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