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Research Article

RESILIENCE AND RECOVERY: HOSPITAL LEADERSHIP AND STRATEGIC DECISION MAKING IN THE FACE OF THE COVID-19 CRISIS

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ABSTRACT

The COVID-19 pandemic created unprecedented stress on healthcare systems, compelling hospitals to respond rapidly amid uncertainty, resource constraints, and workforce exhaustion. Hospital leadership emerged as a critical factor in sustaining healthcare delivery, maintaining staff morale, and ensuring organizational resilience. This study examines the role of hospital leadership in crisis management and strategic decision-making during the COVID-19 pandemic. Using a qualitative research design supported by statistical analysis, the study evaluates leadership communication, leadership style, and their influence on decision-making efficiency and staff morale. The findings indicate that transformational and democratic leadership styles significantly enhanced organizational responsiveness and workforce motivation. The study concludes that resilient and adaptive leadership is essential not only during crises but also for long-term recovery and preparedness for future health emergencies.

Keywords: Hospital leadership, COVID-19, Resilience, Crisis management, Strategic decision making.

INTRODUCTION

The COVID-19 pandemic represents one of the most disruptive global health crises in recent history, placing extraordinary pressure on hospitals and healthcare professionals worldwide (Ward and Ward, 2020). Healthcare institutions faced overwhelming patient loads, shortages of critical supplies, workforce burnout, and rapidly evolving clinical protocols. In such an environment, hospital leadership played a decisive role in ensuring continuity of care, safeguarding staff well being, and sustaining organizational stability (Hartnett *et al*., 2022). Leadership during crises extends beyond routine administration and requires rapid decision-making, adaptability, emotional intelligence, and transparent communication (Allameh *et al*., 2020). Hospital leaders were required to allocate scarce resources, reorganize service delivery, adopt digital health solutions, and motivate frontline staff under intense pressure (Rismiller *et al*., 2020). Their ability to respond decisively and ethically significantly influenced institutional resilience and crisis outcomes. Organizational resilience refers to the capacity of institutions to absorb shocks, adapt to disruptions, and recover while maintaining essential functions (Hertelendy *et al*., 2021). The COVID-19 pandemic exposed weaknesses in emergency preparedness but also demonstrated how effective leadership could transform adversity into opportunities for learning and system strengthening.

Previous studies consistently emphasize the importance of leadership in managing healthcare crises. Research conducted across diverse healthcare systems indicates that leadership effectiveness directly influences hospital performance, staff morale, and patient outcomes during emergencies (Najafi *et al*., 2023). During the COVID 19 pandemic, hospital leaders were required to operate beyond conventional managerial roles, balancing clinical priorities with organizational sustainability (Abdi *et al*., 2021). Transformational leadership, characterized by vision, inspiration, and staff empowerment, has been widely associated with improved adaptability and resilience in healthcare organizations (Holge Hazelton *et al*., 2021). Democratic leadership styles, which emphasize participation and shared decision-making, have similarly been linked to enhanced teamwork and problem-solving during crisis situations (Mwangi *et al*., 2023). In contrast, autocratic and laissez-faire leadership styles have been

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associated with reduced staff engagement and slower decision-making processes (Pallesen *et al*., 2022). Effective communication has also been identified as a critical leadership competency during the pandemic. Transparent and consistent communication reduced uncertainty, strengthened trust, and positively influenced staff morale (Kaye Kauderer *et al*., 2021).

Despite the growing body of international literature, empirical studies examining leadership style, communication, and strategic decision-making within hospital settings remain limited, particularly in developing country contexts. This study therefore explores the relationship between hospital leadership practices, strategic decision-making, and organizational resilience during the COVID-19 crisis.

MATERIALS AND METHODS

Research Design

This study adopts a qualitative, descriptive research design, aimed at exploring the strategies and leadership approaches employed by hospital administrators during the COVID-19 crisis. A narrative and thematic analysis of leadership behaviors, decision-making processes, and organizational resilience during the pandemic was conducted using a combination of primary and secondary data sources.

Data Collection Methods

Primary data were gathered through semi structured interviews and structured survey instruments administered to hospital leaders. Interview participants included hospital administrators, medical superintendents, department heads, and members of institutional crisis response teams from both public and private hospitals. Semi structured interviews were chosen to allow flexibility in probing leadership experiences while maintaining consistency across respondents. Interview questions focused on leadership roles during the pandemic, strategic decision-making processes, communication practices, staff management, and organizational adaptations. Interviews were conducted either in person or through virtual platforms, depending on feasibility and safety considerations, and were recorded with participant consent. Structured questionnaires were used to collect quantitative data related to leadership communication effectiveness, leadership style, staff morale, and decision making efficiency. Responses were measured using a five-point Likert scale ranging from strong disagreement to strong agreement, enabling statistical analysis of relationships among variables. Secondary data were collected through a systematic review of published literature and institutional documents. Sources included peer reviewed academic journals, hospital case studies, policy briefs, World Health Organization reports, Ministry of Health publications, and healthcare leadership guidelines published between 2020 and 2023. Databases such as PubMed, Scopus, Google Scholar, and the WHO Global Health Library were used to retrieve relevant materials. Secondary data provided contextual grounding and supported the interpretation of primary findings.

Sampling Technique

A purposive sampling technique was employed to select participants with direct and substantive involvement in COVID-19 crisis management. The sample consisted of 10–15 hospital leaders for qualitative interviews and 100 respondents for quantitative analysis. Selection criteria ensured representation across different hospital types (government, private, and teaching hospitals), geographical settings (urban and semi-urban), and leadership roles (administrators, department heads, and medical superintendents). This approach ensured that diverse leadership perspectives were captured while maintaining relevance to the study objectives.

Data Analysis

Qualitative data obtained from interviews were analyzed using thematic content analysis. Interview transcripts were carefully reviewed, coded, and categorized to identify recurring patterns and dominant themes related to crisis leadership. Key themes included leadership traits during emergencies, strategic decision-making, communication effectiveness, staff support mechanisms, innovation in service delivery, and long-term recovery planning. NVivo software was used to facilitate systematic coding, organization, and comparison of qualitative data. Quantitative data were analyzed using SPSS software. Pearson's correlation coefficient was employed to examine the relationship between leadership communication effectiveness and staff morale. One-way analysis of variance (ANOVA) was used to assess differences in decision-making speed and efficiency across leadership styles, namely autocratic, democratic, transformational, and laissez-faire. Statistical significance was tested at the 0.05 and 0.01 levels.

Validity and Reliability

To enhance the validity of the study, methodological triangulation was applied by integrating qualitative interview data, quantitative survey results, and secondary literature. Member checking was conducted by sharing summarized interview interpretations with selected participants to verify accuracy. Reliability was ensured through the use of a standardized interview guide, consistent data collection procedures, and clearly defined coding protocols.

RESULTS AND DISCUSSION

This section presents the findings derived from both quantitative and qualitative analyses conducted in accordance with the study's methodology. Quantitative results are reported using descriptive and inferential statistics, while qualitative insights are integrated to contextualize leadership practices observed during the COVID-19 crisis in hospital settings. The quantitative

component of the study included 100 respondents drawn from public, private, and teaching hospitals. Participants held leadership and supervisory roles and were directly involved in COVID-19 crisis management. Representation across hospital type and leadership role ensured balanced perspectives on decision-making and communication practices during the pandemic. To examine the relationship between leadership communication effectiveness and staff morale, Pearson's correlation analysis was performed. Both variables were measured using a five-point Likert scale. The results are presented in Table 1.

Table 1. Correlation between Leadership Communication and Staff Morale.

Variables	Leadership Communication	Staff Morale
Leadership Communication	1.000	0.638**
Staff Morale	0.638**	1.000

*N = 100; *Correlation is significant at the 0.01 level (2-tailed)

Table 2. Decision-Making Efficiency across Leadership Styles.

Leadership Style	N	Mean Score	Standard Deviation
Autocratic	25	2.8	0.65
Democratic	30	4.2	0.58
Transformational	25	4.5	0.60
Laissez-Faire	20	2.3	0.70
Total	100	–	–

The analysis revealed a moderately strong positive correlation between leadership communication and staff morale (r = 0.638). The relationship was statistically significant at the 0.01 level, indicating that improved communication by hospital leaders was associated with higher morale among healthcare staff during the pandemic. To assess whether leadership style influenced decision-making effectiveness, One-Way Analysis of Variance was conducted. Leadership styles were categorized as autocratic, democratic, transformational, and laissez-faire. Descriptive statistics for decision-making efficiency scores are presented in Table 2.

The descriptive results demonstrate notable variation in decision-making efficiency across leadership styles. Transformational leadership recorded the highest mean score, followed by democratic leadership, indicating faster and more effective decision-making during the pandemic. Autocratic and laissez-faire leadership styles showed lower mean scores, suggesting reduced efficiency under crisis conditions. The statistical significance of these differences was tested using ANOVA, and the results are shown in Table 3.

Table 3. One-Way ANOVA Results for Leadership Style and Decision-Making Efficiency.

Source of Variation	Sum of Squares	df	Mean Square	F-value	Sig.
Between Groups	26.80	3	8.93	18.62	0.000**
Within Groups	45.20	96	0.47	–	–
Total	72.00	99	–	–	–

$p < 0.05$; statistically significant

The ANOVA results indicate a statistically significant difference in decision-making efficiency across leadership styles (F = 18.62, p = 0.000). Since the p-value is well below the 0.05 threshold, the null hypothesis that leadership style has no impact on decision-making efficiency is rejected. The findings of this study reaffirm the critical importance of hospital leadership in managing complex and uncertain conditions during the COVID-19 pandemic. The results demonstrate that leadership communication and leadership style were key determinants of staff morale and decision-making efficiency, highlighting leadership as a central mechanism through which healthcare organizations navigated the crisis.

The positive relationship identified between leadership communication and staff morale underscores the role of transparent and consistent communication in sustaining workforce stability. During the pandemic, healthcare workers faced unprecedented operational demands, heightened infection risk, and psychological strain. Leaders who communicated clearly about evolving protocols, safety measures, and organizational priorities were able to reduce uncertainty and foster trust. This supports earlier research emphasizing that timely and empathetic communication strengthens employee confidence and engagement in crisis contexts (Ward and Ward, 2020; Hartnett *et al*., 2022). Communication in this context functioned not only as an

informational tool but also as a means of emotional reassurance, reinforcing perceptions of organizational support.

The findings related to leadership style further illustrate how leadership behaviors shape organizational responsiveness. Transformational and democratic leadership styles were associated with significantly higher levels of decision-making efficiency. These approaches emphasize collaboration, empowerment, and shared responsibility, enabling leaders to draw on collective expertise and respond more effectively to rapidly changing circumstances. Previous studies have similarly found that transformational leadership enhances adaptability and innovation in healthcare settings, particularly during emergencies (Allameh *et al*., 2020; Abdi *et al*., 2021). Democratic leadership complements this by facilitating open dialogue and encouraging frontline input, which is essential for informed and timely decisions in high-pressure environments (Hertelendy *et al*., 2021). In contrast, autocratic and laissez-faire leadership styles were less effective in supporting crisis decision-making. Autocratic leadership often restricted participation and limited access to frontline insights, reducing flexibility in a dynamic situation. Laissez-faire leadership, characterized by limited guidance, created ambiguity and delayed coordinated action when decisive leadership was required. These findings align with prior research indicating that rigid or passive leadership approaches can undermine coordination and staff confidence during healthcare crises (Pallesen *et al*., 2022).

CONCLUSION

This study confirms that hospital leadership played a decisive role in shaping organizational responses during the COVID-19 pandemic. The findings demonstrate that effective leadership communication enhanced staff morale, while transformational and democratic leadership styles significantly improved the speed and efficiency of decision-making under crisis conditions. In contrast, autocratic and laissez-faire approaches limited adaptability and coordination. The study highlights the importance of inclusive, communicative, and flexible leadership in managing uncertainty. Strengthening leadership capacity through targeted training and preparedness initiatives is essential for improving hospital resilience and ensuring effective responses to future public health emergencies.

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CONFLICT OF INTERESTS

The authors declare no conflict of interest

ETHICS APPROVAL

Ethical standards were strictly adhered to throughout the research process. Informed consent was obtained from all participants prior to data collection, and participation was entirely voluntary. Confidentiality and anonymity were maintained by removing identifying information from transcripts and datasets. Ethical approval for the study was obtained from the institutional ethics review board, and all data were used exclusively for academic and research purposes.

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AI TOOL DECLARATION

The authors declares that no AI and related tools are used to write the scientific content of this manuscript.

DATA AVAILABILITY

Data will be available on request

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