



Complementing Managerialism Ideology with Leaderism Discourse: An Idea to Address Management and Leadership Challenges in the Iranian Health System

Mohsen Seyed Mahmoudi¹, Ali Akbari Sari¹, Hossein Dargahi^{2*}

Received: 25 May 2024

Published: 21 Aug 2024

Abstract

Background: Managerialism and leaderism were introduced in response to the challenges in public service management, aiming to improve the management of public service organizations. These approaches both have their own strengths and challenges. The purpose of this study was to examine the current and desired state of the Iranian health system and to find whether these approaches can be integrated to leverage their strengths and address some of the management and leadership challenges of the country's health system.

Methods: In this qualitative study, semi-structured interviews were conducted with 43 senior managers of the health system, employees of three medical universities in Tehran, and experts in public management. The participants were selected using purposive sampling, and the snowball technique was used to increase the number of interviewees. The data were analyzed using the framework method in MAXQDA 18.

Results: Structural changes, realization of managerialism, establishment of evidence-based information systems, readiness of managers and employees, creating a climate of trust, identification, and recruitment of competent individuals, specialized training, delegation of sufficient authority to managers, building a culture conducive to an integrated approach, communication and cooperation, and benchmarking were identified as the prerequisites for complementing Managerialism Ideology with Leaderism Discourse.

Conclusion: Complementing managerialism ideology with leaderism discourse can help solve some of the management and leadership challenges faced by the country's health system. But more important are the prerequisites that need to be satisfied in order to prepare the ground for integrating these approaches and capitalizing on their advantages.

Keywords: Management, Leadership, Managerialism, Leaderism, Health System

Conflicts of Interest: None declared

Funding: This study was supported by the Tehran University of Medical Sciences.

*This work has been published under CC BY-NC-SA 1.0 license.

Copyright© Iran University of Medical Sciences

Cite this article as: Seyed Mahmoudi M, Akbari Sari A, Dargahi H. Complementing Managerialism Ideology with Leaderism Discourse: An Idea to Address Management and Leadership Challenges in the Iranian Health System. *Med J Islam Repub Iran.* 2024 (21 Aug);38:96. <https://doi.org/10.47176/mjiri.38.96>

Introduction

Management is fundamental to the development of any society (1). Management differs from leadership (2, 3).

Managers are those who do things right, while leaders are those who do the right thing (4, 5). Managers/ Effective

Corresponding author: Dr Hossein Dargahi, hdargahi@tums.ac.ir

¹ Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran

² Department of Health Management and Economics, School of Public Health, Health Information Management Research Center, Tehran University of Medical Sciences, Tehran, Iran

↑What is “already known” in this topic:

Managerialism and Leaderism are ideologies that seek to address the problems and challenges in the management of organizations, enhance the position of management, and change how organizations are managed, especially in the public sector. However, These approaches both have their own strengths and challenges.

→What this article adds:

Despite the challenges that exist, complementing managerialism with leaderism in a way that exploits the advantages and strengths of both approaches while eliminating their disadvantages and weaknesses can produce more desirable results for the management of Iranian health organizations. However, achieving such a desirable situation requires prerequisites that must be provided.

management and leaders/ strong leadership are both necessary and crucial for organizations(2, 4-9), and today, organizations must focus on both management and leadership to ensure effective performance (2-4).

However, health systems - including the Iranian health system- face various challenges in terms of management and leadership (8-14). Moreover, the majority of healthcare managers in Iran are physicians(15-17), and despite the increasing importance of effective management in healthcare, these managers often do not undergo any comprehensive management training (16, 17), which negatively impacts the health system.

Managerialism was introduced as a solution to the emergence of management problems in public service organizations (18). Managerialism seeks to give priority and grant more managerial powers to the managers of public sector organizations so that they can perform their managerial functions more effectively (19, 20). Although managerialism gradually became a key approach for all organizations, including those within the health system, one of its key criticisms is the transfer of power from other professionals to management (20). Therefore, the application of managerialism alone faces problems in public service management (20-22).

Following the critiques of managerialism (20, 21, 23, 24), O'Reilly and Reed introduced leadership, which focuses on the role of leaders as agents of change in public sector reforms. According to them, leadership complements managerialism and can facilitate the use of managerialism in public service management (25). The efficiency of managerial models can be enhanced by paying attention to leadership as a strategic necessity in the change process of the management model (26). Leadership seeks to empower leaders as agents of change, hoping to develop a free and independent leader in whom the fate of a complex organization can be trusted and who possesses qualities that can benefit any organization (27). However, leadership has also been the subject of criticism, and the notion of leadership as a central power and agent at the top of the organization faces challenges in public service management (28-30).

The importance of applying modern management and leadership approaches in today's world is undeniable (31) Because organizational and management theories have entered into the postmodern era. (32). Based on postmod-

ernism, today's organizational challenges require new solutions and cannot be solved with conventional methods (33), and leadership is used as a more appropriate term instead of management (34). Similarly, the health system requires modern, innovative approaches (35). In Iran, the need to use modern approaches to public sector management is strongly felt (36); One of the most important challenges of the country's public administration is the failure to apply new management models and systems at the macro level. In fact, what has been neglected in Iran is the need to move toward national management theories and develop a strategic view of the country's general problems (37). Given the importance of management and leadership and the distinction between them as well as the strengths, weaknesses, and critiques of managerialism and leadership, this study seeks to integrate the leadership discourse into managerialism ideology as the basis for addressing the management challenges of the Iranian health system.

Methods

This was a qualitative study in which semi-structured interviews were conducted with a sample of managers, employees, and experts in the fields of healthcare and public management between 2021 and 2022. The interviewees were asked questions about managerialism and leadership in the health system, as well as the problems and challenges in these areas. Finally, the challenges and solutions related to the implementation of an integrated model of managerialism and leadership in the Iranian health system and its acceptance were identified.

The statistical population consisted of all the managers and employees of the Ministry of Health (MOHME) and three medical universities in Tehran (Tehran University of Medical Sciences (TUMS), Iran University of Medical Sciences (IUMS), Shahid Beheshti University of Medical Sciences (SBMU)) as well as experts in the field of health management and public management. Purposive sampling was used to select the target population, and snowball sampling was used to increase the number of qualified interviewees. It must be noted that the increase in sample size continued until saturation was achieved. Overall, a total of 43 people (21 managers and experts; 22 employees) were interviewed (in person and online) (Table 1).

A relevant interview guide was used to conduct the in-

Table 1. Demographic characteristics of the study participants

Participant (N=43)		Position	
MOHME (N=12)	Experts	Male (N=6)	Expert in healthcare management (N=4)
TUMS (N=13)			Expert in public management (N=2)
SBMU (N=9)		Female (N=1)	Expert in healthcare management (N=1)
IUMS (N=7)	Managers	Male (N=12)	Manager in the ministry of health (N=5)
ATU (N=2)			Manager in the medical university (N=4)
			Hospital manager (N=3)
		Female (N=2)	Manager in the ministry of health (N=1)
			Manager in the medical university (N=1)
	Employees	Male (N=9)	Staff of the ministry of health (N=2)
			Staff of the medical university (N=5)
			Staff of the hospital (N=2)
		Female (N=13)	Staff of the ministry of health (N=4)
			Staff of the medical university (N=3)
			Staff of the hospital (N=6)

interviews and collect data. The time and place of the interviews were coordinated in advance, and the interviews were tape-recorded with the consent of the participants. Generally, the duration of the interviews varied from 50 to 90 minutes. The interviewees were also assured that all information would remain confidential.

To confirm the credibility and acceptability of the data and improve the trustworthiness of findings, adequate time was allocated to data collection and data analysis. Moreover, we provided a precise, Appropriate and rich explanation of the findings supported by participants' quotations. In addition, to increase the validity of the data, the researcher considered peer checks and shared the coded data and the results of the research with two healthcare management experts to get their critical opinions.

The findings from the interviews were analyzed using the framework analysis method and MAXQDA 18 software. Accordingly, data analysis was carried out in 5-step: Familiarization, Identifying a thematic framework, Indexing, Charting and Mapping and Interpretation.

Results

As noted earlier, 43 managers, experts, and employees were interviewed in order to analyze the current situation, the challenges, and solutions in relation to the application of managerialism and leaderism theories in the Iranian health system, as well as the requirements and infrastructure needed in this regard. The largest number of interviewees belonged to the Tehran University of Medical

Sciences (13 people) and the Ministry of Health (12 people). To enrich the interviews, two public management experts from Allameh Tabataba'i University (ATU) were also interviewed. The findings from the conducted interviews were classified into two categories: the current situation and the desired situation (Table 2).

- Current situation

The interviewees believed that the structure of organizations in the Iranian health system is "more consistent with managerialism" (p39). They argued that "managerialism can be better for our health system" (p25), but "leaderism is (also) crucial" (p35) since "it basically rules the roost in professional structures like universities" (p18). Moreover, they believed that "we need to have a contingency approach to these two styles" (p34).

Suggesting that "what we have seems to be more consistent with managerialism than leaderism because it mostly involves giving orders" (p11), the interviewees stated that "our culture is perfectly attuned to this (managerialism) approach ... that is, we, our organizations, and our employees all want this." (p38). Of course, some interviewees believed that "we even have problems with managerialism itself and don't implement it properly" (p11). In addition, they argued that "more than anything else, (our organizations) are concerned with their day-to-day activities" and thus "strongly resist change" (p8). According to some of the interviewees, "the general culture governing our society influences the application and acceptance of each of these approaches" (p29).

Table 2. Integration of managerialism and leaderism in the Iranian Health System

	Themes	Sub-themes
Current situation	Current organizational structure	(1) adapting the current structure to managerialism; (2) the importance of managerialism; (3) the importance of leaderism in professional organizations; (4) the existence of a contingency approach to both managerialism and leaderism
	Culture	(1) Predominance of managerialism in organizations; (2) employees' acceptance of organizational cultures that are consistent with managerialism; (3) routines and stability governing organizations; (4) resistance to change; (5) general culture governing the society
	Organizational and managerial challenges	(1) Inadequate knowledge and expertise among managers; (2) managers' weakness in implementation; (3) managers' fear of losing their position; (4) desire for stability and avoidance of change; (5) lack of sufficient authority among managers; (6) poor selection of managers/employees; (7) insufficient readiness of employees to participate and accept responsibility; (8) structural weaknesses and/or the existence of complex, non-transparent structures; (9) conflicts of interest; (10) the difficulty of integrating (and effectively implementing) the two approaches in practice
	Readiness at the macro level and the current state of policy	(1) Emphasis of communicated policies on the components of managerialism and leaderism; (2) failure to implement communicated policies in practice; (3) policymakers' desire to maintain the status quo and organizational stability; (4) reluctance of high-level executives to delegate authority to managers; (5) policymakers' disregard for the consequences of managerialism and leaderism
Desired Situation	Integration of managerialism and leaderism	(1) Current instability and changes; (2) necessity of integrating managerialism and leaderism; (3) necessity of integrating the two approaches according to international policies and guidelines in the current century; (4) importance and necessity of leaderism (together with managerialism) in today's world
	Advantages of an integrated approach	(1) Capitalizing on the advantages of each approach; (2) promoting organizational commitment; (3) task orientation combined with employee orientation; (4) increased productivity; (5) providing better and higher quality (patient-oriented/customer-oriented) services to patients
	Prerequisites for integration	(1) Restructuring and organizational changes; (2) implementation and realization of managerialism; (3) establishment of evidence-based information systems; (4) academic and practical preparation of managers; (5) academic and practical preparation of employees; (6) establishing a climate of trust in the organization; (7) identifying and recruiting all kinds of talents, skills and abilities; (8) specialized training; (9) delegating sufficient authority, responsibility and power to managers; (10) creating an organizational culture conducive to an integrated approach; (11) establishing necessary communication and cooperation; (12) modeling successful experiences and examples (benchmarking); (13) other factors
	The need for macro-level support	(1) Support and justification of policymakers and senior managers; (2) policymaking and legislation on the integration of the two approaches; (3) continuous monitoring and control

The interviewees highlighted a number of organizational and managerial challenges in relation to the implementation and integration of managerialism and leaderism in the Iranian health system. These include:

- Inadequate knowledge and expertise among managers: "... they don't have the necessary knowledge" (p39);
- Managers' weakness in implementation: "Managers often have poor performance when it comes to implementation" (p11);
- Managers' fear of losing their position: "There are managers who oppose it (integration of the two approaches) just to secure their position!" (p35);
- Desire for stability and avoidance of change: "Nobody wants to change!" (p31);
- Lack of sufficient authority among managers: "As managers, we're not given enough authority" (p4);
- Poor selection of managers/employees: "In my organization, selections and appointments are generally not standard or principled" (p33);
- Insufficient readiness and structural weaknesses: "We are not ready, not structurally, not in terms of management knowledge, nor personnel-wise" (p34);
- Conflicts of interest: "Integrating these approaches will definitely create conflicts of interest" (p27);
- The difficulty of integrating (and effectively implementing) the two approaches in practice: "Our biggest challenge will be to implement it" (p15).

The interviewees stated that "our policies and legislation make no mention of managerialism or leaderism. What is mentioned, however, are a set of components that you could argue are subsets of these approaches" (p39). Indeed, some interviewees believed that "our national policies are more centered around managerialism" (p12). One of the interviewees argued that "the documents and plans produced by the Transformation Department of the Ministry of Health mention both management and leadership and somewhat support the integration of managerialism and leaderism" (p1). The participants also believed that "some policies that are communicated remain as is and are not intended to be carefully implemented" (p33). Meanwhile, "in our health system, policymakers are usually reluctant to make changes in the system" (p40) and "aren't even willing to delegate authority to us to at least manage our own organization through this approach" (p4). Finally, according to the interviewees, "no attention is given to the outcomes and impacts of these approaches" (p41).

- Desired situation

While pointing out that "organizations do not operate in a stable environment" (p9) and that "leaderism is the suitable approach for the 21st century" (p22), the interviewees argued that "certainly leaderism is crucial for health organizations, but we cannot deny the necessity of managerialism" (p39). Therefore, "the only solution is to combine these" (p14), and "it is better to develop an integrated approach" (p42). According to some of the participants, "international organizations value these issues more" (p20).

The interviewees argued that "integrating these two approaches combines their advantages and can eliminate

their disadvantages" (p7). They believed that integration of managerialism and leaderism "enhances loyalty and commitment in the organization" (p14) and "drives managers to value the personnel more. This means they will value employees as much as they value the work they do" (p28). Moreover, it will "improve productivity in the organization" (p36) and will ultimately lead to "improvements in performance ... service quality" (p31) and "patient satisfaction" (p31).

Regarding the prerequisites of an integrated approach, the interviewees believed that "the first thing that is needed to bring about change is the correction of the flawed structure of organizations within the health system" (p30). Moreover, "we must have managerialism to be able to complement it with leaderism" (p11). According to a number of the interviewees, "a key infrastructure is health information technology and its related systems" (p32). The interviewees also argued that "implementing a management model that truly employs the components of leaderism requires ready and capable managers and employees. It is also necessary to identify competent individuals and appoint them to the right positions" (p29). Another prerequisite was the "establishment of a climate that creates mutual trust between managers and the personnel" (p32). The interviewees believed that "education is a crucial prerequisite" (p2) and "necessary training must be provided" (p24). Even more important was the "delegation of sufficient authority to managers" (p23). Additionally, according to the participants, "cultural changes" (p6) and "issues of culture and cultural resistance" were "of the utmost importance".

Some of the interviewees stated that "proper communication must be established in the entire organization" (p9) and "internal cooperation should receive attention" (p36). Moreover, some interviewees highlighted the importance of "comparing our performance with international experiences and best practices" (p2). Finally, a number of participants argued that "political, economic, scientific, technical, environmental, and social factors" (p19) must also be considered prerequisites.

The interviewees also discussed the need for "support from policymakers" (p17), arguing that "this idea requires support at the macro level" (p40). Hence, they believed that "necessary policy and legislation is needed" (p15) to ensure "implementation" (p9) and "proper supervision and evaluation of its implementation as well as managers' performance" (p4).

Discussion

The analysis of our findings sheds light on the current state of organizations within the Iranian health system in terms of the application of managerialism and leaderism, as well as the extent of readiness to accept and apply the integration of these two approaches.

Our findings suggest that the current structure of the country's health organizations is more consistent with managerialism while highlighting the importance of managerialism, the crucial role of leadership (especially in professional organizations), the existence of a contingency approach to both, the predominance of managerialism, and

employees' acceptance of organizational cultures consistent with this approach. The existence of everyday life and stability, resistance to change, and also the conformity of the culture governing the society with the management approach. Previous studies have also shown that the role of the senior managers of Iranian medical universities mostly involves bureaucratic administration of the organization, traditional control of affairs and routines, and an emphasis on hierarchical and vertical communication (12).

Among the challenges of the country's health organizations that hinder the integration of managerialism and leaderism are insufficient knowledge, weakness in implementation, managers' fear of losing their position, desire for stability, managers' insufficient authority, poor selection of managers/employees, inadequate readiness of employees, structural weaknesses, conflicts of interest, and difficulty of integration the two approaches in practice. Regarding macro-level readiness, this research showed that despite the emphasis of communicated policies on the components of both approaches, these policies are not implemented in practice. The policymakers' desire for stability, their unwillingness to delegate authority, and their disregard for the consequences of managerialism and leaderism are among the challenges identified in this study.

Previous studies have also identified various challenges in relation to leaderism and managerialism in Iran (38). These include challenges related to the professional characteristics, skills, and managerial knowledge of managers (8, 13), lack of sufficient authority among managers in the public sector compared to those in the private sector (11), challenges related to the selection and appointment of managers and the absence of meritocracy (16, 39, 40), irrational changes in policies at the national level (13), lack of adequate attention to management and leadership standards in the accreditation system (41), as well as issues such as the lack of meritocracy, existence of conservative leaders, politicization, bureaucracy, centralization, and misconceptions (39).

Our findings showed that it is an undeniable necessity to integrate managerialism and leaderism and capitalize on their combined advantages due to the current changes, the crucial role of using leaderism (together with managerialism), and the focus of existing international policies and guidelines. Other studies in this field also emphasize the importance of complementing managerialism with leaderism and creating an opportunity to exploit the combined advantages and strengths of the managerialism ideology and the leaderism discourse (42).

We also found that integration of these approaches can yield significant advantages such as enhanced organizational commitment, employee orientation along with task orientation, increased productivity, and higher quality services. However, achieving this goal—and any kind of reforms in the country's management system, given the existing challenges—is contingent upon meeting certain prerequisites. Tabrizi et al. (2018) also argued that to undertake modern public management reforms and address public management problems, it is necessary to provide the necessary infrastructure for the implementation of these reforms (43).

Based on the findings of the present research, the prerequisites for the integration of managerialism and leaderism are structural changes, realization of managerialism, establishment of evidence-based information systems, readiness of managers and employees, creation of a climate of trust, identification and recruitment of competent people, specialized training, delegation of sufficient authority, building a culture conducive to an integrated approach, establishing the necessary communication and cooperation, benchmarking, and improving other environmental factors. These prerequisites must be met in order to implement any management approach in the country's health system that capitalizes on the strengths of both approaches and minimizes their weaknesses. Moreover, in order to fully implement such an integrated approach, it is necessary to establish the necessary policies and legislation and to provide continuous monitoring along with the support of policymakers and senior executives.

Based on the results of various studies, government support for leader development plans (42), planning and proper support from senior executives (13), review and restructuring of the bureaucratic structure of organizations (13, 39), reducing management layers and facilitating networking and inter-departmental relations (39), developing a management vision as well as its implementation and monitoring by the Ministry of Health (40) as well as appropriate evaluation (41) are among the prerequisites that are necessary to advance reforms and improve management and leadership in organizations. It is clear that insufficient support from high-level executives and existing bureaucracy in the health system will affect organizational performance and management practices (6).

Moreover, giving enough freedom and authority to the managers of the health system (19, 42-44), reforming the method of selecting and appointing managers (13, 38, 40, 45), changing leadership and management (46), creating a foundation of mutual respect and trust, and effective communication (39), intra-organizational and extra-organizational relationships (13), collaboration (42), improving information technology (47), health information management (17), evidence-based decision making (48, 49), and accurate, comprehensive and reliable health information management systems (45) are other prerequisites that, based on the results of various studies, can play an important role in improving management and leadership in organizations.

Similar to the results of the present research, other studies have highlighted the importance of training, empowerment, and development of managers' competencies (6, 31, 42, 50), and also the importance of Healthcare managers' competencies (51, 52). In Iran, various studies have identified training and empowerment of health system managers as a key area that requires attention (6, 8, 11-13, 15-17, 38, 40, 45).

Based on the results of this study, any change in the political, economic, social, and cultural contexts will affect the management and leadership in the Iranian health system. Previous studies have also shown that the effectiveness of leadership is influenced by social and other external factors (13). Political, social, and cultural factors can

even influence the recruitment and selection practices of organizations and thereby affect the performance of the health system (6).

Limitations

The spread of COVID-19, as well as the busy schedule and the reluctance of some individuals to participate in the interview, were among the main limitations of the present study.

Conclusion

Today's changing world requires new organizations as well as new managers and leaders who are proficient in new ways of thinking, managers and leaders who are able to foster creativity and innovation and face future changes (53). The use of private sector management tools in the public sector can lead to improved productivity, decentralization, focus on results, customer orientation, and accountability (20), but what is important is that leadership should not be neglected in organizations such as those within the health system. These professional organizations, in addition to market mechanisms, also emphasize corporate structures and principles such as transparency and responsibility (27). However, leadership in health organizations faces weaknesses and challenges in areas such as organizational structure, focus, bureaucracy, empowerment, training, team orientation, culture, and knowledge/skills (54). Therefore, the present research proposes to complement managerialism with leaderism so that the advantages of both can be used to solve the management challenges of the country's health system. In fact, leaderism in professional organizations supports professionals and gives them independence and authority. Wallace et al. (2023) also propose integrating the managerialism ideology into the leaderism discourse in their study on leadership development in line with public sector reforms (42). In Iran, studies show that in order to improve management in health organizations, especially hospitals, there should be a shift in attitude from pure management to leadership, and this issue should also be considered in the selection, appointment, and training of managers (45). According to Ominyi et al. (2019), the health workforce should be restructured in such a way that hierarchical constraints and severe administrative bureaucracies related to managerialism are minimized (44).

Complementing managerialism with leaderism and building on the lessons learned from an integrated approach can provide opportunities for minimizing the weaknesses of these approaches and capitalizing on their strengths. The results of the present study showed that although there are many challenges in the areas of management and leadership, as well as the application of managerialism and leaderism in Iran, it is possible to improve management and leadership within the health system by addressing these challenges. The integration of managerialism and leaderism in and of itself can solve some of these challenges, but there are prerequisites that must be met in order to prepare the ground for the implementation of this idea in practice.

Considering the challenges of the management of the

Iranian health system and taking into account the advantages of leaderism discourse, it is suggested to remove the obstacles and provide the necessary prerequisites to complement managerialism with leaderism and use the advantages and strengths of both approaches. It should be noted that this issue will be possible only with the support and desire of the macro-level of the health system. In this way, senior managers of the Iranian health system should consider the prerequisites of complementing managerialism ideology with leaderism discourse in the future policy-making of the health system. The results of this study can be used to raise awareness and capacity-building of policymakers as well as health system managers on the benefits of using both approaches.

Authors' Contributions

All authors contributed to the conception and design of this study. M.SM. undertook data acquisition and analysis via fieldwork with supervision from A.A.S. and H.D.; M.SM. drafted the initial manuscript and A.A.S. and H.D. revised the manuscript. All authors reviewed and approved the final version of the manuscript.

Ethical Considerations

This article is part of a doctoral dissertation, which has been approved by the Vice-Chancellor in Research Affairs- Tehran University of Medical Sciences (Ethics committee Approval ID: IR.TUMS.VCR.REC.1398.685).

All participants signed the written informed consent form before starting the interviews. In addition to receiving a comprehensive explanation of the general research aims, they were also made aware that any publications resulting from the study would not include identifying information. The time and place of the interviews were also coordinated in advance, and the interviews were tape-recorded with the consent of the participants. The interviewees were assured that all information would remain confidential.

Acknowledgment

We would like to thank all those who helped us in this study. We greatly appreciate the study participants who were generous with their time and provided this invaluable data and information. Thanks are owed to Tehran University of Medical Sciences.

Conflict of Interests

The authors declare that they have no competing interests.

References

1. Mirmohammadi SM, Hasanpoor A. Administrative System of Iran: The Problems and Challenges. *Journal of Public Administration Perspective*. 2012;2(8).
2. Toor S-u-R. Differentiating leadership from management: An empirical investigation of leaders and managers. *Leadership Manage Eng*. 2011;11(4):310-20.
3. Toor S-u-R, Ofori G. Leadership versus management: How they are different, and why. *Leadership Manage Eng*. 2008;8(2):61-71.
4. Algahtani A. Are leadership and management different? A review. *Journal of Management Policies and Practices*. 2014;2(3):71-82.
5. Ayeleke RO, Dunham A, North N, Wallis K. The Concept of

- Leadership in the Health Care Sector. *Leadership*. 2018;83.
6. Ashrafi Dost S. Factors that affect the management capacity, leadership and employee performance in the Ministry of Public Health (MoPH), Afghanistan: an embedded single-case study (PhD Thesis): Bournemouth University; 2020.
 7. Azad N, Anderson HG, Jr., Brooks A, Garza O, O'Neil C, Stutz MM, et al. Leadership and Management Are One and the Same. *Am J Pharm Educ*. 2017;81(6):102.
 8. Kakemam E, Dargahi H. Competencies gap in Hospital Management in Tehran, Iran: a cross-sectional survey. *J Health Manag*. 2019;21(4):451-64.
 9. Kermani B, Darvish H, Sarlak Ma, Kolivand P. The Relationship Between Leadership Competencies of Managers and Administrative Staff with Hospitals' Performance. *Hospital*. 2016;15(4):115-25.
 10. Jaafari-pooyan E, Mosadeghrad AM, Ghiasipour M, Shaqura II. A leadership model for Iranian health-care organizations. *Leadersh Health Serv*. 2020;33(4):461-75.
 11. Kalhor R, Tajnesaei M, Kakemam E, Keykaleh MS, Kalhor L. Perceived hospital managerial competency in Tehran, Iran: is there a difference between public and private hospitals? *J Egypt Public Health Assoc*. 2016;91(4):157-62.
 12. Nasrollapour Shirvani S, Motlagh M, Shariati M, Haji SeiyedAzizi P, Nahvijou A. Senior management roles in medical universities of Iran from presidential to leadership: the views of middle managers. *Community Health Journal*. 2017;8(3):1-9.
 13. Sarabi Asiabar A, Kafaei Mehr MH, Arabloo J, Safari H. Leadership effectiveness of hospital managers in Iran: A qualitative study. *Leadersh Health Serv*. 2020;33(1):43-55.
 14. Barati O, Sadeghi A, Khammarnia M, Siavashi E. Investigation of Hospitals Management Challenges: A Qualitative Study in Shiraz Hospitals. *Sadra Medical Sciences Journal*. 2016;4(3).
 15. Gholipour K, Tabrizi JS, Farahbakhsh M, Iezadi S, Ghiasi A, Jahanbin H. Evaluation of the district health management fellowship training programme: a case study in Iran. *BMJ Open*. 2018;8(3):e020603.
 16. Lankarani KB, Alavian SM, Peymani P. Health in the Islamic Republic of Iran, challenges and progresses. *Med J Islam Repub Iran*. 2013;27(1):42.
 17. Tabrizi JS, Gholipour K, Farahbakhsh M, Jahanbin H, Karamuz M. Developing management capacity building package to district health manager in northwest of Iran: A sequential mixed method study. *JPMA J Pak Med Assoc*. 2016;66(11):1385-91.
 18. DanaeeFard H, Alizadesani M. *New Public Management Critical Research*. 2 ed. Tehran: Mehraban Book; 2013.
 19. Karlsson TS. Searching for managerial discretion: How public managers engage managerialism as a rationalization for increased latitude of action. *Public Manag Rev*. 2019;21(3):315-33.
 20. Melo S, Beck M. *Quality Management and Managerialism in Healthcare: A Critical Historical Survey*: Springer; 2014.
 21. Carlisle Y. Complexity dynamics: Managerialism and undesirable emergence in healthcare organizations. *J Med Mark*. 2011;11(4):284-93.
 22. Rosa B, Almeida HN. The Influences of Managerialism in the Professional Intervention of Social Workers. *Eur J Soc Sci*. 2020;3(1):26-35.
 23. Chaharbaghi K. Provision of public services in an age of managerialism: looking better but feeling worse. *Equal Oppor Int*. 2007;26(4):319-30.
 24. Abramovitz M, Zelnick JR. Structural Racism, Managerialism, and the Future of the Human Services: Rewriting the Rules. *Soc Work*. 2021;67(1):8-16.
 25. O'Reilly D, Reed M. 'Leaderism': an evolution of managerialism in UK public service reform. *Public Adm*. 2010;88(4):960-78.
 26. Zahedi S-OS, Chitsaaz A. Theoretical Foundations and Challenges in Applying Managerialism in University System. *Management Studies in Development and Evolution*. 2008;14(56):1-18.
 27. Ekman M, Lindgren M, Packendorff J. Universities need leadership, academics need management: discursive tensions and voids in the deregulation of Swedish higher education legislation. *High Educ*. 2018;75(2):299-321.
 28. Bresnen M, Hyde P, Hodgson D, Bailey S, Hassard J. Leadership talk: From managerialism to leaderism in health care after the crash. *Leadership*. 2015;11(4):451-70.
 29. Higgs M. How can we make sense of leadership in the 21st century? *Leadersh Organ Dev J*. 2003;24(5):273-84.
 30. Teelken C, Ferlie E, Dent M. *Leadership in the Public Sector: Promises and Pitfalls*: Taylor & Francis; 2013.
 31. Skela Savič B, Robida A. Capacity of middle management in health-care organizations for working with people—the case of Slovenian hospitals. *Hum Resour Health*. 2013;11(1):1-15.
 32. Taherpour F, Rajaipour S, Jamshidian A. A Study of the Current and Desirable Situations of the Application of Post-Modern Management Indices. *Journal of Public Administration Perspective*. 2011;2(7):97-117.
 33. Seyed Naghavi M. Organization and management: from modernism to postmodernism. *Management Studies in Development and Evolution*. 2001;8(29,30):167-89.
 34. TaherPour F, RajaiPour S, Jamshidian A. Postmodernism in Management. *Tadbir*. 2009;19(200):14-8.
 35. Johnson J. *Health Organizations: Theory, Behavior, and Development*: Jones & Bartlett Learning; 2009.
 36. Ghonji M, Chizari M, Sedighi H, Rabiee A. Designing the Management Competency Model with Emphasis on the Postmodern Change Management. *Journal of Development & Evolution Management*. 2015;1394(21):11-22.
 37. Kheirgou M, Danaeifard H. Challenges of Public Administration and Their Effects on Iranian National Administration Education: An Explanatory Research. *A Research Quarterly in Military Management*. 2012;11(44).
 38. Nasiri A, Aryankhesal A, Khankeh H. Leadership in limbo: Characteristics of successful incident commanders in health sector of a disaster-prone country. *Int J Health Plan Manag*. 2019;34(4):e1495-e509.
 39. Bikmoradi A, Brommels M, Shoghli A, Sohrabi Z, Masiello I. Requirements for effective academic leadership in Iran: a nominal group technique exercise. *BMC Med Educ*. 2008;8(1):1-7.
 40. Hozni SA, Hakkak M, Vahdati H, Nazarpouri AH. Challenges and Strategies Towards Clinical Leadership Competency: A Qualitative Study. *Depiction of Health*. 2020;11(3):223-36.
 41. Jafari H, Raeisi AR, Yarmohammadian MH, Heidari M, Niknam N. Developing and validating a checklist for accreditation in leadership and management of hospitals in Iran. *J Educ Health Promot*. 2018;7.
 42. Wallace M, Reed M, O'Reilly D, Tomlinson M, Morris J, Deem R. *Developing Public Service Leaders: Elite orchestration, change agency, leaderism, and neoliberalization*: OUP Oxford; 2023.
 43. Tabrizi JS, HaghGoshayie E, Doshmangir L, Yousefi M. New public management in Iran's health complex: a management framework for primary health care system. *Prim Health Care Res Dev*. 2018;19(3):264-76.
 44. Ominyi JN, Agom DA, Ekuma CV. A qualitative examination of the perceived impact of bureaucratic managerialism on evidence-based practice implementation in Nigeria: a collective case study. *J Res Nurs*. 2019;24(8):635-46.
 45. Mahfoozpour S, Marzban S, Nazari-Shirkouhi S, Nayeri E. Selection criteria of public hospital managers in Iran health system. *Journal of Health Administration (JHA)*. 2019;22(2).
 46. Cabinet Office. *Meeting the Challenge of Change: A Capabilities Plan for the Civil Service*. Cabinet Office, April London; 2013.
 47. Kettl DF. *The Global Public Management Revolution*. 2 ed. Washington, D.C.: Brookings Institution Press; 2005.
 48. Liang Z, Howard P, Rasa J. Evidence-informed managerial decision-making: What evidence counts?(part one). *Asia Pac J Health Manag*. 2011;6(1):23-9.
 49. Kovner AR, Rundall TG. Evidence-based management reconsidered. *Front Health Serv Manag*. 2006;22(3).
 50. Giacomelli G, Ferré F, Furlan M, Nuti S. Involving hybrid professionals in top management decision-making: How managerial training can make the difference. *Health Serv Manag Res*. 2019;32(4):168-79.
 51. Kakemam E, Janati A, Mohaghegh B, Gholizadeh M, Liang Z. Developing competent public hospital managers: a qualitative study from Iran. *Int J Workplace Health Manag*. 2021;14(2):149-63.
 52. etencies: a systemic approach. *World Hospitals and Health Services*. 2012;48(3):9.
 53. Ameri MS, Elahi A, Afshari M, Honari H. Developing Role of Postmodern Management on Sport Development Model. *Journal of Sport Management Review*. 2016;8(37):1-17.
 54. Ghiasipour M, Mosadeghrad AM, Arab M, Jaafari-pooyan E. Leadership challenges in health care organizations: The case of Iranian hospitals. *Med J Islam Repub Iran*. 2017;31:96.