Leadership Development in Social Care – A Study of the Entrepreneurs and Managers of Elder Care in India and Sweden

Anindo Bhattacharjee
PhD Scholar, SBM and Assistant Professor, ASMSOC, NMIMS, Mumbai, India
E-mail: anindo.bhattacharjee@gmail.com
Manjari Srivastava
Professor and Chairperson – HR and Behavioral Sciences, SBM, NMIMS Mumbai, India
Veena Vohra
Professor and Associate Dean, SBM, NMIMS Mumbai, India
Lotta Dellve
Professor, Department of Work Sciences, University of Gothenburg, Sweden.

Abstract

The developing world is going grey. Amidst the claims of demographic dividend of India due to its predominant young population, there is a growing population of people above 60 years of age, who constitute the aged population. There is also epidemiological evidence of growing mental health issues amongst elders in developing countries like India. The Indian elder care industry in recent years has seen tremendous growth both in terms of business and the number of opportunities for entrepreneurial start-ups. In this paper, we share the findings of an inductive (qualitative) study based on constructivist grounded theory approach, to uncover the themes that help us arrive at a conceptual model for leadership development in social care. The study was conducted on the top or senior management of elder care organizations in two different institutional contexts: India (where the elder care sector is at an initial stage of development driven by private players) and Sweden (a matured well-developed elder care system mostly organized by public sector and funded by taxes). The emerging themes helped us arrive at important values in caregiving and leadership in elder care viz., purpose, passion, patience, patient-centricity (people), and practical wisdom. This establishes the relevance of Bhattacharjee and Singh's (2017) 4P model of leadership and paves the way for future research on practicing servant leadership models in elder care (e.g. Gunnarsdóttir et al., 2018).

Keywords: *Leadership , Social Care, Elder Care, Cross-cultural, Entrepreneurship*

Introduction

The Indian eldercare industry in recent years has seen tremendous growth both in terms of business and the number of opportunities for entrepreneurial start-ups. The elder care space is an area where we can witness the conscious form of modern capitalism in practice. The elder care space in recent years has seen the growing scope for public-private collaborations for creating socially responsible businesses centered around the delivery of better care. Home healthcare is increasingly being seen as an attractive option for the 300 million emerging middle class citizens (in India) as it is a cost-effective way to provide care that has been previously entrusted to a stay-at-home member of the household (Clark and Stackpole, 2017). However, the way such businesses must be organized in long run depends on the way issue of leadership is approached and

developed at the various levels of management in the organization. In the last five years, the business of elder care seems to be quite promising with many large companies providing seed capital to elder care startups in India. Some of the prominent names that have emerged in recent years are India Home Healthcare (which is a partner of Bayada in USA); Portea Home Health care services; Care 24; Nightingale Home Health care (A Mahindra Collaboration); Healthy Billions (that received the seed capital from Ambuja Neotia's Neotechub); Aaji Care Home Health services, etc.

Leadership in healthcare has been extensively researched and its importance has been widely acknowledged by the various stakeholders of health service delivery. Healthcare has been very cross-functional in recent times which requires good coordination skills to manage the multiple demands of the various teams involved. The same is true for elder care where we are dealing with the expectations of multiple stakeholders involved in the co-creation of value to be delivered to the customers which in this case are the elders. Further, we need to define the intended outcomes for patients in an elder care context so as to effectively measure and implement efficient systems of care delivery that continuously improve and adapt themselves to the complex demands of the patients (elders) and their relatives. Continuous value co-creation requires team engagement and high standards of coordination between the multiple stakeholders involved and at core of all this is a leader. There is dearth of leadership understanding in the context of Elder care worldwide, and almost non-existent in an Indian context where the business of elder care is still at its initial stages. The opportunities are promising but for the sector to develop and sustain itself in the long run, so as to address the increasing demands that would be posed by demographic transition and ageing population in India (refer to the Census data 2011 and report on Elderly India in 2016 by India's Ministry of Statistics and Programme Implementation, Government of India), we require best practices and sound leadership.

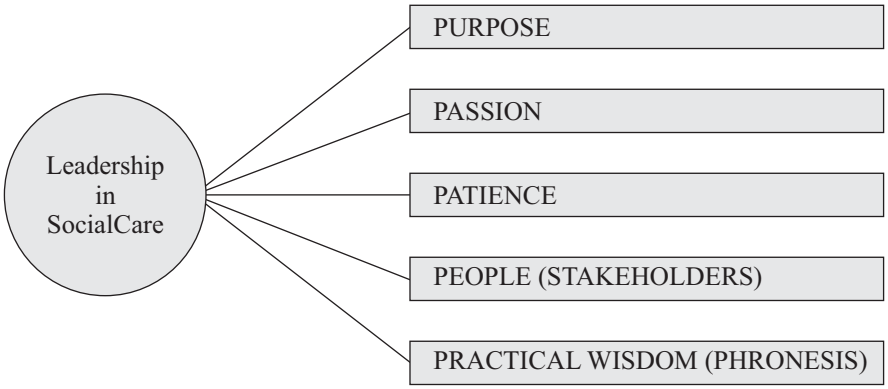
In our study, we studied the importance of leadership for effective organizing of elder care in India and Sweden. We have selected these two countries because:

1. In India, growth of Geriatrics and Elder Care is getting organized predominantly through private start-ups that constitute the business of elder care in India. Systems of service delivery are still at a very early stage of evolution.
2. In Sweden, elder care is well-developed and is organized predominantly by the municipalities.

So, a comparative evaluation of the elements of distributive leadership that would emerge in a public and private organization will be possible.

In this paper, we will begin with the conceptual framework around the "4P Leadership Model" (Bhattacharjee et al., 2015; Bhattacharjee & Singh, 2017). We introduce a 5th 'P' to the model that stands for the Aristotelian concept of "Phronesis" which means "Practical Wisdom" (Aristotle, 2012). This would help us in having a starting point in the study. However, the study will move towards a more "inductive" direction as we try to uncover the deeper meanings and passions of an individual that drive his / her pursuit for "innovations" and effective organizing of a value-integrated elder care. And we intend to develop a theory of leadership for sustainable and value-integrated elder care.

Fig.1: 4Ps of Leadership (Bhattacharjee and Singh, 2017)



The study (qualitative), where we interviewed 24 entrepreneurs and managers in various elder care and home health care organizations in India and Sweden, revealed all the above factors as important qualities (virtues) that the Founders of the Elder care start-ups look for in the prospective caregivers and care managers whom they recruit for organizing the value-based elder care process.

Ageing and Elder Care in India and Sweden

Elder care is gaining prominence in India and is undergoing a transformation. The largely unorganized and fragmented sector is becoming more organized. Many social entrepreneurs are able to gain initial investments and going into joint ventures with well-established players from the developed countries. Also, large Indian corporations (like the Tata, Dabur, Piramal, Max Healthcare, etc) are aggressively getting into the space of home-health care especially for the aged population by setting up strategic business units and leveraging upon their existing competencies both in the sector and their existing networks to gain the early-mover advantage. The industry promises immense opportunities not only because of the demographic transitions and an ever-growing aged population, but also the emergence of new technology-led care-delivery models.

Elder care, which is significant part of the social care of any nation, is still at its nascent stage in India. The sector is emerging very rapidly. Startups for elderly hold a huge business opportunity in India. A bit ahead of the curve, the startups for the elderly feel the domain is compelling because it combines two aspects: a human need and a business opportunity (Sharma, 2016). The examples of successful ageing care service companies are plenty in the developed nations but in India, we are seeing many prominent startups coming up, many of whom have also received their seed capital from large organizations or working as extended CSR activities. For example, in 2017, home healthcare service provider Medwell Ventures has raised $21 million in Series B funding led by Mahindra Partners with participation from existing investors Eight Roads Ventures and US-based F-Prime Capital Partners, for its company Nightingale Home Health Services (ETtech, 2017).

If we consider a developing country like India which is in a phase of demographic transition, there is a growing need for an organized social care system for the older population. According to the Census data from 2011, there were 98 million older persons in India, or 8.1 % of total population, up from 77 million in 2001. The number of older

persons in India is expected to increase three fold to 298 million in 2051, accounting a little over 17 percent of the total population (Long Term Care for Older Persons in India, 2016). India has acquired the label of "an aging nation" with 7.7% of its population being more than 60 years olds (Ingle and Nath, 2008). The current statistics for the elderly in India gives a prelude to a new set of medical, social and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers.

In Sweden, elder care is part of the welfare system and is funded by taxes. The municipalities have responsibility to offer care and service to old people. The development of public elder care service increased since the 1960's. Today, Swedish elder care is in transition due to the increased number of elder and increased demands of efficiency and the developments of patient safety, qualitative of care, new technology and user influence. Since a reform in 2008, there is a possibility for old individuals in need of care, to choose which public or private organisation that should provide the care. The first line managers have the main responsibility of development of value-based elder care built on respect, autonomy and integrity. Accordingly, these managers have a key position but there are today challenges in recruiting and keeping engaged managers. Thus, Swedish models for elderly care have also great challenges. Through cross national studies, lessons can be learnt on how collaboration amongst various stakeholders can be organized and coordinated, that can improve the elder care services.

Literature Review

Purpose and Passion in Leadership

Though this sounds a cliché´ word but still almost all leadership failure starts at this point when the leaders lose vision or focus on their "internal compass" (Bhattacharjee et al. 2015). Craig and Snook (2014) proposed the important link between purpose and passion in their Harvard Business Review article "From Purpose to Impact". According to them: "The first step toward uncovering your leadership purpose is to mine your life story for major themes that reveal your lifelong passions and values. Next, craft a concise purpose statement that leaves you emboldened and energized. Finally, develop a purpose-to-impact plan."

Bruch and Ghoshal (2002) based on their studies conducted on managers in prominent companies such as Lufthansa and Conoco, concluded that a mere 10% of the managers in these organizations can be termed as "purposeful" managers who have high energy and high focus. Further according to them: "Their clarity about their intentions, in combination with strong willpower, seems to help them make sound decisions about how to spend their time. They pick their goals—and their battles—with far more care than other managers do" (Bruch and Ghoshal, 2002).

There can be various different goals and mental pictures that an "individual" working as a manager pursues being in the organization that constitutes his purpose. The way they define their purpose may be hidden in their personal values and existential meanings that they assign to their life and the evolving reality that they witness. According to Bhattacharjee and Singh (2017): "The question about the meaning of existence, especially human existence has intrigued humans since time immemorial. What is the purpose of our existence in this world? For whom do we exist? We can look at this question in three different ways:

- Material purpose
- Philosophical purpose
- Spiritual purpose

Bhattacharjee and Singh (2017) further state that -
A leader has always been defined as one who has the "vision" or foresight and who has the ability to communicate this vision to a set of followers. One of the ways in which vision can be defined is a clear and distinct view of the future. Another way to define vision is to look at it as a set of causal relationships between the various elements of "reality" which are responsible for the way the "dynamic" reality evolves over a period of time. Reality can be seen as a set of action-reaction or karmic cycles evolving in space time and a leader is always aware and awake to this evolving reality by being the witness to this evolution. However, the way he responds to this reality depends on the way (s)he interprets this reality using the psychological and intellectual faculty. Every leader has a concurrent view of the world which is a mix of the three elements viz., material, philosophical and spiritual.

Vision and passion are important elements that lead to successful leadership has also been acknowledged even by successful leaders in healthcare. According to Debra Sukin (2009), who is the CEO of the Houston Methodist The Woodlands Hospital Texas:

"Leadership is paramount during these challenging times of healthcare reform, workforce shortages, economic conditions, and ageing population. Leadership success comes from a combination of the following: passion, vision, quality outcomes, strong knowledge of the industry, the ability to critically think, perspective, adaptability and ongoing learning. Passion is a major driving force in leadership. My passion for learning the industry has been the ultimate driver in my success…Vision is another essential element in leadership. The vision is key to my own development or the organization that I lead. It drives the goal-setting in the organization, the people we recruit, the process we implement, and ultimately why we all come to work each day."

The challenge is to create organizations and practices that create a culture of learning and where leaders constantly remain passionate and purposeful about their work. Jacob Morgan (2017), in his article "How Senior Executives stay passionate about their work" published in the Harvard Business Review says that –

"When we're ridiculously busy, it's easy to focus only on what's ahead of us, a bit like a horse with blinders. But senior executives who prosper say it's critical to have excellent "peripheral vision" so they can pick up on things that fall beyond their expected line of sight. This makes their jobs more exciting and engaging and enhances their performance — all of which reinforces their love for the work they do. Executives ranging from David Fairhurst, the chief people officer at McDonald's, to Jeff Wong, the chief innovation officer at EY, describe their roles as positions of service, not power. This is about believing that your job as a leader is to help employees do their best work."

According to Edmondson (2012):

Purpose is fundamentally about shared values; it answers the question why we (this company, this project) exist, which can galvanize even the most diverse, amorphous team. Emphasizing purpose is necessary even when the purpose is obvious…

Chang (2001: 106) argued that, "Passion inspires us to work harder and with greater effect. The irony is that we hardly notice our effort. It comes easily and enjoyably." According to Cardon (2008), passion has two key elements: "First, passion involves positive and intense feelings that occur over time, instead of in response to episodic or immediate triggers in the environment. Thus, passion is enduring rather than momentary.

Second, passion feelings are for venture-related objects, such as roles, that are identity meaningful to the entrepreneur. As such, entrepreneurial passion involves more than just positive emotions; passion also involves a deep identity connection between the entrepreneur and the venture or salient role"

Passion is defined as a strong inclination toward an activity that individuals like, that they value, and in which they invest time and energy (Amiot et al., 2006; Vallerand et al., 2008; Vallerand et al., 2003). Passion can also be defined as a strong inclination towards a self-defining activity that people love, that they consider important, and in which they devote significant amounts of time and energy (Bonneville-Roussy et al., 2011). Another defining characteristic of passion is that the passionate activity has been internalized in the person's identity (Amiot et al., 2006). The concept of passion was explained by a series of research conducted by Vallerand and his colleagues (Vallerand, 2008; Vallerand et al., 2003; Vallerand & Houlfort, 2003; Vallerand & Miquelon, 2007), who proposed a dualistic view of passion. According to this dualistic view, also called the dualistic model of passion, passion can be either harmonious passion or obsessive passion. A harmonious passion produces a strong desire to engage in the activity which remains under the person's control. This type of passion results from an autonomous internalization of the activity into the person's identity (Deci & Ryan, 2000; Vallerand et al., 2003). An autonomous internalization occurs when individuals have freely accepted the activity as important for them without any contingencies attached to it (Vallerand, 1997). Further, in harmonious passion, a person freely chooses to engage in an activity for the pleasure derived from it, without external or internal pressure (Bonneville-Roussy et al., 2011). People with harmonious passion usually experience a sense of pleasure and stress reduction by engaging in the activity which eventually leads to a sense of enhanced subjective well-being (Mageau et al, 2005; Vallerand et al., 2003; Rousseau & Vallerand, 2008; Vallerand et al., 2007, 2008). Further, according to Amiot et al. (2006): "Passionate people should experience more flow than those less passionate. Furthermore, flow should result mainly from one specific type of passion, namely, harmonious passion."

Obsessive passion, on the other hand, results from a controlled internalization of the activity into one's identity (Vallerand et al., 2003). Such an internalization originates from intra and/or interpersonal pressure because certain contingencies are attached to the activity such as feelings of social acceptance, self-esteem, or performance. Thus, although individuals like the activity, they cannot help but engage in it due to a lack of control over these internal contingencies that come to control the person. Further, the studies conducted have also established that passion has a connection to the overall well-being of an individual and engaging in different kinds of passion, obsessive or harmonious passion, leads to different kinds of outcomes related to the psychological well-being of the individual (e.g. Philippe et al., 2009).

Finally, earlier studies of Vallerand et al. (2007) had established that harmonious passion is a positive source of activity investment that directly predicted "deliberate practice" and positively predicted mastery goals which again in turn positively predicted "deliberate practice". And deliberate practice had a direct positive impact on performance attainment.

Passion is also the reflection of a leader's authenticity and his / her genuine intent to serve the purpose of creating and delivering superior value through their services. According to George et al. (2007), "authentic leaders demonstrate a passion

for their purpose, practice their values consistently, and lead with their hearts as well as their heads. They establish long-term, meaningful relationships and have the self-discipline to get results…While the life stories of authentic leaders cover the full spectrum of experiences— including the positive impact of parents, athletic coaches, teachers, and mentors—many leaders reported that their motivation came from a difficult experience in their lives." In the qualitative interviews that we have conducted on Founders and Managers of Home-based Care services in India, we have also found reflections of such motivations that arise of a difficult experience in their lives from the narrative analysis of such entrepreneur's discourses.

Most of the existing studies do resonate the importance of passion at the top level leadership which will then spread across the organizations (e.g. Cardon, 2008; Cardon et al., 2009) through various processes including perceived entrepreneurial passion that according to Breugst et al. (2012) influences employees' commitment to entrepreneurial ventures. Further, according to Ready and Conger (2007): "Passion must start at the top and infuse the corporate culture; otherwise, talent management processes can easily deteriorate into bureaucratic routines…Unlike processes, which can with some effort be copied by competitors, passion is very difficult to duplicate."

In a study on what every leader needs to know about followers, Kellerman (2007) argued that –
"Consider the physicians and scientists who developed the painkiller Vioxx: They felt personally invested in producing a best-selling drug for Merck, bringing it to market—and defending it even in the face of later revelations that the drug could create very serious side effects in some users. They were driven by their own passions (ambition, innovation, creation, helping people)—not necessarily by senior managers."
Passion is also the key to retain talent in the organization and understanding correctly the factor that make their work more attractive. According to Butler and Waldroop (1999): "What's often missing from top performers' jobs are responsibilities that coincide with their deeply embedded life interests. These are more than hobbies or enthusiasm for certain subjects – they are long-held, emotionally driven passions that bubble beneath the surface like a geothermal pool of water."

Michael Porter, who introduced the concept of value in the context of healthcare and proposes to measure it as "the patient outcomes achieved per dollar expended" (Kaplan and Porter, 2011), also said about philanthropy that – "the most effective philanthropy is driven by motivated, knowledgeable and passionate people working on issues they care about (Porter and Kramer, 1999).

Managers who want to make a mark in the career that they pursue and take leadership position try to create a vivid mental picture about their purpose and want to fulfill it through passion. According to Collins and Porras (1996), a manager must translate the vision from words to pictures with a vivid description of what it will be like to achieve the goal. Passion, emotion and conviction are the essential parts of the vivid description.

An undying passion at the individual level of the leader translates into a collective one through continuously rewarding performance excellence and promoting a culture of quality and excellence where everyone understands their role in the microcosm that will lead to a significant outcome of reality in the "macrocosm" (Bhattacharjee & Singh, 2017). Though this sounds a cliché word but still almost all leadership failure starts at this point when the leaders lose vision or focus on their "internal compass" (Bhattacharjee et al., 2015). And this, as we have explained before, is determined by the way the leader defines the

existential reality on an individual level. But the way the reality is defined or perceived in an organization is determined by the culture and the legacy the organization and its employees live every day. Any great organization has a DNA which is eternal and carries with it certain legacy which not only gives its employees a reason for pride but also confers a moral responsibility to continue that positive legacy (Bhattacharjee & Singh, 2017). Truly great leaders have unleashed the real enterprising power "inside-out" by embracing the inevitability of a "change" or evolving dynamic reality as a context for the emergence of new business models (Bhattacharjee & Singh, 2017).

Perceived experiences form the basis of human learning and knowledge creation through self-directed learning (Stacey, 2001; Goleman et al., 2002; Akerjordet and Severinsson, 2008). There can be no passion without feelings, and there is no doubt that feelings lead to actions and convey meaningful reflections (Kets de Vries, 2006). Emotionally intelligent nurse leadership inspires by channeling emotions, passion and motivation that offer the possibility of achieving goals that might otherwise not have been revealed (Cummings et al., 2005). Such leaders make use of emotions when mobilizing teams, coaching and creating a vision for the future in an environment that encourages high-performance (Watson, 2004; Cummings et al., 2005; Akerjordet and Severinsson, 2008).

Finally, according to Hamel (2009):

"Passion is a significant multiplier of human accomplishment, particularly when like-minded individuals converge around a worthy cause. Yet a wealth of data indicates that most employees are emotionally disengaged at work. They are unfulfilled, and consequently their organizations underperform. Companies must encourage communities of passion by allowing individuals to find a higher calling within their work lives, by helping to connect employees who share similar passions, and by better aligning the organization's objectives with the natural interests of its people."

Leadership research in health and social care

Studies of successful organizational development in health care emphasize a leadership that in a trusting way can handle dynamics related to professional groups, operational issues and to deal with different values (e.g. hybrid management, servant and authentic leadership) (Kang et al., 2010; Dellve & Wikström, 2009, Wong, 2012). Leadership qualities are translating and bridging between levels and units, handling conflicting values and justices, negotiating and communicating with stakeholders by dialogue, participative approach and follow principles of transparency. In earlier research, we have identified main challenges, resources and managerial approaches of importance for sustainable engagement among employees and manager and developed an instrument. The results show how operative managers' active and close coaching, participation and servant leadership of the daily improvement work is crucial for sustainable developments. The core for development in practice is engaged employees (Andreasson et al., 2016). Few studies have focused on strengthening the role of operative managers to bridging capacity for value-integrating in practice (Gifford et al., 2013), even though several studies points to benefits of such approaches.

Kaplan and Porter (2011) further stated that – "Accurately measuring costs and outcomes is the single most powerful lever we have today for transforming the economics of health care. As health care leaders obtain more accurate and appropriate costing numbers, they can make bold

and politically difficult decisions to lower costs while sustaining or improving outcomes." And so, a health care leader who has value-focus will certainly understand the importance of accurately measuring the cost and outcomes. However, the connection between passion and value-creation is still not very clear in the existing literatures on both value in healthcare or entrepreneurial passion or leadership studies and hence represents an important gap in the research on health care leadership which needs to be addressed.

According to Morieux (2011), values must be operationalized in handling practice to be valuable. But this is complicated. If organizations have problems to learn to handle complex/conflicting values – it's probably their degree of specialization will increase and the handling will become more linear (like evidence based). A practice servant leadership can provide a better learning climate, and professionals can work with core processes /what is meant to serve/do (Gunnarsdóttir et al., 2018). And so, it is required to study the importance of phronesis or practical wisdom in care leadership.

Phronesis or Practical wisdom in caregiving

Phronesis means practical wisdom or the disposition to act wisely (Aristotle, 2012). It is the ability to deal with the uncertainty, complexity, value conflicts and uniqueness of practice situations (Tasker et al., 2017). Ageing care (or social care in general) is full of such situations where there is situational complexity and value-conflicts; and leaders have to resolve such complexity and conflict through their praxis and phronesis. According to Tasker et al. (2017) –

"Practice wisdom depends on the abilities of practitioners to reflect upon and learn from their experiences. The experiences, where complexities such as value conflicts or ambiguity can prevent decisions and management from being straightforward, are the very experiences that demand reflection."

Phronesis or practical wisdom is about understanding of people, society and the context in which they all interact and contribute to the evolving reality that we witness (Edmondson & Pearce, 2007). In pursuit of solving their difficulties, leaders develop a better understanding of the processes and practices and develop a sense of alternative responses to any ambiguous situation (Shotter & Tsoukas, 2014). Clegg and Ross Smith (2003) write, for example, that phronesis may be the quintessential management virtue:

'Management is bounded by great depths of uncertainty and ignorance within which it is constituted, which is what makes the discipline a candidate for treatment as an example of (phronesis) rather than of a context-independent, objective and value-free rationalist science' (Küpers & Statler, 2008).

Phronesis is the key to wise leadership and is appearing in the writings of prominent contemporary leadership scholars (e.g. Shotter & Tsoukas, 2014; Kupers & Statler, 2008; Pauleen et al., 2010; Thompson & Bevan, 2013; McKenna et al., 2013; Rooney et al., 2010). However, how purpose and passion of a leader manifests into the practical wisdom shaping the practices that create and deliver value-based care, is still a question that remains to be addressed. In health-care settings, wisdom is demanded not only of individuals, but also of teams and organisations (Edmondson & Pearce, 2007).

Leaders in health or social care should exhibit *hexis* or the ability to act with sensitivity and openness in a situation. To learn about alleviating suffering, caregivers need to be able to learn to become responsive and open in encounters with patients and their families (Öhlén, 2002).

Finally, the key to a sustainable enterprise is balancing the materialistic and individualistic interests with a holistic orientation based on managing the multiple expectations of the stakeholders involved in the service ecosystem. And it is through the application of practical wisdom, that a leader is able to implement the values that it intends to live. According to Bhattacharjee et al. (2016):

An enterprise can create a sustainable future for itself by paying attention not only towards attaining its ongoing economic objectives but also its underlying values: do these values fulfil its responsibility towards creating a sustainable future for society…Now that is possible only if the vision of those running the business balances individualistic and materialistic interests with a holistic and mindful orientation.

Research Questions

In the proposed study, we explore what personal values and existential meanings drive managers' work in successfully improved eldercare organizations in India (where most of the elder care is driven by private players).

Central research questions that we would address in this study are:

1. How do managers and founders express their motivations to work in elder care?
2. What are the individual factors that influence leadership development in elder care?

The study intends to propose a theory of leadership in the context of elder care in India that can be a basis for future leadership studies in the social care; and that would also contribute towards development of better social care ecosystems based on value integration and sustainability. The study would also be relevant for any entrepreneur in general and social entrepreneurs in particular who are trying to overcome challenges faced while managing their new business ventures and will guide them towards developing the right leadership across the various levels of their organization addressing the multiple needs of their stakeholders.

Research Design and Methodology

A series of in-depth interviews of the entrepreneurs and managers of home health care and elder care organizations was conducted in various locations across India. Because this method elicits people's own views and accounts, it had the additional benefit of uncovering issues or concerns that had not been anticipated or considered by the researchers. In order to ensure that really detailed information is gathered, interview methods require experienced researchers with the necessary sensitivity and ability to establish rapport with respondents, to use topic guides flexibly and follow up questions and responses (Pope et al., 2002).

Grounded Theory and Theoretical Sampling

According to Charmaz (1995), Grounded theory methods are:

"a logically consistent set of data collection and analytic procedures aimed to develop theory. Grounded theory methods consist of a set of inductive strategies for analyzing data. That means you start with individual cases, incidents or experiences and develop progressively more abstract conceptual categories to synthesize, to explain and to understand your data and to identify patterned relationships within it. You begin with an area to study. Then, you build your theoretical analysis on what you discover is relevant in the actual worlds that you study within this area."

In our study, we have used purposive sampling followed by theoretical sampling for conducting

the Grounded theory research. The participants interviewed were theoretically chosen (called theoretical sampling) so as to help me best form the theory (Creswell, 2007). The information from the data collection was compared to the emerging categories, a process that is called the constant comparative method of data analysis. Glaser (1978) indicated that theoretical sampling occurs when "the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges" (p. 36). Strauss (1987) stressed that theoretical sampling "involves . . . much calculation and imagination on the part of the analysts . . ." (p. 39). As theoretical constructs evolve, precise information is sought to refine emerging ideas (Draucker et al., 2007).

In our study, the sample was drawn from a set of social entrepreneurs who have start-ups in the elder care-giving space and top management (CXOs, MDs, EVPs, etc.) of highly organized large corporations which have been in the elder care space for quite a long time. The sample also constitutes the care managers at the middle and functional levels of the organizations, so as to capture the issue at multi levels of management.

According to Charmaz (2008), grounded theory starts with an inductive logic but moves into abductive reasoning as the researcher seeks to understand emergent empirical findings. The questions asked to the respondents were based on the emergent categories as the study was conducted and the iterative process of simultaneously collecting data and analyzing data (for emergent themes) continued till we achieved theoretical saturation, where no new insights were observed in the content of the emerged categories.

Data was collected from multi-location and multi-level managers to facilitate data triangulation for arriving at corroborative evidence of developing a theory of leadership around the Ps identified in the conceptual framework.

Method of Interview Data Collection

The data was collected from the respondents using audio-recording devices and those were subsequently converted into transcripts of the conversations. The interviews were conducted mostly at the convenience of the respondents taking prior appointments; and the interviews were conducted in isolation to prevent any interruptions and group influences, even when they were conducted at the workplace. The respondents were informed of the purpose and scope of the study and then their consent was taken on record. In some of the cases where interviewees did not allow audio-recording, there responses were recorded on a scratch book and was only used for identifying any new emergent theme but excluded from any analysis of the data gathered during the semi-structured exploratory interviews.

The transcripts used were verbatim records of the respondents to the questions asked by the interviewer. This is because according to Halcomb & Davidson (2006) verbatim record of the interview is clearly beneficial in facilitating data analysis by bringing researchers closer to their data. Moreover, all transcripts were cross-checked for accuracy of each of the word transcribed using the original audio-tapes because according to Fasick (2001) the tape recorder enables the interviewer to clean the transcripts thoroughly and accurately.

Qualitative approach has been argued to be the technique of choice for leadership studies by many scholars (e.g. Conger, 1998; Conger and Toegel, 2002). Qualitative studies enable studies which capture the contextual richness within the emerging organizational structures, relationships and practices. Further, according to Conger and

Toegel (2002), leadership studies reflect a story of missed opportunities as a result of the dominance of the quantitative techniques in leadership studies. However, leadership can't be treated as a static concept separate from the emergent reality and relationships in an organization but an emergent concept. In essence the complex nature of the phenomenon of leadership varies by context. Day (2000) asserts that there is a dearth of specific, contextually based research. Similarly, there has been a call for a grounded, qualitative approach into the various relational (Parry, 1998) as well as processual aspects (Bryman, 2004; Conger, 1998; Day, 2000; and Lowe & Gardner, 2000) of leadership in discrete contexts (Bryman et al., 1988; Bryman et al., 1996).

Grounded theorists generally provide enough verbatim material to demonstrate the connection between the data and the analysis, but give more weight to the concepts derived from the data (Charmaz, 1995).

Results

Motivation of Founders (leaders) to Start-up an Elder Care Organization

There were two important observations we made about the motivation behind starting a home-based care organization (HBCO) by their founders. Firstly, almost all the founders had some personal experience about the challenges faced in caring the older people (for example the post-operative care of an old parent, or relative, the lack of existence of adequate and appropriate services catering to the specific demands of the elder, etc.). These personal experiences moved the founders and they became conscious of a pressing need for home based care in India. In other words, they had a personal calling to do something by improving the state of services delivered in this sector. For instance, the COO of a renowned elder care organization which has pan-India presence replied to the questions like "what motivated him to start a firm that addresses elder care? or "why home based care?"; as follows:

*"*Being in the hospital is very expensive because of 'n' number of charges, overheads and everything; and also you should not be in the hospital if you are not required to be in the hospital. That means that rate of infections, complications; ultra-genic problems are very very high. Whereas at home or outside the hospital, the chances of getting all this and the additional burden of care reduces once you are out of the hospital. That is the basis of being in this place. Why elderly care? Because one, India is an ageing population that is going to be 1 ½ times of people above 60 years of age in the next 10 years; the mortality rates due to infections and everything are decreasing, although NCDs are increasing which is again going to lead to an unhealthy and disease-burdened elderly. So, it is going to be very very expensive to keep these elderly in the hospital; and trust me, people including elderly don't want to spend their money only on their health. And also given the supportiveness of the government and insurance, which again is not that supportive in case of elderly, it makes a lot of sense to keep them healthy and to keep them at home, and to prevent admissions and readmissions."

The lack of autonomy and financial freedom amongst certain elders, the career demands of the care-receiver's family members and the workforce being skewed towards hospitals made the situation even worse for the older people and the requirement of an affordable health care at home which is well organized and designed appropriately taking into consideration the specific needs of the older and their family members.

Also, there is lack of appropriate infrastructural facilities at the day-care centers which further aggravates the situation. Also, the founders were convinced that a home-based care option is better

than the old-age home model. The current old age homes or day care centers according to them they are demotivation or depressive and take away the much-needed freedom from the elder people. Home based care restores this dignity during the aging phase and the older enjoys greater autonomy and freedom. As told by the founder of an HBCO:

"I was very unhappy, because in my mind, one vision is there. In future I would like to be in an old age home but it would not be an old age home; it should be a freedom for people, like the children we are keeping in the baby sitting same like that, same way we are keeping our elders or parents like that where they are just getting for feeding, they should not fall, etc. …The person become elder is not a waste; you can utilize their experience, you can utilize whatever they can do, so it will motivate them to live a life and that has to be there, which I found is not there with the old age homes; …. So I feel the home health care is better than old age home;…the elder people should go to the older home and do whatever they want to do whatever hobbies might have not done in their lives if we can create homes like that then let them go there…." (Founder)

Further, as we see above, they believe that home-health care is a better alternative because it improves mobility and aims at lowering the long-term costs of care by focusing on preventive aspects. Also, if we compare the responses of both the above Founders of two different HBC services organizations, we see that both had some personal calling to do something for the older people, a feeling which came due to their own personal experiences with the older people.

Also, the people who founded these organizations do not necessarily come with prior experience of working in the health care industry. Founders interviewed during this study actually had diverse professional backgrounds of working in completely different industries. However, again, it was a pressing problem of taking care of their old back at home, which sensitized them about a larger issue of elder care which needs to be addressed and some pursued their entrepreneurial streak to eventually create an organized home-based care service. For instance, another Co-Founder and COO of a renowned technology driven HBCO shares her story of coming to HBC from being an Engineer:

"I started this company 41/2 years ago that was 2014, and 2012 to 2014 I was living in US, Boston. And my father has been a heart patient, so while I was in Boston, he underwent two angioplasties, there I was. It was too hard emotionally to deal with that because you cannot reach Boston to India in less than 24 hours while an angioplasty lasts just 45 minutes, all that 45 minutes or so. I was just not happy there for multiple reasons and I wanted to come back and when I came back, it is the same time my mom was waiting for her hernia operation to be done; because like parents are most dependent on us emotionally. There are good hospitals in Lucknow, but she was just waiting for me, so, then as soon as I landed back in September, we got her hernia operation done. I spent like 3-4 days in the hospital with her. So, just the health aspect has been in my life for much longer. Like the ups-and-downs of the health, the time spent in the hospital, dealing with good quality vs bad quality; we live in Lucknow and my father's treatment has always been in Delhi, so if there is an emergency, we always felt that need that "my God I can't trust this doctor, I can't trust this system, and so I was always very troubled; and then living for 2 years in US helped me see that the quality can be so much better. The core motivation was to bring that quality to India and I was very sure of healthcare to be honest but I wasn't sure whether I would be in home care, whether I would do preventive, like we already have very good tertiary hospitals; and I am not a doctor. I am an engineer by the way. So I knew

I will not do tertiary hospitals. But I am either interested in the preventive side of it or the later post-hospitalization care of it because I have seen it at home so much. And when I met my Co-Founder, it was a great coincidence that he told me that in Bombay he is thinking something in healthcare; I know Bombay I have lived there, so I will do whatever you are doing. So, we started with that, "let's do healthcare". And then we did a lot of health camps in the Andheri area. We met thousands of people there; we figured that the needs are very simple; the needs are like can you send a nurse for insulin injection, can you send a 'physio' for post-hip replacement surgery, so, given that like our analytical training, engineering background, this problem can be solved, there is nothing hard about it. So, we started very organically by sending people: nurses, attendants, physiotherapists. We distinctly remember that we met a person who said that "I have to lock my father because he has Alzheimer's and I cannot trust anybody and so he is locked in the house throughout the day while I am at office". And that was very troubling. And so we thought that we can train a person at home who will take care of his dad, take him for a work, do proper cleaning, bathing, feeding things with him and ensure a better quality of life to that old man. And I know, that I feel that has been a very organic start and yet I think like I was probably working towards it for the last 15 years like unconsciously, and personally I feel that about health, like if you are fit it feel so much stronger to take the day. At any age, we have things for kids in this country at least things people can afford, we have things for middle age people. For elder people, even if you have money, you don't have resources. And in our social structure, we don't have a lot of old-age nursing homes, we don't believe in keeping olds in old age homes, but we also don't have the structure to take care of the mid-home; and so there was this huge gap that existed and given that we are entrepreneurs, we come with a business bent of mind; and this is not like a charitable work honestly; but at least people who can afford should get the service first. We will get into the market, and then we will see where it goes." (Co-Founder and COO, Tech-based HBC organization)

When we interviewed managers in Swedish elder care, many of them were drawn to this industry by chance but eventually they found a sense of purpose in serving the older people that they had stayed back in the industry for quite a long time. For instance, as one of the senior managers in the Swedish elder care said during the interview that –

"It is a very awarding work, and also very important. If we cannot treat our elderly with respect and empathy, even if they are not the easiest person to deal with, each generation has their own knowledge development. So, we are where we are, because of history. And if we treat elder in this part in our society with respect and empathy, it shows what kind of society we are creating. And if we can't do that properly, we can't have that society." (Swedish Elder Care Manager)

The above narrative also shows the importance of an elder-friendly society towards creating a society which nurtures more empathy and compassion with a sense of serving and upholding the positive societal values. Clearly, we see reflections of the ancient Indian political economist, Chanakya who once said that "vridhhasevaya vijnanat" which means "we can attain true knowledge by serving the older". Another manager in Swedish Elder care says that –

"I started my career in financial sector. Then 25 years ago, I changed my direction. I started with therapy, then coaching, then education and leadership; then, around 15 years ago, I started to work a lot in elderly care – with leaders, with employees. My first contact with elderly care, I felt connected immediately. It felt everything I knew; my background is kind of useful in elderly care in a

way that I haven't found anywhere else. And it's also the 'heart', and meaning, and purpose. It is a strong energy in elderly care that I connected to. I thought it was boring; but then I found it required lot of 'heart', there was knowledge and it requires lot of competence, which was interesting." (Swedish Elder Care Manager)

So, there is a lot of scope for positive social impact in elderly care, and managers who have come to this sector find a sense of connectedness which is linked to their existential meaning and purpose, making the work for the managers more rewarding psychologically.

How the Leaders define the desirable traits or virtues of a good care manager

From the analysis of the semi-structured interviews of the Founders and Managers of HBCO, we identified the occurrence of certain "adjectives" that define the desirable qualities of a good care managers and care workers. The qualities of care workers have been identified by these HBC organization based on the customer feedbacks (and complaints) they have received from their clients. All the organizations surveyed had a well-defined process of capturing feedback from the clients about the care-givers so that they can identify the required skills for a care-giver and improve their job requirements while hiring the caregivers; and also, develop the existing one by providing appropriate skill-based trainings. With increase in competition, customers have become extremely demanding. And so identification of the desired skills will help the organizations to be proactive in terms of developing caregivers through appropriate skill-based training programs designed to focus on elder caregiving.

Table 1: Desired qualities / virtues of a Care worker and Care Manager in Home-based Care

Desired Qualities / Virtues of a Manager / Leader in HBC (2^{nd}-order themes)	Passion
	Patience, Empathy, Compassion
	Create positive work climate, learning climate
	Patient centric
	Practical Wisdom
	Good communication skills

The following table lists the narratives of Founders and Managers from four HBC organizations that we have labeled as A, B, C, D, E and F. Also, the appropriate portions of the narratives have been given captured from the recorded transcripts of the semi-structured interviews conducted with them, which typically lasted for around 1 hour in most cases. The desired qualities (second order codes from the narrative analysis) have been listed in Table 1 and the narrative analysis of the interviews of senior managers / founders from which these qualities / virtue are identified (first-order coding) have been given in Table 2 below

Table 2: Narrative Analysis of Interviews

Stakeholder	Narratives of Senior Managers and Founders of HBC Organizations"	Virtues / Qualities of a Care manager or Care worker (1st order codes)
Founder - HBCO A	We are basically in the nursing business. The leader we hire should have should have passion to work in this space." "The tagline of our company is compassion and care" they should be patient and all these things are tested during the interview and also as a part of our training"	Passion, Compassion, Care
Founder - HBCO B	"They should be passionate to work with seniors. And obviously there should other qualities like they should be compassionate"	Passion, Compassion
Regional Director - HBCO ASenior HR	"A good home health care or an ideal home based health care would be a place where the workers are willing to work." "At what time what particular work is done and where is to be and how it is to be done that understanding should be there. " The care giver has to have understanding and decide when to take a decision."	"Creating a positive work climate" "Learning climate" "Practical wisdom"
Manager - HBCO C	"..We see both the explanations like what type of patient they have seen and what type of care they have given to that patient we take a proper brief of what they have done"	Practical wisdom
COO - HBCO D	"1-2 things which we imbibe as an organization and very much particular about, is – One is keeping the patient at the center of the care. "The second thing that we are still trying to do as a leader is developing empathy."	Empathy, Caring, Patient Centric
Founder - HBCO D	"Care givers means number one is see the communication between the care giver and the care receiver is very important, trust, concern these 3 things are very very important. Somewhere you have to communicate."	Trust, Empathy, Communication
Founder - HBCO E	"Patience, caring, empathy and understanding them." "Should be willing to learn, should not be lazy, should be hardworking, should be eager to learn, should be trained, we recruit only those who have 1 to 2 years of experience"	Patience, Caring, Empathy, Technical skills, Learning
Founder HBCO F	"First of all, caregiver should be hygienic in terms of Home-based care work, He or she should help patient or an elderly people as if they are helping their own parents during the time they are in that house."	Patient-centric, Hygiene-focus, Empathy

These virtues or good qualities constitute the core competencies of a good care manager or care worker due to which they exhibit leadership behavior. My focusing on these qualities, the human resources of any elder care organizations will develop appropriate leaders at various levels in the organization; leaders who will create a positive work climate where workers will be willing to learn and share their best practices constantly through better engagement and communication amongst themselves and with the stakeholders. These are the pre-requisites for fostering a patient centered culture where care managers and workers will always put the elders (patients) at the center of delivering care and will exhibit the necessary virtues like compassion and dedication to caregiving (nursing). Moreover, passion has emerged as an important individual factor that attracts people to either start-up in elder care or to persist with a career in elder care. And the entrepreneurs who are working in this space, also look for the same spark of passion that they have in the future workers and managers whom they recruit.

Significance and Implications of the Study

The study intends to pave the way for future research about leadership in the social care sector in both India and Sweden; that would contribute towards development of better social care ecosystems for value integration and sustainability of a good eldercare. In the current study, we have selected Sweden not for comparison but more for benchmarking the elder care services.

There is a gap in leadership research in the elder care space in India. And organized elder care sector is still at its early stage in India where growth is predominantly driven by private start-ups. Most of the entrepreneurs in this private start-ups have no background in either healthcare or eldercare. This is an emerging field and so there is still lack of empirical research especially on leadership issues specific to elder care. The findings of the current study will help us towards developing the right approach to leadership based on authenticity, elder-centricity and practical wisdom (phronesis). Leadership is the key to success for any organization and the development of an industry.

As more evidence shows that leadership skills and management practices positively influence both patient and healthcare organization outcomes, it's becoming clear that leadership training should be formally integrated into medical and residency training curricula (Rotenstein et al., 2018). But what is to be taught in these leadership trainings. Since there is lack of leadership theories in an elder care context, it would be difficult to create the right leadership development program that will help us develop leaders who would contribute towards the sustainability of the different care delivery models that emerge. The outcome of this study and the conceptual framework of Bhattacharjee and Singh's 4P Leadership Model combined with practicing servant leadership models in elder care context (e.g. Gunnarsdóttir et al., 2018) could be the starting point for further leadership research and would help in designing appropriate leadership development programs for the various elder care organizations (both public and private) that focus on the right set of leadership/managerial skills. Further, good leaders promote positive HR practices that foster a positive organizational climate and promote value based socialization that significantly enhances the commitment of people in a health services and creates a positive psycho-social work environment (e.g. Dellve, L., & Wikström, 2009; Bhat & Maheshwari, 2005). Future empirical studies can further confirm the findings of these study based on a survey conducted on multi-level managers in the elder care organizations in India.

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