

Organizational Schizophrenia in Indian Organizations: The Mitigating Role of Resonant Leadership

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Abstract

Toxicity in organizations is not something new. One of its manifestations - occupational stress though is a thoroughly researched area, but in recent years it has got heightened attention, and this has something to do with the various kinds of problems that are engulfing organizations today. Today we have problems such as organizational paranoia and organizational schizophrenia on which the authors have decided to specifically focus on. Not all of these problems, their consequences and their mitigation have been well researched. An attempt in this direction has been made by the authors in the context of organizational schizophrenia and its mitigation with the help of resonant leadership. Resonant leadership is a fairly new concept in leadership literature popularized by the works of Goleman, Boyatzis and Mcke (2002) and others. Resonant leadership implies leading with both emotional and social intelligence. What can mitigate organizational schizophrenia was the moot point. Taking a whirlwind journey through the conceptual and the research background of Organizational Behaviour, the panacea to these new faced problems lies in the foot of resonant leadership because resonant leadership is about building relationships, sustaining them and creating a workplace resonance or vibrancy. Loss of meaning and purpose of life, reality detachment, double bind paradox is what organizational schizophrenia is mainly about. Stress, burnout and other psychological manifestations is the natural consequence of this problem. An attempt has been made in this paper to find the extent of this problem in Indian organizations and how resonant leadership will mitigate it.

Keywords: Organizational Schizophrenia, Resonant Readership, Organizational Health

Introduction

In this cut of the edge competitive era organizations are increasingly becoming turbulent and complex. Complex working environments in organizations having multiple departments, multi layered structure, multiple stakeholders and competitors, complex goals which require alignment with internal and external agencies, all make the organization's working complex. The rate of change is so rapid that each day is proving to be a new day for organizations. But what exactly is this turbulence and complexity doing to organizations?

It is posing them challenges of external adaptation and internal integration every day, and when you face such kind of challenges each day and every day, it becomes taxing for the organization to respond. Organizations cannot afford to let the ante

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down. The response has to be swift and appropriate, and maintaining both the parameters for responses which you have to give on a continuous and sustained basis is not easy, because it is the human factor that is involved with every response that organizations give. One may have the best systems, practices, technology and processes but the human factor remains supreme because to drop or to go decision remains with the human machine. The men/women behind all these systems, practices, process and technology is extremely critical. You have to act to the best of your ability and agility if

you have to remain excellent. And if by all means we suppose that having a best human element is enough, than we are inherently wrong. It requires the best of human gut, assumption, logic and other abilities to get it right. And is it simple? The answer is a resounding no. All this is not only taxing for organizations but extremely taxing for the human element which is manning the systems and other things. While organizations are besotted with challenges, they are afflicted with problems too. Problems of multifarious dimensions such as poor organizational health, stress, work life imbalance, conflict, politics, and organizational schizophrenia are naming a few. And to compound these problems is the turbulence and complexity which organizations face on a continual sustained basis. The victim in all this is organizational health and employee health.

Organisational Health (OH) is used to describe facets of the working environment which affect employee health. Miller, Griffin and Hart (1999) used organisational health to describe occupational stress while Cotton and Hart describe OH as the well being of the employees in the organisational environment. In literature there is no connection between OH and the field of management; however; in the industry such a connection has been established by Lencioni (2012), who defined OH as the state of conversation between management, operations, strategy, and culture in an organisation. OH is defined as the state of complete and unimpeded operation of all formal, informal, main and auxiliary organisational processes. This definition is a corollary to organisational context of the definition of the health that the WHO (1948) uses for humans who states that "Health is the state of complete physical, mental and social well being and not only the absence of a disease or a disability. The reason to draw inference from life sciences is the fact that every organisation is like a living organism too. This captures the full state of an organisation. In other words OH integrates the existing concepts of Organizational culture,

Organizational performance and Organizational resilience, thus providing a more effective tool for Organisational appraisal. Employee health has physiological, psychological and behavioural dimensions. Either it is increased cardiac problems, heightened blood pressure and diabetes on the physiological side, or on the psychological side it is depression, anxiety and other psychological problems. On the behavioural side people may display increased absenteeism or workplace deviant behaviour or exit from the organization.

In such a scenario, organizations are focussing more on organizational health as a driver of performance. Health of an organization is its ability to function effectively, to cope adequately, to change appropriately, and to grow from within. It is one of the most powerful assets of an organization. A healthy organization promotes not only employee health but organizational effectiveness as well. The organization's health is affected by several factors. In the same context, another related but less talked about term is 'Organizational Schizophrenia', which is the topic of study of the present paper. Schizophrenia is a type of mental disorder in which there is a split between a person's thought and emotions, which seem to be out of touch with reality. Some of its key characteristics apply to today's organizations as well. In the race to be at the top, organizations tend to create complex working environments, thereby increasing the gap between policies and their implementation, leading to what is termed as organizational schizophrenia. Confused leadership along with lack of alignment towards goals, new challenges, new technology, greater customer expectations and a 24x7 working approach is taking a toll on the human capital. Just as the human body gets sick and needs medications to recover, so also organizations need specific strategy and growth plans to align, execute and renew themselves, and this has to be continuously maintained.

Leadership is a panacea to every organization. But,

the question again and again springs up is what kind of leadership. Leadership per se has become too general with too many types and too many genres. Which kind of leadership is the right type is a major issue. While most organizations are in the mature stage, the question for them is revitalizing the organization before it becomes the dying organization. Emerging organizations need it with all the more vigour. But, a major issue is the kind of environment we are facing today. It is dynamic, scarce and complex. To call it a high velocity turbulent environment won't be wrong, that's the market face of it. Coming to the workforce side, the demographics and psycho graphics are all changing. Heightened aspiration, lower normative commitment and educated workforce are the order of the day. Tackling the workforce is the challenge. In 2012 happened the infamous Maruti incident, this incident shook corporate India and the HR heads went back to their drawing boards to strategies what next. Taking a whirlwind journey through the conceptual and the research background of Organizational Behaviour, the panacea to these new faced problems lies at the foot of resonant leadership.

Resonant Leadership

Boyatzis and Mckee (2005) in Resonant leadership describe the resonant leader as one who has developed the emotional intelligence to connect with and sustain relationships with his or her team in order to be able to manage the emotional content of the organization. In this dynamic, scarce, turbulent, complex environment we see a new breed of leaders, emerging as resonant leaders. These leaders are passionate and purposeful in their approach.

Resonant leaders are those who are able to manage their own emotions as well as those of people around them, thus building a relationship of trust. They have a high level of Emotional Intelligence (EI) and show a deep concern for people around

them as well as for the organization, and are thus able to inspire people to give their best. In fact EI is the basis of resonant leadership. EI means having self awareness and self management. Self awareness is an understanding of one's own emotions, strengths and limitations. Self management is the ability to control one's emotions such as fear and anger. Emotions are contagious and the emotions of the leader affect those of other people around him, so resonant leaders work harmoniously with others by sharing their ideas and feelings and connect with the feelings of others also. Resonant leaders are not only passionate about their work and goals, but are able to motivate others also and work in resonance with them. This leads to greater work commitment and effective performance of the organization as a whole, and this is the biggest advantage of resonant leadership. The Cummings resonant leadership scale already exists, which already can be used to measure Resonant Leadership.

An assumption has been made in this research that resonant leadership mitigates organizational schizophrenia. In other words if the leadership of the organization is resonant then organizational schizophrenia is bound to decrease. While we have the scales to measure both resonant leadership and organizational schizophrenia and hence call statistically validate the relationship but it is equally important to draw a theoretical connection. The factors that we have deduced in the phenomenon of organizational schizophrenia have all a human and humane connection. Most of the elements can be mitigated if things are seen from a humane angle. And this task lies with the leaders of the organization. Resonant leadership can play a very important role here. Resonant leadership sees things with the perspective of emotional intelligence. So naturally empathy and social connect are inevitable. And this laced with best of mindfulness, compassion and hope make for an ideal panacea to the problems and challenges posed by organizational schizophrenia.

Organizational Schizophrenia

As stated above, in relation to organizational health, another factor which is affecting organizational functioning is organizational schizophrenia. Schizophrenia actually is a type of mental disorder in which there is a split between a person's thought and emotions, which seem to be out of touch with reality. The key characteristics of schizophrenia can be applied to organizations as well.

According to Gureja (2013), there are yawning gaps between what many companies promise to deliver as a matter of policy and what, in customers' perception, is actually delivered at the operating level. A major part of the problem stems from the fact that while a company may be keen to maximize customer satisfaction it would also want to maximize shareholder value at the same time. This obsessive pursuit kills people's objectivity. The resulting conflict of self-interest generates wrong signals within the company, leading to organizational schizophrenia severely affecting employees' emotional engagement.

This condition exists in many organizations. According to Wentworth(2002), the conflicting pulls of employees' desires to have a personal life, and the organization's demands to have employees available on continuous basis leads to organizational schizophrenia.

While Kets De Vries (1984) have tried to explain the construct of a schizoid organizations/ schizoid culture, very few definitions of Organizational schizophrenia exist in literature, and equally sparse is a literature on Organizational schizophrenia. One definition of this Organizational schizophrenia which the authors have considered to be relatively comprehensive in nature is the definition given by Oliviera (2014). It states "Organizational schizophrenia is a disorder, that can be manifested at different organizational levels (micro, macro and

meso), depths and perspectives, and when is active includes symptoms such as lack of vision and a clear sense of purpose, trouble with managing people and change, poorly designed communication processes and rigidity in organizational structures".

Loss of meaning and purpose of life, reality detachment, double bond paradox implying ethical dilemmas and role conflict are the order of the day. These are key characteristics of schizophrenia and are tearing organizations apart. What exact HR interventions should be applied is a big question mark.

Organizational schizophrenia as explained earlier needed more development as a construct especially when a scale was required to measure it and HR intervention identification had to be done as to how this can be mitigated. The definition given by Oliviera was the starting point of scale development. Aspects, such as uncertainty and confusion in organizations, autocratic leadership, work environment and culture, employee engagement, conflict resolution, ethical dilemma and relationship with colleagues were taken as a reference point. Four factors of schizophrenia were deduced after applying Confirmatory Factor analysis and are described below. The Methodology is described in the section on research methodology.

1. Work environment and culture

This factor includes the vital elements of role clarity and clear cut defined job responsibilities. Work life balance exists and the degree to which climate is conducive for achieving results. It also includes the existence of career development opportunities for employees. One of the most important factors here is empowerment of employees.

2. Confusion in corporate policies

Goals are not clear. Procedural and policy implementation is not clear. There is lack of

cohesion in the organization 'a various parts. Leadership behaviour is also not clear as to whether it supports both the goals of the organization and the individual. The situation is worsened by a dual command structure.

3. Centralization of power

Centralization of power is a major problem in organizations. It is the tendency to not let go off the power from one's hands that defines the organizational environment. In such kinds of organizations leadership is autocratic and employees do not have the freedom to take initiatives. The result is a built in stressful environment with communication in the organization being one of the casualty. When people do not have the liberty to take their own decisions the natural psychological consequence is stress, contributing to organizational schizophrenia.

4. Trust, support and employee engagement

If there is lack of trust and support there are bound to be situations of stress, double bind paradox and trouble with managing people all key characteristics of organizational schizophrenia. When morale is low it is normal for stress to accentuate. Lack of employee engagement also puts employees in psychologically distressing situations leading to organizational schizophrenia

Review of Literature

Larina (2010) has highlighted the quality of resonant leaders in decision making. "Great leaders understand how to balance emotion with reason and make decisions that positively impact themselves, their employees, their customers and stakeholders, and their organizations."

Tiwari and Lenka (2015) have investigated the impact of an emotionally intelligent resonant

leader's role in developing employee engagement in Indian IT sector and found that resonant leadership style has a significant impact on employee engagement in Indian IT sector.

Cummings et al (2008) suggested that relational leadership and positive relationships among nurses, managers and physicians play an important role in quality oncology nursing environments and nurse job satisfaction.

Laschinger et al (2013) provided empirical evidence for resonant leadership which can mitigate burnout and workplace incivility and fosters positive work environment that helps in retention.

Morrison (2008) concluded that it is necessary for nurse leaders to develop EI competencies in order to decrease stress in the workplace and enhance teamwork. In a qualitative study, Vesterinen, Isola and Paasivaara (2009) found that resonant leadership styles, those with strong EI components, had a positive impact on nurse manager job satisfaction, professional development, and retention.

Leadership has been identified in research to promote organizational commitment, employee job satisfaction and improved individual productivity which in turn leads to organizational performance (Iravo et al, 2016). In healthy organizations, employees are committed, responsible and productive and they have high morale and performance (Pordelli & Vazifeh, 2017). Job satisfaction was more strongly associated with mental psychological problems, organizations should include the development of stress management policies to identify and eradicate work practices that cause most job dissatisfaction as part of any exercise aimed at improving employee health (Cooper et al, 2005). There is significant affect of organizational health dimensions on strategic performance (Jabiri & Mushref, 2016). The healthy organizations concept proposes that

along with the profits, employee well being should also be an important goal for organizations (Panneerselvam, 2013). Leadership and human resource management is imperative for organization health promotion aimed at creating a learning organization and at activating knowledge management processes (Risetto & Coli, 2013). Organizational health effects organizations commitment a critical variable for the organization (Kaya et al, 2013). According to NHS institute of innovation and improvement (2009) organizational health is a reflection on employee satisfaction and employee health. There is theoretical and empirical support for the linkage between organizational health and individual health seen from positive health perspective (Teterick, 2002). In healthy organization employees face less stress, communicate openly and feel more empowered. Management efforts towards well being and growth of employee help in a growth of healthy organization. Due to rapidly changing technology and 24X7 work stress, employee well being and organizational health has become even more crucial for business success (Jha & Singh, 2016). There is definite relationship between transformational leadership and organizational health (Arokiasamy, 2018).

Objectives

1. To assess the level of resonant leadership in the sample organizations taken
2. To assess the level of organizational schizophrenia in sample of organizations taken
3. To assess whether resonant leadership has any impact on organizational schizophrenia.
4. To assess whether the relationship between organizational schizophrenia and resonant leadership varies with respect to gender
5. To assess whether the relationship between organizational schizophrenia and resonant leadership varies with respect to experience

Methodology

To study the relationship between Organizational Schizophrenia (OS) and Resonant Leadership (RL), both factors were measured for the same set of respondents. Resonant Leadership was measured using the Cummings resonant leadership scale which already had a tested reliability of $\alpha = 0.95$

Demographics were added such as experience, gender were added. Likert scale 1 to 5 was used to rate each of the ten items. The average of the ten items gives the value of Resonant Leadership as rated by the respondent.

Organizational Schizophrenia was measured using the 19 item scale developed by us. During scale development Exploratory Factor analysis was done using SPSS and then confirmatory Factor analysis was done using AMOS. The final result was 4 factors as described above comprising of 19 items. Likert scale was used to rate each item and the average of 19 items was used the measure of Organizational Schizophrenia.

A sample of 185 respondents was collected from various private sector and public sector organizations in Uttarakhand. These respondents consisted of managers of all experience groups for both male and female gender. The categories of experience were 0-10 years, 10-20 years, above 20 years. The norms for Resonant Leadership and Organizational Schizophrenia were defined as: 1-3 = low, 3-4 = moderate and 4-5 = high. This is in consonance with the properties of Likert scale. The coefficient of correlation, regression analysis and ANOVA were used for testing difference of gender wise and experience wise categories.

Findings

- a) *Descriptive Statistics*

Table 1: Descriptive Statistics

	N	Range	Min.	Max.	Mean		Std. Dev.	Variance
	Stat.	Stat.	Stat.	Stat.	Stat.	Std. Error	Stat.	Stat.
OS	185	2.8421	2.0526	4.8947	3.4501	.0391	.5320	.283
RL	185	3.0000	1.3000	4.3000	2.0908	.0392	.5329	.284
Valid N (listwise)	185							

From Table 1 above it can be seen that the average RL ranges from 1.3 to 4.3 with a mean of 2.09 showing that the sample has low to moderate RL on the whole, while the average OS ranges from 2.05 to 4.89 with a mean of 3.45 indicating a moderate to high level of OS.

c) Correlation between OS and RL

Pearson Correlation analysis was done to determine the relationship between the two variables. The results are given in Table 2 below and show that OS correlates significantly with RL.

Table 2 : Correlations

		OS	RL
OS	Pearson Correlation	1	-.401**
	Sig. (2-tailed)		.000
	N	185	185
RL	Pearson Correlation	-.401**	1
	Sig. (2-tailed)	.000	
	N	185	185

** . Correlation is significant at the 0.01 level (2-tailed).

The coefficient of correlation between OS and RL comes out to be -0.4, which indicates that as RL increases, OS increases and vice versa.

c) Regression Analysis

Regression analysis was done to determine the relationship between OS and RL assuming RL as the independent variable and OS as the dependent variable. The F test output is shown in the Table 3 below. The linear regression's F-test has the null

hypothesis that the model explains zero variance in the dependent variable (or $R^2 = 0$). In testing the null hypothesis, the total variation of the response variable is divided into two components. One part of the variation is explained by the explanatory variable in the regression model, while the other part is not explained, which is called the residual. Thus the F ratio $F(1, 183) = 35.16$ and $p < .05$. Because the significance level is less than alpha, in this case assumed to be .05, the null hypothesis is rejected and the regression model is assumed to be a good fit.

Table 3: ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	8.391	1	8.391	35.157	.000b
	Residual	43.680	183	.239		
	Total	52.071	184			

a. Dependent Variable: OS

b. Predictors: (Constant), RL

Table 4 gives the estimates of the regression coefficients, their standard errors, the standardized coefficients and the values of the t statistics to test the regression coefficients with the corresponding two-sided p-values.

The regression equation between OS and RL is as given below:

$$OS = 4.29 - 0.4 * RL$$

The coefficient of RL is negative indicating that the predicted value of the response variable OS

decreases when the values of the explanatory variable RL increase. Thus according to the above equation, a unit increase in RL will decrease OS 0.4 times. Since the p-value is smaller than $\alpha=0.05$, the independent variable coefficient is statistically significantly different from 0 (zero). Since RL varies from 1 to 5, the maximum OS according to this model is 3.89 when RL is as low as 1, which is moderately high. Also when RL is high and equal to 5, OS reduces to 2.29, which is definitely low.

Also as tolerance is greater than 0.1 and VIF < 10, there is no multicollinearity.

Table 4 : Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	4.288	.146		29.409	.000		
	RL	-.401	.068	-.401	-5.929	.000	1.000	1.000

a. Dependent Variable: OS

d) *Role of gender in the relationship between OS and RL*

The results of regression analysis for males and females are as given in Tables 5 and 6 below:

Table 5 : Coefficients^a – for Males

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	4.250	.161		26.471	.000		
	RL	-.382	.075	-.379	-5.116	.000	1.000	1.000

a. Dependent Variable: OS

Table 6: Coefficients^a – for Females

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	4.529	.343		13.192	.000		
	RL	-.520	.157	-.553	-3.314	.003	1.000	1.000

a. Dependent Variable: OS

The regression equations for Males and Females are:

$$OS = 4.25 - 0.38 * RL \text{ for males}$$

$$OS = 4.53 - 0.52 * RL \text{ for females}$$

This shows that a unit increase in RL decreases OS 0.38 times for males and 0.52 times for females.

a) *Role of experience in the relationship between OS and RL*

Experience wise analysis was done on the basis of three categories:

Categ 1 - ≤ 10 years,

Categ 2 - > 10 years and ≤ 20 years and

Categ 3 - > 20 years.

The results of regression analysis for the three categories of experience are as given in Tables 7, 8 and 9 below:

Table 7: Coefficients for Categ=1

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
Categ1	(Constant)	3.879	.257		15.122	.000		
	RL	-.220	.119	-.242	-1.846	.070	1.000	1.000

a. Dependent Variable: OS

Table 8 : Coefficients^a for Categ=2

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
Categ2	(Constant)	4.553	.197		23.162	.000		
	RL	-.490	.089	-.499	-5.491	.000	1.000	1.000

a. Dependent Variable: OS

Table 9: Coefficients^a for Categ=3

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
Categ3	(Constant)	4.449	.369		12.045	.000		
	RL	-.555	.181	-.471	-3.068	.004	1.000	1.000

a. Dependent Variable: OS

The regression equations for the three categories of experience are:

$$OS = 3.88 - 0.22 * RL \text{ for Categ}=1$$

$$OS = 4.55 - 0.49 * RL \text{ for Categ}=2$$

$$OS = 4.45 - 0.56 * RL \text{ for Categ}=3$$

This shows that a unit increase in RL decreases OS 0.22 times for Categ 1, and 0.49 times for Categ 2, and 0.55 times for Categ 3.

Conclusion

All the above findings lead to the conclusion that Resonant Leadership has a role in the level of Organizational Schizophrenia in the organization.

1. Resonant Leadership exists at best in moderate level in organizations taken.
2. Organizational schizophrenia exists from moderate to high level in Indian organizations taken.
3. As far as Indian organizations are concerned, the phenomena of organizational schizophrenia are a real threat.
4. Resonant leadership mitigates organizational schizophrenia i.e. higher the resonant leadership in the organization, less shall be the organizational schizophrenia.
5. There is not much difference along gender when the relationship between resonant leadership and organizational schizophrenia is seen.
6. There is not much difference along experience when the relationship between resonant leadership and organizational schizophrenia is seen.

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