

# **Influence of Strategic Leadership Style on Adoption Rate of Clinical Innovation in Kenyan Hospitals: A Review of Literature**

**GEORGE KIRIGI\***

*\*Corresponding Author and Doctorate Candidate at Pan Africa Christian University, Kenya*

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## **Abstract**

*The aim of this review was to examine and provide an assessment of extant conceptual, theoretical and empirical literature on the construct of strategic leadership in defining the performance requirements and clinical practice during slow or complete failure of adoption of medical innovation. when no proper adoption of medication innovation it has implication for patient care and stakeholder's interest. Recent literature has evidence that researchers' interest in strategic leadership is on the rise. In this review, a number of theoretical, conceptual, empirical articles suggested that majority of extant literature on leadership previously concentrated on leader and follower interactions mostly at interpersonal level which is direct. Thus, it is emerging from these reviews, that scholars now regard this approach as one reason that lead to constraint focus. In the same vein, organizations are deemed as reflections of their leaders. Strategic leadership however, is distinct construct in that the motivation has more to do with interrogations of the executive which is indirect. It is true also that strategic leadership is useful in organizations exposed to difficulties, discontinuities, or just want to have competitiveness. The literature reviews showed that leadership and strategic leadership approaches had different end points in understanding their implication in theoretical, conceptual and empirical agenda on research gaps. Contemporaries at the time when these studies were conducted have reacted both in logic and reason leadership and strategic leadership must provide account to context as well instead of individual personalities, traits and competencies. The argument is that people see problems from their viewpoint of an individual and ignore the contribution from system-level perspective. The review outcome has practical and conceptual implications. Further research is suggested.*

**Keywords:** *adoption rate, strategic leadership style, tacit knowledge, storytelling, medical innovation*

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## **I. Introduction**

Strategy is a construct term with military background. It is first equated with the commander's construct on how the enemy is set and second, how to organize, plan and decide on the appropriate measure(s) to overwhelm the opponent during battle. The construct term of strategic leadership style was first highlighted in the work of Adair(2010). The emerging construct of strategic leadership style was set with the objective to create high performing organizations. To do this, Bass proposed that leadership had to shift from a more traditional transactional perspective to transformational leadership. Strategic leadership theory has evolved from the original upper echelon theory developed by Hambrick(2007) to a study of not only the instrumental ways in which the dominant coalition i.e. top management team impacts organizational outcomes but also the symbolism and social construction of top executives (Hambrick&Pettigrew,2001). In recent years the attention of leadership scholars has shifted to top executives who can exert a strong influence on the strategy and performance of organizations. The phrase strategic leadership emerged from work on strategic management and consists of: determining strategic direction; exploring and maintaining unique core competencies; developing human capital; sustaining an effective organizational culture; emphasizing ethical practices; and establishing balanced organizational controls. These components of strategic leadership focus primarily on actual strategy formulation. While formulating strategy is a critical part of a top executive's strategic leadership role, it has been the focus of a great deal of research that looks at how leaders formulate strategy and whether or not they make sound strategic decisions. In our view, strategic leadership is a series of processes that determine the degree to which organizations are effective in making fundamentally sound connections between people, technology, work processes and business opportunities aimed at adding economic, social, and intellectual capital for shareholders, society and employees. Understanding strategic leadership involves spotlighting what effective top leaders actually do in order to produce a strategy-focused organization. Outstanding strategic leaders are those executives who display key behaviors that enable the organization to effectively execute its strategy. In essence, they are strategy-focused leaders.

#### Nature of Strategic leadership

As Educators in management studies, Heifetz and Heifetz(2009)elaboratedthe nature of leadership crises in public and private life. Their assertions are that the partial resolutions about leadership crises today is a product of misconception.In the contemporary world, leadership, political and managerial roles are met with many leadership crises. Heifetz reasoned that not every problem is due to the politician or executive, partially, it has to do also with the adaptive system as well. No other theory of leadership underpins the way to address the misconception as strategic leadership. Heifetz conclusive view of strategy of leadership is that it applied not only to people at the top but also to those who mustlead without authority including educators, activists, presidents, managers as well as workers on thefrontline. Although, strategic leadership individually is important to organizational success it is yet to be examined along other management discipline either collectively researched or conceptually reviewed to understand how the nature of their interaction affects the internationalization of international business(Kedia,Nordtvedt,& Pérez, 2002; Ravitch& Riggan,2016). Theterms organizational leadership, strategic leadership and executive leadership are treated as equivalents and are thus used interchangeably.Thus, strategic-level leadership for innovation requires competency in handling temporality, simultaneity, and integrating processes and objectives which for operational reasons may need to be purposely kept separateat the functional level. Strategic leaders have to deal with challenges and discontinuities thatemerge from time to time (Goldman, 2012).In comparison, attributes associated with strategic leaders are high ambiguity, high novelty, creativity based, organizational focus, long-term, organizational leadership, external orientation, and high external orientation.

#### Focus of strategic leadership

Strategic leadership, is an ability by the leader to anticipate, prepare and position for the future; It has also been observed to be the leader's ability to anticipate, create a vision, empower others and exercise flexibility, to create a strategic and viable future of the organization. Leaders who are strategic leaders formulate the goals and strategies for the organization (Gakenia,Katuse,& Kiriri,2017).Prospects of a strategic leader to play an important role as a change driver are axiomatic. The strategic leader creates and develops change management strategies and employs techniques to make the employees accept and engage with the changes from time to time. The strategic leader influence and motivate employees into the pursuit of expected outcomes of the changes(Hoskisson, Hitt, & Ireland,2004). Strategic leadership connotes focus on the management of an overall enterprise, not just a small unit; italso implies substantive decision-making responsibilities, beyond the interpersonal and relational aspectsusually associated with leadership (Finkelstein, Hambrick, & Cannella Jr, 2009).Strategicleadership refers to the ability of leaders to create and recreate reasons for organization 's continued existence through a commitment toward present organizational deliverables while constantly carrying out an internal environmental scan on barriers and facilitators of operations of the organization(Njiri,2016).While still emphasizing on the positioning the organization for the future.In the same vein, the strategy for moving now to a high value healthcare organization comprises five variables: designing and implementing a corporate organization dedicated to cardiovascular patients, including new clinical governance rules; increasing innovation in clinical processes and implementing clinical research as a structural component of clinical procedures; driving the changes by work volume and performance, in a single matrix; expanding geographic networking; and developing an advanced information technology (IT) platform.The importance of executive leadershipor strategy-level leadership to the success of their organizations is widely acknowledged(Finkelstein,Cannella,Hambrick,& Cannella,2009).A recent review of literaturehas also called for more research onstrategic leadership(Gardner et. al., 2010). Theliteratureprovides several perspectives that help define strategic leadership. One perspective focuses on executives who have overall responsibility for an organization, their characteristics, what they do, how they do it, and particularly, how they affect organizational outcomes (Finkelstein et al.,2009).

These researchers have defined the scope of strategic leadership to include CEOs, the heads of business units, Top Management Teams, boards of directors (Finkelstein et al., 2009), and dominant coalitions (Boal & Hooijberg,2000). Strategicleadership concerns with the entire scope of activities and strategic choices of the individuals at the pinnacle of the organization (Hambrick,2007).This definition emphasizes the relational aspects in terms of bothstrategic and symbolic activities (Cannella, 2001). For the purpose of this article, we will view strategic leadership as being concerned with the leadership *of* organizations i.e. to overall leadershipas opposed toleadership in organizations i.e. refer to team leadership (Boal&Hooijberg, 2000).Several leadership styles are relevant to strategic leadership, particularly those that focus on leader behavior and that have been the subject of more recent investigation.Here, it is referring to examinethe more established behavioral styles of transactional, transformational, and paternalistic leadership. Strategic leadership have been widely accepted as popular leadership styles visible that plays an effective and significant role in gainingcompetitive advantages (Yazdani, 2009). Strategicleadershipis widely believed to be one of the key drivers of efficient strategy execution (Josste& Fourie, 2009;Pearce & Robinson, 2007). However, lack of strategic leadership by the top management of organizationsis noted as one of the major inhibitors to effective strategy execution (Kaplan &

Norton,2004; Hrebiniak,2005). Strategic leadership is perceived to have a positive impact on organizational innovativeness (Safarzadeh et al, 2015). Also, strategic leaders have been repetitively recognized for their decisive role in recognizing opportunities and taking positive decisions that will have impact on innovation process (Safarzadeh et al,2015). More so, strategic leadership and organizational innovativeness are considered to be fundamentals for achieving and maintaining strategic competitiveness in the 21st century (Elenkov et al, 2005).

Role of strategic leadership style in management studies and organizations.

Hambrick and Pettigrew (2001) made two distinctions between the term leadership and strategic leadership. First, leadership theory refers to leaders at any level in the organization, whereas strategic leadership theory refers to the study of people at the top of the organization. The overall impact of strategic leadership on the college bottom line, for instance, consideration is more on

objective measures of outcomes: enrolment growth/decline; and resource growth/decline (Neumann & Neumann, 2000)

. The results of one study found that a project manager's transformational leadership style has a positive impact on actual project performance, that emotional intelligence ability contributes to a project manager's transformational leadership style and subsequent actual project performance (Leban & Zulauf, 2004).

Current understanding and adoption of Strategic leadership in theory and practice

Intuiting is a subconscious process that occurs at the level of the individual. It is the start of learning and must happen in a single mind. Interpreting then picks up on the conscious elements of this individual learning and shares it at the group level. Integrating follows to change collective understanding at the group level and bridge to the level of the whole organization. Overall, institutionalizing incorporates that learning across the organization by imbedding it in its systems, structures, routines, and practices (Mintzberg, Ahlstrand, & Lampel, 2008).

Emerging issues in the understanding and application of the concept of strategic leadership

Transactional leadership is a traditional management process through which the leader brings about desired actions from followers by using certain behavior, rewards, and incentives. This leadership is based on the premise that a transaction takes place between follower and leader. This type of leadership can result in acceptable organizational performance (although not optimal) in periods of high certainty, as well as low need for growth or change. Transformational leaders, however, envision the organization's future, articulate that vision to organizational members, and inspire and facilitate a higher level of motivation than those members have thought possible. Transformational leaders focus on the process of bringing about significant changes in the organization by emphasizing three distinct strategic leadership skills. The first skill is visioning, which is the leader's ability to see the organization's future clearly and completely. Visioning involves the desire to change the status quo, the tendency to adopt goals quite different from the status quo, the ability to identify opportunities in the environment, and the formation of a long-term growth path for their colleges. The second skill is focusing, which is the leader's ability to move the hospital from concentrating on the status quo to adopt the new vision. Focusing involves the communication of the vision to others, the formation of a powerful guiding coalition, the concentration on new priority areas and niches, and the creation of the teams necessary for implementation. The third skill is implementing, which is the leader's ability to carry out the various goals and plans of the new vision. Implementing involves the encouragement of various hospital members to proactively participate in carrying out the plans, inspiration of these members to achieve higher-order personal goals related to the vision, facilitation to realize the new goals in a timely manner by removing road blocks and obstacles. In regard to contingency theory, synthesizing the great-man and situational approaches, also began with a value-free image of itself. It examines which decision making style fits which situational contingency in order for the decision maker to maintain control of the process.

Problem statement

The problem of concern that this study aims to address is as follows; the status quo cannot guarantee uptake and speeding of a particular medical innovation for hospitals in Kenya. There is a slow or complete failure to routinely translate research findings into daily practice (Grol & Grimshaw, 2003). Ensuring appropriate prescribing, and in particular appropriate adoption of new and less expensive drugs, is a major challenge for the health service in Kenya. This point is more specific to new innovative drugs in the treatment of visceral leishmaniasis in Kenyan hospitals. Diffusion theory explicates some clinical activities as adopted rapidly and others only with difficulty, despite strong evidence of their potential benefits in epidemics or serious illnesses (Hagen, 2011). Available indicators of the problem lie beyond medical innovation itself, and include precisely, contextual and factors related to use or non-use of the medical innovation e.g. learning, and proximity. Said a bit differently, this is the identified research gap that presents a knowledge gap opportunity that this study wants to fill by generating new knowledge different from the existing knowledge. In other words, there is need for practical solution to translate the benefit to healthcare and to stakeholders' interest.

Ideal situation of the dependent variable

The World Health Organization (WHO) explains that medical innovation improves the efficiency, effectiveness, quality, sustainability, safety, and/or affordability of healthcare (Kimble&Massoud,2017). This definition includes new or improved health policies, practices, systems, products and technologies, services, and delivery methods that result in improved healthcare. Innovation denotes new, better, more effective ways of solving problems. Adopted from the business, technology, and marketing industries, the term has been used to describe policies, systems, technologies, ideas, services, and products that provide solutions to existing healthcare problems. In November 2014, the UK government launched the Accelerated Access Review to assess pathways for the development, assessment, and adoption of innovative medicines and medical technology. The review considered how to speed up access for NHS patients to cost-effective new diagnostics, medicines and devices. The purpose of the review was to: ensure that National Health Services (NHS) patients benefit from earlier access to innovative drugs, diagnostics and devices; gather insights of early adoption, and also help Government lead the global race for life sciences investment by making the UK the best place for 21st century medical innovation and product development. Clinical trial researchers can spend years, even decades, developing interventions or innovations that have limited, if any, implementation in routine clinical care; often despite multiple studies documenting clinical efficacy or effectiveness. In fact, researchers have estimated a 17-year gap from the time that a medical innovation has proven effective to when it is provided routinely to patients, with only half of evidence-based practices being implemented into care at all (Bauer& Kirchner,2020). This lack of uptake is associated with a substantial cost not only to health care systems and patients through the lack of advancement in clinical quality of care, but also to the researchers and funding agencies that have dedicated significant time and resources to advancing scientific knowledge. This quality chasm has led to the rigorous study of how to facilitate and improve the implementation of research-based innovations into routine clinical care (Balas& Boren,2000). The National Institutes of Health define implementing as the use of strategies to adopt and integrate research-based health interventions and change practice patterns within specific systems (Balas,2000). Basic science and clinical trial researchers can spend years, even decades, developing interventions or innovations that have limited, if any, implementation in routine clinical care; often despite multiple studies documenting clinical efficacy or effectiveness. This quality chasm has led to the rigorous study of how to facilitate and improve the implementation of research-based innovations into routine clinical care (Balas,2000). The National Institutes of Health define implementation as the use of strategies to adopt and integrate evidence-based health interventions and change practice patterns within specific systems. organizations, typically through partnerships between clinical operations and researchers (Aarons et al.,2014).

Centuries of experience make it clear that establishing the effectiveness of a medical innovation is not sufficient to guarantee its uptake into routine usage. In global terms, Alves (2018) noted that diffusion of new antileishmaniasis drugs, for instance, has been uneven, characterized both by underuse of research-based, cost-effective therapies (Bauer& Kirchner, 2020) as opposed to overuse of some high-cost medications with minimal therapeutic advantage over existing therapies. Classic studies indicate that it takes 17–20 years to get clinical innovations into practice; moreover, fewer than 50 percent of medical innovations ever make it into general usage (Morris et al, 2011). Locally, varied uptake of medical innovation of Visceral leishmaniasis in hospitals in Kenya has been reported. A 17-day treatment of sodium stibogluconate (SSG) with paromomycin (PM) is the recommended treatment in eastern Africa (Kenya, Uganda, South Sudan, Ethiopia) but requires painful injections, causes adverse events, and patients need to stay in the hospital during treatment. However, if untreated it is fatal and become a society problem in terms of scale, severity, and underserved community is most attacked. The decisions to adopt medical innovation take place at the hospital level (Sorenson & Kanavos, 2011). In the hospitals, medical adoption is a process involving various stakeholders. These include hospital managers and (senior) physicians, where the latter play a major role in priority setting and medical adoption (Barasa et al, 2015).

Reality on ground in respect to dependent variable

As rule, establishing effectiveness of an innovation does not guarantee its adoption into routine usage. Speeding innovation uptake depends largely on contextual factors, not just innovation effectiveness. Incorporating implementing knowledge addresses such contextual barriers and facilitators to increase innovation uptake. There is more to contextual barriers and facilitators to understand about adoption of medical innovation Sveiby et al.(2012) mentioned pro-innovation bias of which Overby and Ransbotham(2016) elaborated in their study of how adopters' make transition between new and incumbent channels. Theoretical models suggest that the adoption of medical innovations is driven by factors on various levels (Wisdom et al., 2014), at least, four different levels were identified to be especially important across studies: the environmental level, the organizational level, the individual level, and the technological level. The majority of empirical studies did not account for all of these levels, examining only one or two (Wisdom et al, 2014). This led to a call for broader analyses and multilevel models considering the more complex nature of the adoption process (Robert, Greenhalgh, MacFarlane, & Peacock, 2010). In addition to the need to allow for the

complexity of adoption, there are research gaps concerning the influence of certain variables. Rye and Kimberly (2007) suggested that innovations in health care account for some of the most dramatic improvements in population health outcomes in the developed world. Furthermore, research is needed to clarify the interconnectedness of adopting organizations i.e. of people within the organizations, and the roles of physicians' values, norms, and interests.

#### Consequences of the challenge facing dependent variable

One of the most common findings from health services research is a failure to routinely translate research findings into daily practice. Previous systematic reviews of strategies to promote the uptake of research findings suffered from a range of methodologic problems that have been addressed in a more recent systematic review of guideline dissemination and implementation strategies. A consistent finding in health services research is inappropriate variations in care and research–practice gaps. Implementation science is the study of methods to promote the systematic uptake of clinical research findings and other research-based practices into routine practice (can inform health systems on how to reliably improve care and outcomes. However, the potential for implementation science to improve the effectiveness of health systems will not be realised until research waste in the field is systematically addressed (Kirchner,Smith,Powell,Waltz,& Proctor,2020).By this explanation, there is an imperfect research base informing decision of how to translate clinical research findings into routine practice.

#### Suggestions for solution to the challenges facing dependent variable

Many studies had methodologic weaknesses, and reporting of this kind of research is generally poor, making the generalizability of study findings frequently uncertain. Future research should focus on developing a better theoretical understanding of the healthcare professional and organizational behaviour change i.e. both adaptive and absorptive behaviours. An implementing strategy is defined as a systematic intervention process to adopt and integrate research-based medical innovations into usual care. Empirical reviews have suggested the way forward as, first, to develop effective strategies for implementing research-based practices, thereby improving health-related processes and outcomes; second to produce generalizable knowledge regarding these strategies by understanding the processes, barriers, and facilitators that influence implementing success or failure; third, to develop, test, and refine relevant theories, conceptual frameworks, measures to advance the theory of implementation (Grimshaw et al, 2012) and four, use in conjunction with best practices to reinforce implementing. This theoretical research paper has proposed a conceptual model to study the identified problem as first-time subject on healthcare professionals of hospitals in Kenya. This paper posits that poorly understood antecedents are reasons that fail to actively engage with the context that can guarantee uptake and speed adoption of medical innovation. The expectation of this study is to advance understanding that healthcare professionals can use to implement medical innovation by adding to knowledge translation literature. This theoretical research paper brings more depth and clarity to implementing research and practice by presenting implementing strategies that are provided by strategic leadership style together with three strategic leadership skills: visioning, focusing and implementing (Schoemaker, Heaton, & Teece,2018). Diffusion research has mostly ignored potential antecedents of acceleration, limiting itself to some allusions to improved communication technology and more favorable attitudes towards technological change

#### Theoretical issues in strategic leadership style

The upper echelons theory demonstrated that demographic characteristics of senior executives such as age, education and experience affect the type and amount of information they use therefore, it affects the strategic decisions and healthcare performance(Hambrick,2007). Strategic leadership plays a critical role in developing an organization's capabilities for expanding its competitive advantage and performance (Baik,2004)

#### Conceptual issues in strategic leadership

The study of leadership as a phenomenon is rooted in social psychology. Societal leadership expectations in part, influence the application of leadership theory that help practitioners resolve the challenges and problematics that occur in organizational leadership. Many current theories and models are not contextualized, nor do the dynamic and critical issues facing leaders drive their construction. Without proper theoretical support, practitioners too often approach leadership problems using trial and error tactics derived more from anecdotes and popular fads than validated scientific data and models. Thus, a gap features between practice and research. In other words, the assumptions on conceptual variables lay interconnected in theoretical explications. Blair (2011) showed concerns with leadership theory and research. To this end, five major limitations pointing to past leadership research are; a primary focus on interpersonal aspects of leadership, a limited set of explanatory variables, nonprogrammatic past research, and a lack of policy relevance and include little attention given to the conceptual dynamics of applied questions especially on leader development and leader selection. Recent extant literature expressed that these limitations as the major constraints of focus on leadership studies. Interpersonal are in the middle of every research on leadership. Blair reasoning is that interpersonal only helps to address direct leader and follower interactions. In contrast, Blair argued that when a

leader's indirect interaction is wide-cast i.e. to all in organization, interpersonal could be inappropriate in the study of leadership. Attention drawn to the context of leadership since context studies extend and expand previous contingency models. Whereas contingency models argue for a fit between leader attributes and situational variables, contextual approaches contend understanding leadership requires an exploration of how context defines the performance requirements and practice of leadership. Leadership is not defined merely as a reaction to situational events, but rather as a process that is shaped in multiple ways by contextual forces and dynamics. Along these lines, Osborn, Hunt, & Jauch (2002) offered a contextual theory of leadership that defines four contexts as embedding the practice of leadership: stability, crisis, dynamic equilibrium, and edge of chaos. The first three contexts reflect typically operating conditions at three organizational levels, while the fourth context reflects an operating condition for the entire system.

In stable contexts, the conditions within the unit or organization (i.e., its structure and processes) and outside its boundaries in its external environment are relatively static. Leadership at the lowest organizational levels operates mostly in stable contexts, as middle and upper managers provide the structures, processes, and direction for influence (Zaccaro, 2001). Crisis contexts represent dramatic departure from prior practice and sudden threats to high priority goals with little or no response time (Osborn, 2002). Such contexts typify the environment for middle-level managers, who occupy a unique two-way perspective between the wide indirect influence of senior leader and the direct interpersonal influence of lower level leaders. Their task is to translate the often-shifting priorities of executives to immediate and short-term goals and actions (Zaccaro, 2001). Dynamic equilibrium reflects the context of change, reflecting an incremental realignment of an organization with its embedding environment. Such contexts influence executive leadership, which involve processes of providing long-term direction and strategic change, and managing the entire system in pursuance of change (Zaccaro, 2001). The final context, edge of chaos characterizes fast-paced environments. Such contexts reflect highly adaptive and dynamic organizations, and they offer many interesting implications for leadership theory and practice.

In terms of organizational dynamics, and therefore organizational leadership requirements, Osborn (2002) noted: in this context organizations confront dynamism, nonlinearity, and unpredictability. The context is not so dynamic, nonlinear, and unpredictable that organisms cannot survive (as in chaos); but it does not permit firms to linger or seek even a dynamic equilibrium. They must move to a different fitness landscape or suffer the consequences. Fitness, not goals or strategic accomplishments, becomes the criterion of interest. In this context, systems do not evolve to merely adjust to isolated changes. The systems are involved in moving the systems they deal with and themselves into uncharted new territory that may threaten their individual existence but increase the general level of fitness and survival for those making the transitions. Such a perspective of leadership contexts greatly expands the kinds of variables and processes that define and explain the practice of leadership. Zaccaro and Klimoski (2001) argued for a similar role for context in establishing some boundary conditions for leadership theory building and model specification. They argued that organizational contexts influence and mediate the fundamental nature of leadership work, including those forces that animate or retard leadership initiatives or behaviors, themselves. Contexts shape the performance imperatives that define the parameters of leadership action. Zaccaro and Klimoski offer seven general leader performance imperatives that are in turn shaped by contextual forces: cognitive, social, personal, political, technological, financial, and staffing. Thus, while Osborn (2002) provide a specification of contextual forces, Zaccaro and Klimoski offer a set of imperatives through contextual dynamics operate to shape leadership. One can image a macro-leadership theory that juxtaposes these two contextual frames to create a contextual dynamic by performance imperative matrix. The cells of this matrix would in turn define the shifting leadership initiatives, actions, processes, and dynamics that contribute to individual and organizational effectiveness.

The recent leadership literature has also included a growing number of conceptual models describing systems and macrolevel leadership (Regine & Lewin, 2000). This expansion has provided a greater number of variables to explain and model the process of organizational leadership. This recent growth has important implications for leadership practice. More comprehensive models of leadership can aid a symbiosis with leadership practice by facilitating a more approximate fit between organizational context and the strategies and design of leadership interventions. Blair (2011) was appalled by the situation of nonprogrammatic past research. In other words, unrelated research which was going on at his time. Blair (2011) noted that past leadership research efforts have been generally nonprogrammatic. True advances in a science of leadership require many studies to build on other studies in resolution of a variety of connected conceptual problems. Such a process is also to be guided by common research and conceptual paradigms (Schaefer, 2020). As is true in multiple domains of psychology, relatively unconnected research programs characterize the study of leadership, each exploring in depth, and with considerable sophistication, isolated leadership variables. This issue becomes compounded for leadership research because the topic of leadership cuts across multiple disciplinary domains.

Leadership remains the purview, not only of organizational psychologists, but also of researchers in strategic management, human resource management, political science, military science, public administration, economics, and sociology to name a few. Ways of understanding leadership have surfaced in different

disciplines with limited if any crossfertilization. Regarding leadership, Blair (2011) argue that future research efforts are to be of greater value than those done up to this point, they must be collectively located within a broader and integrative program of research. Lack of policy relevance Blair(2011) noted, also, that leadership research has been limited by a lack of relevance for real-world policy concerns and problems. Over the years, researchers have greatly expanded the number of leadership models in the extant literature. Blair noted that this basic research is both necessary and welcome as a way of expanding the number of explanatory variables in leadership and providing greater specification of leadership processes. However, there continues to be a disconnection between this evolution of leadership constructs and the concerns, problems, and changing realities of organizations and their managers.

This is not to place the leadership researcher in the role of reactionary service to the practitioner. Again, as Blair(2011) argued, the issue here is not basic versus applied research, but research (basic or applied) that is or is not relevant to current or projected organizational problems. However, a more comprehensive and systematic theory of leadership can provide the basis for understanding emerging policy concerns and perhaps anticipating them. Indeed, as we detail later in this review, theories of inspirational and transformational leadership have provided a model, albeit limited, of theory that can respond to policy concerns. Such theories describe the empowering effects of effective leadership on subordinate self-concepts, work motivation, and work behavior (Conger, Kanungo, & Menon, 2000). These theories provided one basis for understanding problems of leading change and fostering adaptability in the more fast-paced technologically explosive environment of the 1990s to the present.

As the Internet became an increasingly common mechanism and vehicle for business, e-leadership, or leadership from a distance mediated through electronic channels grew as a policy concern (Zaccaro & Bader, 2004). Transformational leadership models served as the background for understanding how e-leaders can develop trust and effective interactions among unit members who are scattered spatially and temporally (Avolio et al., 2000). Thus, there is a theoretical framework of leadership that comprehensively models leadership processes within organizations, anticipates changing equilibriums in organizational leadership environments, and provides the basis for addressing policy concerns at a more micro level of how to lead in new organizational realities. The issue of limited attention to the conceptual dynamics of leadership practice is a concern to researchers. Blair(2011) concern that leadership researchers have generally neglected conceptual questions of what key dynamics influence the processes and problems of leadership change and leadership interventions. For example, while there have been many studies of leadership development (Day, 2000), few researchers have explored the dynamics of personal growth and change, especially as they apply within the context of organizational leadership. Day offered a model of leader change that emphasized growth in terms of increases in complexity of thinking, interacting with others, and acting across organizational problems, that is cognitive, social, and behavioral complexity. Specifically, complexity is defined as increased differentiation and integration (Kegan, 2009). They describe development then as the purposeful transformation toward higher levels of differentiation and integration simultaneously. Differentiation refers to an increasing specification of concepts held in one's knowledge of the world. Development and cognitive psychologists characterize the beginning of cognitive growth in terms of increased differentiation in schemas, knowledge structures, and ways of understanding (Kegan, 2009). Integration refers to a linking of disparate concepts through higher order abstraction. Differentiation happens first, followed by integration, and this process is continual or cyclical across a leader's career span as humans gain greater awareness, understanding, and consciousness. Strategic leadership involves dealing with issues commonly addressed by a firm's top management team. Developing strategic leadership competencies is distinct from developing supervisory skills or developing leaders to lead operations (Stigter & Cooper, 2005). While the basic skills of leading people and operations are still important, it is not sufficient for strategic leadership.

#### Purpose of the study

The objective of this review was to examine and provide an assessment of extant conceptual, theoretical and empirical literature on the construct of strategic leadership in defining the performance requirements and clinical practice during slow adoption of innovation. At this point, the understanding of distinctive roles between theoretical framework and conceptual framework is important. These two frameworks work hand in hand and their characteristics make them different not similar. On the one hand, theoretical framework provides a general or broader set of ideas within which an inquiry belongs. A theoretical framework is based on an existing theory in a field of inquiry that is related and/or reflects the hypothesis of a study (Grant & Osanloo, 2016). Theoretical framework therefore, is a way that incorporates theory-driven thinking as guide or blueprint to the researcher's path not to deviate from the boundaries of the accepted theories and arrive to the point his or her contribution is scholarly and academic. A further point, is that theoretical framework is based on an existing theory in a field of inquiry that is related and/or reflects the hypothesis of a study and research problem. It encourages theory testing as opposed to conceptual framework which is after theory development. It can be said with some degree of certainty that theoretical framework resonates with the entire research process,

that a theoretical framework aids the researcher in finding an appropriate research approach, analytical tools and procedures for his or her research inquiry. It is clear that a diligent researcher who adopt or adapt the theories has also perceived they must drive the study (Simon & Goes, 2011). It makes research findings more meaningful and generalizable (Akintoye,2017). On the other hand, the conceptual framework is the way through which a researcher presents his or her assertions about remedies to the problem he or has expressed (Akintoye,2017).In other words, it portrays the reasons why a research topic is worth studying, the assumptions of a researcher, the scholars he or she agrees with and disagrees with and how he or she conceptually grounds his or her approach (Evans,2007).This is a culmination of a review of literature with the purpose to understanding ofthe extant theoretical, conceptual and empirical data in relation to the study of strategic leadership in healthcare organizational context. The purpose is to analyze extant literature and provide an assessment ofstrategic leadership style, theoretical, conceptual, empiricalreviews during slow adoption of medical innovation. Also, to understand whichstyle of strategic leadership is most influential on the healthcare professional'sdecision-making process at slow adoption period.Strategic leadership style is a composite of three different individual skills and abilities: visioning, focusing and implementing. Within these three different skills, eight types of strategic leadership emerge and are all possible combinations of visioning, focusing and implementing (Neumann &Neumann,2000).

#### General paper objective

To review extant conceptual, theoretical and empirical literature on the construct of strategic leadership style with a view to identifying its implications in the context of an organizational setting.

#### Specific paper objectives

- i) To examine extant conceptual literature on strategic leadership style and its related outcomes in a healthcare setting
- ii) To appraise the extant theoretical literature on strategic leadership style and its related outcomes in a healthcare setting
- iii) To assess formally the extant empirical literature on strategic leadership style and its related outcomes in a healthcare setting
- iv) To critically evaluate emerging theoretical, conceptual and empirical gaps in knowledge emerging from the reviewed literature
- v) To propose a relevant conceptual framework for addressing the identified knowledge gaps suitable for enhancing knowledge on strategic leadership style into new frontiers

#### Significance of the study

Research is a discipline that is based on a process that builds on previous work of others. In this respect, research requires to show theoretical, conceptual and empirical perspectives in literature around the chosen topic. In doing and understanding a review of literature the prospects of added value to the work are enormous. For instance, a review of literature has momentous effect to help a potential researcher position his or her personal perspectives in relation to others. It is possible also to identify research gaps in knowledge. Another benefit of review of literature is to allow intellectual appreciation by researcher with compelling engagement in the literature areas he or she want to investigate to understand particular area or whether it is fraught with theoretical, conceptual or empirical difficulties. Most importantly, a review of literature on extant theoretical, conceptual and empirical can help construct a coherent argument. In respect to strategic leadership style, it is apparent that while the content of the leader's message is significant, the process by which the message is communicated appears to be just as important. Indeed, the method (or style) of communication is a vitally important and clearly distinguishing factor in whether a leader's message will be internalized by individuals (Matveev&Lvina,2007).

#### Organization of the paper

The review consists of four parts; first, an introduction for the chapter, second chapter present a review of literature about conceptual review of strategic leadership style and concept of performance, third chapter leadership has been discussed within a multidimensional structure of empirical literature review comprising, empirical definition on strategic leadership, meaning, theories, styles, healthcare organizational capabilities, healthcare professional performance and most importantly, empirical review on context; Chapter four ends with the conclusion and recommendation in ways to wrap up emerging theoretical, conceptual and empirical issues from previous discussion.

#### Methodology

This paper is a construction from several extant literature related to the chosen topic. Search and selection of the literature used databases for acquisition of data sources through key words, for instance EbscoHost, PubMed, Eric, Sage, Proquest, ScienceDirect, Web of Science, Google Scholar, Regent University Publications, Purdue online lab and Emerald Insight and PsychINFO. Different authors, different regions were



considered but within the topic of interest. Different sources were accessed such as; peer reviewed journals, textbooks and organizational reports of between 2000 to 2020. Majority of data sources were in English language and only few needed translations.

## **II. Literature Review**

### Conceptual review

#### Strategic Leadership style

Strategic leadership, is an ability by the leader to anticipate, prepare and position for the future; It has also been observed to be the leaders ability to anticipate, create a vision, empower others and exercise flexibility, to create a strategic and viable future of the organization (Gakenia, Katuse, & Kiriri, 2017). Leaders who are strategic leaders formulate the goals and strategies for the organization. Leadership style means a leader's specific behavior that he or she exhibits while guiding, directing, managing and motivating people. That said, many researchers have mentioned various leadership styles, which are effective in different situations that an organization faces. There are different approaches to leadership but every leader must know when and how to use a specific approach. A leader's strategy shows how a leader leads his organization. Sadler (2003) pointed out that the leadership styles are primarily four as follows; Democratic style of leadership, Autocratic style of leadership, Bureaucratic style of Leadership, and Laissez-faire style of leadership. When the leaders of an organization have the democratic style, they listen to their employees, and encourage them to give suggestions in the decision-making process before implementing any strategy because they believe that it will have a good overall impact on the organizational development. They generally ask the employees to give ideas to deal with a challenge or achieve an objective. They generally avoid making plans or strategies in isolation. Instead, they keep on asking the employees what they should do in order to increase the organizational profits and productivity while minimizing the resource utilization. It has been observed that leaders tend to change their style depending on the situation.

### Leadership Theories

Over the years many leadership theories have been evolved, which are helpful to throw light on how leadership actually works. Many researchers have used different approaches to explain leadership. These approaches are mainly situational, behavioral and trait-based. In the current era, the echo of the earlier concepts of leadership is present in the transformational leadership theories. These theories throw light on the traits of a leader, his or her behaviors, and some situational variables (Bodjrenou & Xu, 2018). So far, several theories have been presented to describe leadership. For instance, contingency theory, situational theories, and path-goal theory are examples of some recent contributions to the leadership literature. Many of these theories are practical, and their concepts can be put into practice for transforming individuals or managers into leaders. The names of these theories are given below: Style theory, contingency theory, trait theory, path-goal theory and transformational/transactional leadership theory. Bennis, Burke, Gery, & Juechter (2003) asserted that leadership in tacit knowledge is specifically important in adoption of innovation because one of the main roles of leaders is to drive innovation processes. Khatri and Ng (2000) estimated that the field's most exciting new development lay in the discovery of novel ways of surfacing tacit knowledge. This idea resulted in his determination to find novel ways to tap into leadership tacit knowledge to take priority in his research agenda. Tacit leadership knowledge is not easily transferred into the traditional explicit how-to instructions for consumption by a prospective leader. Despite the importance of organization potential success and adoption of innovation, an empirical framework for these data is yet to be developed. Connell (2004) evaluated the extent to which the tacit knowledge acquired through leaders' experience, can be mined and shared with a target audience, thus impacting on the adoption of innovation process. His findings would appear to suggest that innovation with the aim of accelerating leadership development is critical to growing a global competitive advantage. The gap from innovation to adoption nevertheless still needs to be narrowed, lest it remain unabridged.

### Adoption rate of Medical Innovation

Rogers (2010) views adoption as a decision to continue full-scale use of an innovation. The rate of adoption refers to the relative speed (or pace) with which an innovation is adopted by members of a social system. This rate of adoption is usually measured by the length of time required for a certain percentage of the members of a social system to adopt an innovation (e.g. healthcare professionals). It is believed that the rate of adoption of innovations could rapidly increase over time (Festinger et al., 2005; Fitzsimons & Lehmann, 2001). Researchers typically measure diffusion speed by first estimating a specific diffusion model, and then using one or more of the parameters estimates as an indicator of diffusion speed.

Further understanding of the gap is underlined by the fact that the concept of adoption is the complete or partial decision to proceed with the implementation of an innovation as a distinct process preceding but separate from actual implementation, is at an early stage of development among state policymakers, organizational directors, deliverers of services, and implementation researchers (Panzano & Roth, 2006). In

health and behavioral health, the highlights of the gap are concretized by the understanding that adoption is a key implementation outcome (Proctor & Brownson, 2012) because the latter cannot occur without the former, and implementation does not necessarily follow the contemplation, decision, and commitment to adopt an innovation such as a medical innovation following a successful clinical trial. Adoption is a complex, multi-faceted decision-making process. Understanding this process may provide valuable insights for the development of strategies to facilitate effective adoption of medical innovation or guide thoughtful de-adoption in order to avoid costly missteps in organizational efforts to improve care quality (Saldana, Chamberlain, Bradford, Campbell, & Landsverk, 2014). In the same vein, Vander Schee (2012) summarized five characteristics that influence new product rate of adoption that are routinely covered in the Marketing concept such as relative advantage, compatibility, complexity, divisibility, and communicability and pointed out that the concept as it in that form may not capture interest or engagement through participation and motivation of expected adopters. In various studies participation and motivation for adoption of innovation are key findings that are moderated by strategic leadership styles (Waziri, Ali, & Aliagha, 2015). The use of strategic leadership style as an indicator for a healthcare organization's performance is still not well known in Kenya in particular impact on adoption rate of medical innovation.

#### Tacit knowledge practice

Knowledge translation is the scientific study of the methods for closing the knowledge-to-practice gap, and has emerged as a potential method to the challenge of improving the quality of health care and patient outcomes. Understanding factors that are influencing to the adoption of new ideas and innovations is crucial in efficient diffusion of potential innovations. Furthermore, social-cognitive theories could be utilized in understanding and implementing behaviour change/behaviour adoption interventions. Janson, Janson, & Janson (2011) noted that their research aimed to test a new methodology to help raise awareness amongst women in the New Zealand dairy sector about the importance of coming forward for leadership positions and being inspired to develop their leadership. In so doing, tacit knowledge gained by leaders involving their leadership achievements was mined and shared with followers. Learning to be a leader arguably involves developing the tacit knowledge and it is the only way to make its significance in one's decision-making processes. Most of the knowledge required cannot be acquired from explicit documents but rather, it is built through three key activities of action, experience and reflection (Stokvit, Adriaenssen, & Jon-Arild Johannessen, 2016). The growing interest in tacit knowledge management research increasingly focus efforts to expand its understanding. For example, existing literature shows that several typologies of tacit knowledge have emerged to help describe it to the reader (Shamsie & Mannor, 2013). But from the point of view of Nonaka & Teece (2001) which Mohajan (2016) supported, tacit knowledge is defined as a set of mental scripts which form the basis for our actions together with confidence to carry out those actions. It includes processes for scanning and adapting these scripts to changing environments. Individual tacit knowledge in an activity area is built up in the brains from seed foundations, which may come from surroundings, driving force, and prospector exposure. It is then reinforced and expanded through trial and error experiences and reflection on lessons learned. As tacit knowledge builds through these iterations, so does confidence in the background scanning, decision-making and action taking linked to that knowledge. Explicit knowledge, in contrast, the content can be found in all forms of textual documentation. On the other hand, Tacit knowledge is not easy to articulate or codify, or able to be transmitted directly from one person to another. Instead, tacit knowledge is built by an individual, rather than being transferred through documents or taught by experts (Matthew, Cianciolo, & Sternberg, 2005). Contestations arise about the nature of tacit knowledge and definition because it is not easily accessible to consciousness. The significance and importance of tacit knowledge for example has been in the use of appropriate interviewing techniques which may allow for stories to act as carriers of the tacit knowledge of experts to be expressed and recorded. When learning through these stories, recipients can re-evaluate their own experiences with those in the stories, and actively construct, refine and broaden their own tacit knowledge (Hill & Rothaermel, 2003). In this paper, the role of storytelling has been recognized in the conceptual framework. This sharing of stories works by either planting the seeds of tacit knowledge in the novice, or by assisting the novice in refining or expanding their existing embryonic fragments of tacit knowledge in that area. Extant literature has wide acknowledgments of origins of diffusion of innovations (Rogers, 2010). For instance, Grillitsch and Rekers (2016) argued that organizational learning and innovation are dependent on access to knowledge. Di Gangi and Wasko (2009) indicated that knowledge encompass that which is external to the business, as well as the development of new knowledge within a specific business. It is clear that much of this knowledge is tacit, and tacit knowledge only received attention from researchers, managers or key opinion leaders at the beginning of 1990s (Nonaka, Ichijo, & Von Krogh, 2000). However, in the 1970s, sociologists had already begun to raise questions as medicine's technological advanced also contributed to the rising costs of health care, and in turn, policy makers began to question the ways in which new technologies diffused. It is no surprise that many recent sociological studies highlight failures, contradictions, and the (often concealed) interests involved in the promotion of new drugs and other medical technologies. In view of Coleman's 1966 study of the diffusion and adoption of a new antibiotic,

tetracycline there arise sociological insights that still resonate with today's clinical practice that of the lone scientist and physician remain the major actors in the development and diffusion of medical innovation (Fennell & Warnecke, 2013). Much of the work is summarized in Rogers (2010) as data from this study fitted on an S-curve. Following on from these studies, literature evidence suggest that early adopters do impact social contagion. Specifically, this paper aims to examine the link among strategic leadership styles, tacit knowledge management practices, storytelling, and adoption of medical innovation to bridge the research and practice gap that exist in the early adoption stages. The premise of this paper is based on the assumption that there is a sociotechnical gap within implementation actions phase that predicts adoption of medical innovation following clinical trial product research which require a leadership need to foster. During the implementation of the new drug policy at the point-of-care it is possible to overlook that knowledge transfer and the rate of adoption of medical innovation are as much organizational resource as they are human factors (Shamsie & Mannor, 2013). This paper proposes therefore, that a research-based process could provide grounds for a strategic leadership style and teams can evaluate their performance in the context of implementation, diffusion, and sustainment of behaviours.

### Theoretical Review

The term leadership is used extensively in many different areas and obviously, the term does not have a universally accepted unique definition. Leadership is described as a process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task De Vries, R. E. (2012). The strategic leadership originate from the unfolding upper echelons theory developed by Hambrick (2007). The central premise of upper echelons theory is that executives' experiences, values, and personalities greatly influence their interpretations of the situations they face and, in turn, affect their choices (Hambrick, 2007). The idea of strategic leadership style is derived from the work of Basson transformational leadership (Adair, 2010). The basic premise of Bass's approach is that in order to create a high performing organization, leadership has to move from a more traditional, transactional view to transformational leadership. Transactional leadership is a traditional management process through which the leader brings about desired actions from followers by using certain behavior, rewards, and incentives. This leadership is based on the premise that a transaction takes place between follower and leader. This type of leadership can result in acceptable underoptimized organizational performance in periods of high certainty, as well as low need for growth or change. The three distinct skills that strategic leadership usher in are: visioning, focusing and implementing. The term strategic leadership connotes management of overall firm, not just a small unit; it also implies leadership with overall responsibility for decision making in organization. Thus, strategic leadership theory assume that organizations are a reflection of their leaders (Cannella, Finkelstein, & Hambrick, 2009). The essence of strategic leadership is creation and maintenance of absorptive capacity i.e. ability to learn and adaptive capacity i.e. ability to change. Ireland and Hitt define strategic leadership as the ability to anticipate, envision, maintain flexibility, think strategically, and work with others to initiate changes that will create a viable future for the organization. In the same vein, Davies (2004) define the concept of strategy *with* insightful others as encompassing direction setting, broad aggregated agendas, a perspective to view the future and a template against which to evaluate current activities. The concept of strategy *with* insightful others help to encourage to co-construct strategy and to reduce bias, prejudice and dissent among the team. This inclusion leads to distributed leadership. While extant literature suggested that tacit and explicit learning in organizational environment is an important responsibility of strategic leadership (Jansen, Vera, & Crossan, 2009). Most of this work is prescriptive in nature and says little about strategic leadership styles that contribute to learning. For instance, Peet (2012) situated tacit and explicit learning squarely in the camp of leadership, and argued that, in order to be able to respond to future challenges and opportunities, strategic leaders must initiate a process that enhances day-by-day tacit and explicit learning. Nonetheless, what lacks in discussion is the specific underlying leadership processes. Crossan and Hulland (2002), in contrast, present an exploratory study in which they start to delineate leadership behaviors whose time has come and are associated with tacit and explicit learning, choosing to develop a new approach rather than build on prior leadership models. Overall, their intent is to build on prior research in both leadership and organizational learning to propose explicit relationships between the two. One of the primary contributions and implications of this review for both researchers and healthcare managers is to reinforce the value of strategic leadership styles in healthcare organization or part of organizational context. Strategic leaders set to integrate the vision, creativity and innovation necessary for long term success and strategic management of employees and associates. Ireland and Hitt (2005) reported that a strategic leader with core competencies can identify and exercise the leadership behaviors appropriate for the circumstances. An effective CEO, for instance, would recognize when assimilating of new learning i.e. exploration or using what has been learned i.e. exploitation is called for, or when a particular learning stock needs to be developed, and what type of leadership style would best accomplish that objective. In the present, strategic leadership theory is key to symbolic activity and social construction of top executives (Cannella Jr, 2001). To meet the objective of this review of literature, it is worth explaining that leadership theories make distinctions between the term leadership and strategic

leadership (Hambrick & Pettigrew, 2001). First, leadership theory refers to leaders at any level in the organization, whereas strategic leadership theory refers to the study of people at the top of the organization for instance, governance bodies i.e., Board of directors, CEOs, and top management team often referred to as dominant coalition. That said, it entails addressing their character, what they do, how they do it, in particular how they affect organization outcomes. Another related theory to strategic leadership is the positive agency theory (Boal & Hooijberg, 2000) that attempt to align stakeholders' interests and those of the leader because theory assumes that decisions made by leaders are based on self-interest. It is important to remember that strategic leadership can be explicated in comparison to two common leadership styles: transformative and transactional styles. All things considered, highly transformational leaders tend to encourage open cultures, organic structures, adaptable systems, and flexible procedures attributes that facilitate the implementation of change and challenge institutionalized activity. This type of internal context is characteristic of firms with aggressive strategies and a high potential for growth and innovation. In the same vein, highly transactional leaders, tend to encourage closed cultures, mechanistic structures, rigid systems, and procedures that facilitate the reinforcement and refinement of institutionalized learning. Organizations with this type of internal environment usually select conservative strategies. The three leadership styles are effective in facilitating organizational learning, albeit in different situations. Although, the field of leadership has evolved into holistic view of leadership theory more than what it was, yet what entirely constitute leadership definition is varied to many people. But scholars argued that this is not a major concern point because leadership as a professional is unfolding as well as taking shape as different disciplines evolve new areas of leadership perspectives in relation to their challenging contexts. It follows also that a large number of empirical leadership literature showed that research micro focus on particular relationship between leaders and followers' maturity, for instance, trait and style approaches focus on leaders (Bodjrenou & Xu, 2018). Next a quick summary of the review showed the following about leadership perspectives; information-processing approaches and implicit theories of leadership focus on followers (Bodjrenou & Xu, 2018), sociological approaches and substitutes i.e. evolved perspectives for leadership models focus on contexts (Brazier, 2005; Oc, 2018) and situational leadership, contingency approaches, leader-member exchange theory, individualized leadership models, and social constructionist approaches (Oc, 2018) focus on the nature of interactions among leaders, followers' multi-level capability and contexts (Brazier, 2005). Empirical literature assertions suggest two aspects of leadership that can help explain how it evolve: a content perspective which consists of authentic, transformational, and visionary; and a process perspective which cover strategic and complex leadership. Since this is not the end of examining leadership, increasing attention is being given to examining strategic leadership as a process and person to evolving theory and research. Some of the many areas assessed in leadership questionnaires that were reviewed in literature on strategic perspective of leaders were scored, for instance, those ways that : sees the wider issues and broader implications; explores wide range of relationships; balances short- and long-term considerations; sensitive to the impact of one's actions and decisions across the organization; how the leader identifies opportunities and threats; sensitive to stakeholders' needs and the implications of external factors on decisions and actions (Dulewicz & Higgs, 2005). When a leader learns to think strategically, Wootton and Horne (2010) argued that he or she can become a leader with a leadership style that will work in certain and in uncertain times by creating usable knowledge. In this regard, they pointed at three advanced thinking tools for strategic managers; Metaphors, models and systems thinking. Strategic thinking involves turning information about the past into present knowledge on which changes in future action can profitably be based (Scully, Buttigieg, Fullard, Shaw, & Gregson, 2013). But sometimes that knowledge is tacit not explicit, vague not clear, voluminous and not precise. In such situations, organizations may be at an advantage if they operate in contexts where it is natural to think metaphorically, as well as scientifically. The sum up by Duggan (2013) suggested that strategic intuition appear in Asian philosophy, classical military strategy, business strategy, the history of science, and the newer field of cognitive psychology. The next part discusses important findings in theoretical review.

The review identified several theoretical research frameworks that could be grouped into two broad categories: theories that mainly address the adoption process and theories that address adoption within the context of implementation, diffusion, dissemination, and/or sustainability. Constructs of leadership, operational size and structure, innovation fit with norms and values, and attitudes/motivation toward innovations each are mentioned in at least half of the theories, though there were no consistent definitions of measures for these constructs. A lack of precise definitions and measurement of constructs suggests further work is needed to increase our understanding of adoption of innovations. This review builds on the theoretical framework by Wisdom et al. (2014) that organizes multiple predictors of adoption by four contextual levels; external system, organization, innovation, and individual. These four contextual levels are consistent with those in other theoretical frameworks (Aarons, Hurlburt, & Horwitz, 2011). It is instructive that Wisdom et al. (2014) work described the measures' in relationships to the predictors, to other related measures, and to adoption, especially research-based adoption, highlights of challenges of measurement; and, where possible, propose ways to effectively integrate measures for key adoption predictors. Linking the multiple predictors of adoption with their

measures will assist systems, organizations, and individuals in identifying and measuring critical predictors of adoption decision-making.

#### Research on leadership styles development

Situational Leadership model based on follower's maturity (Hersey,2014;Meirovich& Gu,2015)as developed by Hersey and Blanchardhas received widespread acceptance in business and has relevance in fields such as education and healthcare system. Bach(2013)reported that successful organizations have one major attribute that sets them apart from unsuccessful organizations: dynamic and effective leadership. Also, Terry and Rue(2009)noted that businesses shortly fail due to ineffective leadership. The leadership theory involves fewer variables and therefore easier to apply, and they have developed (with several of their colleagues) a number of instruments which facilitate application. Also, the leadership model forms the basis of the psychometric research questionnaire to be used in further study design, including Hersey and Blanchard four quadrants of leadership styles, namely Style 1(Directing), Style 2(Coaching), Style 3(Supporting), and Style 4(delegating)(Hersey,2014). Hersey and Blanchard's model rests on the following basic assumptions: there is no single all-purpose leadership style. What is appropriate in each case depends on the follower (or subordiante) and task to be performed, the leaders' behavior has two independent main components; directive behavior and supportive behavior (Hersey,2014). However, literature evident showed that researcher's interest in this model is increasing with attempts even to modify Hersey and Blanchard model with a shift from emphasis on follower's maturity to emphasize the follower's qualification i.e. a single follower may have different efficacies for different tasks in different situations.

#### Conceptually informed theories of Diffusion of Innovation

Many theoretical frameworks seek to describe the dynamic process of the implementation of innovations. Little is known, however, about factors related to decisions to adopt innovations and how the likelihood of adoption of innovations can be increased. The rate of adoption often follows an s-shaped curve spreading through groups of individuals with certain characteristics. Conceptually, the classical adoption theory of diffusion of innovation (Rogers,2003) argued that adoption rates of innovation within social networks approximate a bell-shaped curve with a ratio of opinion leaders that practitioners in a network rely on advice and views of the opinion leaders. Each group serves to remove risk of adoption for the group following it. The current models increase the velocity of innovation adoption by facilitating communication between opinion leaders and the early and late majorities with physician network. But Studies have shown that in certain circumstances, individuals subordinate their own judgments, beliefs, values, decision making, and behavior, and rely on the judgments of significant reference domains to which they belong or hope to belong (Moller & Marsh,2013). In comparison, these candidates offered good clinical expertise but often did not possess the other necessary traits such as communication skills and humanism (Borbas,2000).

#### Theories on Knowledge management

Bridging the knowledge to practice gap in health care is an important issue that has gained interest in recent years. Tacit knowledge is considered as the largest intangible wealth and capability of an organization (Rowe,2001). Specifically, the intangible comprises intangible human resource and social capital. Surprisingly, organizations are yet to harness and maximise tacit. Strategic leadership is the ability to influence others to voluntarily make day-to-day decisions that enhance the long-term viability of the organization. This practical definition of strategic leadership presumes an ability to influence subordinates, peers, and superiors. The central role of strategic leadership though not limited to, link directly or indirectly to intuitive actions of the leader.Thus, strategic leaders focus on tacit knowledge and develop strategies as communal forms of tacit knowledge that promote enactment of a vision. Strategic leadership presumes a shared vision and risk-taking of what an organization is to be, so that the day-to-day decision-making, or emergent strategy process, is consistent with this vision (Hitt and Duane2002).

Lee(2020)argued that tacit knowledge is so internalized that people may not even know they know it. It gives an individual the ability to know more than he or she can expressand, along the same lines, he suggested that nothing that we know can be said precisely. Nonetheless, Intuition is the use of tacit knowledge for decision making (Ramezani, Safari, Hashemiamin, & Karimi,2017). Moreover, strategic human resource management practices nurture a context of knowledge sharing where tacit knowledge can be turned into explicit knowledge and that this type of knowledge sharing promotes innovative behaviours (Busch, 2008). Tacit knowledge is useful to firms that want to be become knowledge companies (Singh,2008). The assumption in this theoretical research paper is set on the proposition that future teams stand to benefit from efforts of leader's strategic thinking style anchored by tacit knowledge management and knowledge transfer with probability it will enlarge team capacity through new understanding in adoption and diffusion of innovation (Roger,2010).Concurrent tacit knowledge sharing and learning can be interrogated since it occurs at the individual, group, and organization levels, each informing the others. These three levels of learning are linked by four social and

psychological processes: intuiting, interpreting, integrating, and institutionalizing. Within these processes, cognition affects behavior, and vice versa (Mintzberg, Ahlstrand, & Lampel, 2008),

#### Summary

Healthcare organizations are still struggling with what to do to speed adoption of medical innovation following successful clinical trials. Clinical practice guidelines are not enough. In this section, clear description of strategic leadership style and levels of learning is based on Mintzberg, Ahlstrand, & Lampel (2008), tacit knowledge, and adoption rate and the rise of interest to research them has increased. Tacit knowledge is first conceived by individuals but can be expressed in actions, reflection, conversations or storytelling. Most importantly, it is why and how leaders, managers and their followers can harness tacit knowledge to speed adoption of innovation in healthcare in an organizational context in Kenya.

#### EMPIRICAL LITERATURE REVIEW

This overview on healthcare system in Kenya shows that hospitals struggle with the existing process and implementation of medical innovation because adoption is varied. Nonetheless, adoption acceleration can be improved. The challenge is set on the leader and leadership (Caldwell, 2014). The leadership style however, may shift from the traditional transactional to a more transformative perspective. Theoretical assumptions are critical in support of what is to be researched. The work of Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou (2008) that summarized extensive literature suggested the pace of diffusion of innovation can be improved, is an example. This view was supported by Rogers (2007) that the rate of adoption of innovations could rapidly increase over time (Fitzsimons & Lehmann, 2001). Many literature suggestions on how to improve dissemination and implementation exist but it is not easy in practice. Thus, different healthcare professionals may use different decision-making strategies to make adoption of innovation decision. The question of tacit, explicit and context has to be addressed if organizations are to benefit. In the next parts the discussion focuses on important areas of empirical literature review.

#### Empirical literature on strategic leadership styles

Extant literature revealed that the work of Bass (Adair, 2010) first highlighted the emerging construct of strategic leadership style with the objective to create high performing organizations. To do this, he proposed that leadership had to shift from a more traditional transactional perspective to transformational leadership. There are eight different strategic leadership styles following a triangulation of three skills data. All eight strategic leadership styles can be combined in the three strategic skills commonly described in literature as: visioning, focusing and implementing (Neumann and Neumann, 2000).

#### Empirical Reviews on capabilities

Knowledge management system in hospitals can build on invaluable lessons learned using tacit and explicit knowledge. For instance, healthcare professionals in hospitals can use diffusion of innovations model to address the development and implementation of a staffing productivity system designed to anticipate future hospital staffing needs (Fahey and Burbridge, 2008; Velasco, Eiros, Mayo & Roman, 2011). Tacit knowledge is not accessed easily and therefore cannot be articulated. As mentioned, the work of diffusion of innovation can be achieved if tacit knowledge of individuals is harnessed since in tacit knowledge sharing, day-to-day benefits from experience experts can be realized (Stokvik, Adriaenssen, & Johannessen, 2016). Storytelling makes tacit accessible to others through stories, conversations, dialogues and sensemaking. Warren (2010) pointed out that storytelling is a tried and true strategy. Stories are increasingly seen as particular doctrine and embedded in a certain philosophy of leadership (Takala & Auvinen, 2014).

#### Empirical review on performance

Adoption is a complex, multi-faceted decision-making process. Understanding this process may provide valuable insights for the development of strategies to facilitate effective adoption of medical innovation or guide thoughtful de-adoption in order to avoid costly missteps in organizational efforts to improve care quality (Saldana, Chamberlain, Bradford, Campbell, & Landsverk, 2014). In the same vein, Vander Schee (2012) summarized five characteristics that influence new product rate of adoption that are routinely covered in the Marketing concept such as relative advantage, compatibility, complexity, divisibility, and communicability and pointed out that the concept as it is in that form may not capture interest or engagement through participation and motivation of expected adopters. In various studies participation and motivation for adoption of innovation are key findings that are moderated by strategic leadership styles (Waziri, Ali, & Aliagha, 2015).

#### Empirical review on the organization context

The healthcare context is complex. In health and behavioral health, the highlights of the knowledge gap in practice are concretized by the understanding that adoption is a key implementation outcome (Proctor &

Brownson, 2012) because the latter cannot occur without the former. Implementation does not necessarily follow the contemplation, decision, and commitment to adopt an innovation such as a medical innovation following a successful clinical trial innovation and there is more to it. Adoption impact on standard of care and value to payer. Decision to adopt medical innovation is more demanding in the presence of serious illness that is life-threatening.

### **III. Conclusion And Recommendations**

This chapter aim to wrap up the review of literature on extant theoretical, conceptual and empirical to present key highlights.

Emerging theoretical, conceptual and empirical issues

Literature need to expand the coverage of leadership. Chapter two dealt with broad areas of theoretical, conceptual and empirical literature review and Chapter three dealt exclusively with empirical literature review in discussing strategic leadership concept, contextual issues, healthcare professional capabilities and individual and healthcare organizational performance requirements. Most importantly, strategic leadership study is relevant as the empirical review on healthcare context illustrates and that research can be considered worth especially as it is related to policy and practice. Whereas, the extant literature on theoretical, conceptual and empirical issues emerge, it is because thought and time was allocated to explicate leadership. It is also for this reason that those who intend to do research have stock to fall on for their research.

Conceptual Review

McGaghie et al. (2001) argued that the conceptual framework sets the stage for the presentation of the particular research question that drives the investigation being reported based on the problem statement. Variables are things that can change (or vary); they might vary between people (e.g., IQ, behaviour) or locations (e.g., unemployment) or even time (e.g., mood, profit, number of cancerous cells). Most hypotheses can be expressed in terms of two variables. For example, independent variable (proposed cause) and a dependent variable (proposed outcome). The key to testing scientific statements is to measure these two variables. (Field, 2013).

Operational indicators for the variables

Since a conceptual framework (i.e. analytical scheme) involves the identification of a network of relationships among the variables considered important to the study of any given problem situation, it is essential to understand what a variable means and what the different types of variables are. It is believed that a variable is anything that can take on differing or varying values (Sekaran & Bougie, 2016). Outlined are four main types of variables: the dependent variable; the independent variable; the moderating variable; and the mediating variable but certain rules apply to operational indicators as follows; To test hypotheses the researcher has to measure or give explanation of variables. Where measurement is not possible with the assignment of numbers, other symbols or attributes of objects are provided according to a prespecified set of rules on how to treat it as an observed set. There are at least two types of variables: one lends itself to objective and precise measurement; the other is more nebulous and does not lend itself to accurate measurement because of its abstract and subjective nature but stand in persuasion of reality (Sekaran & Bougie, 2016).

Sveiby (2009), in contrast, noted that tacit knowledge is the practical knowledge used to perform a task, and it is also the knowledge that is used as a tool to handle what is being focused on. Consequently, tacit knowledge in business context is: practical, action-oriented, experience-based, context-linked and personal, but not subjective or relative. For example, one way to approach the issue is to think when operationalization of variables is necessary. Despite the lack of physical measuring devices to measure the more nebulous variables, there are ways of tapping these types of variables. One technique is to reduce these abstract notions to observable behavior and/or characteristics. This is called operationalizing the concepts (Sekaran & Bougie, 2016). A valid measurement scale includes quantitatively measurable questions or items (or elements) that adequately represent the domain or universe of the construct; if the construct has more than one domain or dimension, the researcher has to make sure that questions that adequately represent these domains or dimensions are included in the measure. An operationalization does not describe the correlates of the concept (Sekaran & Bougie, 2016).

Conceptual model

The conceptual model below (fig 1.) was developed out of connections and relationships between varied variables and can be explained further as follows; Note that storytelling/conversation (i.e. creative synergy), as the mediating variables surfaces at time (t2), as a function of leadership expertise, which was in place at time (t1), to bring about adoption of innovation in time (t3). The mediating variable of creative synergy helps us to conceptualize and understand how workforce diversity brings about organizational effectiveness. The independent variable helps to explain the variance in the dependent variable; the mediating variable surfaces at time (t2) as a function of the independent variable, which also helps us to conceptualize the relationship between

the independent and dependent variables; and the moderating variable has a contingent effect on the relationship between two variables (Sekaran & Bougie, 2016). Next is the proposed conceptual model.

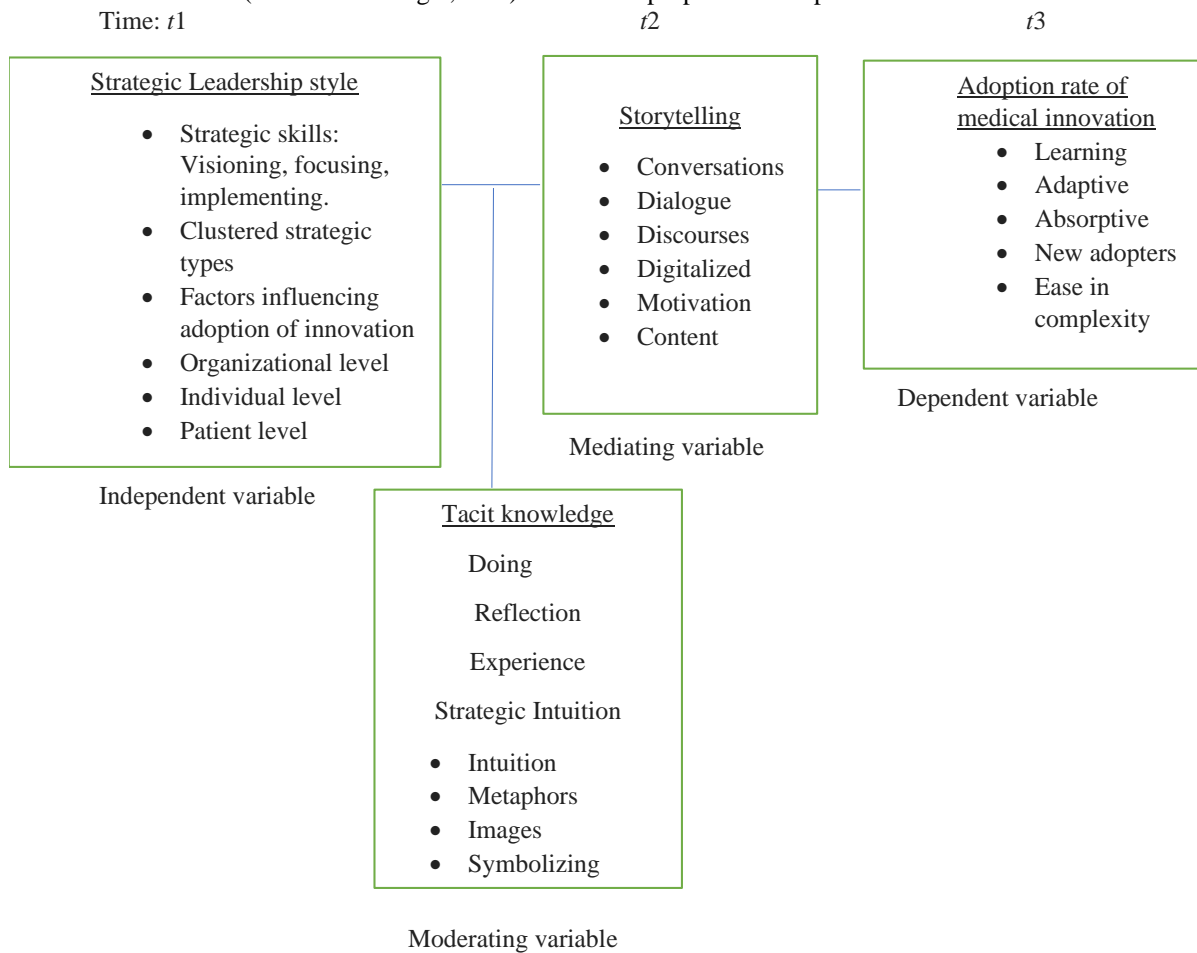


Fig 1: The diagram presentation of study variables and relationships

Source: Modified from Sekaran & Bougie, 2016

#### Explanation of the conceptual model

##### Independent variable

The role of independent variable referred to in this paper as strategic leadership styles (Waziri, Ali, & Aliagha, 2015) is to impart vision, direction, transform and inspire a new way of learning of tacit knowledge management practice and also to support organizational adaptive strategies for competitive advantage and future. A tacit skill can differentiate a good leader from an excellent one (Stokvik, Adriaenssen, & Johannessen, 2016). The excellent leader is able to use tacit knowledge strategically when he/she gains an overview through the complexity that often characterizes today's businesses, or the intuitive leader who knows what is about to happen (Donate & de Pablo, 2015). It is clear that it is intuition and understanding of patterns which allows the excellent leader to grasp what is innovative and what would not have been realized unless he or she had created the conditions to facilitate the practical implementation of an innovation (Kahneman & Klein, 2009). The operational indicator of independent variable is based on the Smith (2013) conceptualization of strategic leadership scale in organizational context as developed by Hersey described the four style of leadership as: The Style 1 was named directive and person displaying this leadership style is considered to be high on regulating but low on nurturing behavior. The Style 2 was named supportive and is characterized by leader to be high on both regulation and nurturance behavior. The Style 3 was named consulting and is characterized by leader's behavior which is low in regulation but high on nurturance. Finally, the Style 4 was named delegating which is characterized by leadership behavior that is low on both regulation and nurturance.

Brockmann and Anthony (2002) in addition to level of competence, provides that tacit knowledge may be divided into two main types: specific and strategic. Specific tacit knowledge refers to the practical knowledge that is useful when performing a specific task here and now, usually face to face with the another person or in direct interaction with the object/instrument, strategic tacit knowledge refers to the practical knowledge that is



useful when achieving long-term goals, and being able to relate current tacit knowledge in a future and broader context; hence, the term strategic tacit knowledge.

It is reasonable to assume that different tasks e.g. management, medicine, sales, law, software design, education, music and skills related to selecting coffee, tea, fish etc., and both tacit knowledge is essential for success (Stokvik, Adriaenssen, & Johannessen, 2016). The assumption is that strategic tacit knowledge moderated by a matching leadership style of a strategic leader will have a role to play in causing a difference within adoption rate of medical innovation and organization in general.

Novices or beginners, in contrast, uses essentially algorithmic rules, instructions, and so on. A strategic leader will attempt to understand tacit knowledge processes, learn patterns in others as strategy, and organizational learning as an active tool for managing organizations towards, respectively, continuous improvement and innovation. Tacit knowledge processes are untestable but tacit knowledge resulting from tacit knowledge processes is objective in the sense that it may be tested with regard to its consequences. The logic is as follows: if knowledge has a function, it must be possible to discover this effect (Stokvik, Adriaenssen, & Johannessen, 2016). This logic guides us to compelling and inspirational strategy stories since storytelling is a function of tacit knowledge (Adamson, Pine, Van Steenhoven, & Kroupa, 2006).

#### Moderating variable

The role of tacit knowledge (moderating variable) capture and transfer is to enable healthcare practitioners develop an understanding and practice on how to increase adoption rate of medical innovation. This is to encourage development of ways of encouraging value creation in tacit knowledge in support of organizational strategies. Herkema (2003) stated that innovation is the adoption of an idea or behavior that is new to the organization as a form of a viable solution. In brief, tacit knowledge which is the moderating variable is the key to the strategic alignment of intellectual capital in healthcare organizational context (Saint-Onge & Wallace, 2012).

Blackman and Sadler-Smith (2009) indicated that all knowledge which is not tacit, presupposes tacit knowledge when he quoted the classic theory by Polanyi. For Polanyi, the tacit dimension is the result of preconceptual actions that are integrated through experience into the context. The tacit dimension represents the practical aspect of a situation. Stokvik, Adriaenssen, & Johannessen (2016) described knowledge as a clear and certain perception of something that can be said to be the act, the fact, or the state of understanding. Knowledge involves both as a tool at the serving of knowing how, which is generally more tacit knowledge only residing in intelligent systems of individuals heads and hands (Vissers & Dankbaar, 2013) and knowing about, which is more explicit knowledge (Marshall & Sapsed, 2000). Tacit knowledge includes lessons learned, know-how, judgment, rules of thumb, and intuition which are key characteristics of a learning organization (Bollinger and Smith, 2001). In one sense, Bierly, Kessler, & Christensen (2000) posited that knowledge is basically an understanding of information and their associated patterns. Ow Chee Keong, Willett, & Len Yap (2001) linked explicit knowledge as actionable information in the right context that facilitates intelligent decision making. Tacit knowledge is subconsciously understood or applied, difficult to articulate, developed through direct action, experience, reflection, and shared through storytelling, conversation, imagination, debriefing etc. in this dissertation topic, Wijnhoven (2003) perspective of tacit knowledge management practices has been adopted to explain the model and theory and operational indicators of the independent variable.

#### Mediating variable

The role of mediating variable is an attempt to model some aspects of practicing healthcare workers through empowering of self-knowledge of individuals by transfer of tacit knowledge in an organizational context. As an important management tool and leadership culture, an organizational story is a detailed narrative of past management actions, employee interactions, or other intra- or extra- organizational events that are communicated informally within the organization. Storytelling as mediating variable can be used to transfer tacit knowledge from one person to another successfully; by telling a story with feeling the teller can communicate more than what the teller explicitly knows (Ruggles, 2004; Prusak, 2001). Specifically, organizational storytelling in the healthcare organizational context will be used as a method of transferring tacit knowledge to the targeted variable, to increase rate of adoption of medical innovation. Jensen (2001) forcefully asserted that human communities first evolved when hunter-gatherers formed an agricultural society. This was followed by the industrial society that has recently been transformed into information society.... asked what comes after the information society Jensen answered with difficult.....people will cease to define themselves so much through material products as they become more interested in feelings that can be elicited by stories'. In the same fashion, Berger, & Milkman (2012) noted that the biggest predictors of sharing content with others which was perceived as interesting, practical, surprising, and that evoked emotional reactions, were many factors at which stories excel. Storytelling is contingent on the skills of the leaders or managers acting as catalysts. Barker and Gower (2010). noted that stories provide an excellent sensemaking mechanism in organizations, yet they are not used nearly often enough.

Attitudinal change together with willingness to participate in knowledge sharing could bring about an interactional achievement. In a similar way, Rogers' (2010) theory provides important attributes and antecedents which includes the receiver's personal and social characteristics, perceived need for the innovation, the social system practices that they adhere to, their willingness to change, and the communication integration within their social system. In addition, social shaping of individual relationships towards adoption, makes this paper to adopt a couple of other models including the theory of Planned behavior (Côté, Gagnon, Houme, Abdeljelil, & Gagnon, 2012) and because this paper recognize that behavior change typically occurs through series of steps it will appreciate the stages of change (SOC) model as a conceptual framework for measuring behavior change among persons in a clinical setting (Shea, Jacobs, Esserman, Bruce, & Weiner, 2014).

Norrick (2007) noted that storytelling is a fundamental mode of everyday conversation which fulfills crucial functions including sharing personal news, entertaining listeners, revealing attitudes, constructing identity, inviting counter-disclosure and so on. More formally, Norrick defines storytelling as a shared activity resulting in transfer of information from narrator to listener... a co-construction involving all participants (Ruhlemann & Gries, 2015). All forms of human communication are best relayed as stories (Boje, 2014) ... and that stories help us to make sense of what we are, where we come from, and what we want to be (Soin & Scheytt, 2006).

Stories are intrinsically pervasive and because they describe a particular experience rather than general truths, stories have no need to justify the accuracy of their claims (Sekaran & Bougie, 2016) in terms of operationalizing. The story links its events into a cause-and-effect relationships, making the conclusion of the story seem inevitable even though many possibilities could happen and that a range of mediating and moderating factors influence this tendency within the audience (Slater & Rouner, 2002).

Storytelling, has being used to successfully transfer of tacit knowledge in an organizational setting such as, emotions, values and imaginations. Boje (2014) stated that storytelling in organizations helped create a collective sense of institutional memory and could help with creating a future vision and reflect on the past. It is now recognized storytelling as a way to relay to employees more about their organizational cultures (Barker, Rimler, Moreno, & Kaplan, 2004). Organizations have used storytelling to promote organizational learning (Lämsä and Sintonen, 2006) and as a way to more effectively leverage human capital. Stories serve a persuasive communication function for organizations by representing personal, interpersonal, and corporate perspectives.

Storytelling has also been shown to be a powerful sensemaking mechanism (Zak, 2013) and a corporate communal knowledge creation tool, critical elements in today's business communication environment. Cooren (2000) presented a theory of communication that stressed storytelling as a way to relay both the text and context of a conversation, thereby leading to coordination and effective interpretation of the message and creating action. Thus, the challenge to any learning approach lies in the process of bringing abstract, theoretical ideas to a practical level and make them understandable in everyday practices (Lämsä & Sintonen, 2006).

A conducive environment for approved drugs to be taken up and diffused in a hospital organization is an important enabler in the later stages of adoption. Also, it is important to recognize that there is uncertainty about the optimum level of drug usage in different disease areas and the extent to which high or low usage point to inappropriate use (Nolte & Corbett 2014). Systematic review of factors affecting medicine uptake highlights both: prescriber-level factors: doctors' scientific orientation, prescribing habits, exposure to pharmaceutical marketing, and interpersonal communication; and patient-level factors: doctors with younger patients, patients with higher socioeconomic statuses, and/or patients with poorer health statuses were more inclined to prescribe new drugs early (Lublóy, 2014). A recent Nesta study (Stokes, Barker, & Pigott, 2014) on the early adoption of promising new ideas in primary care stressed the importance of local intermediaries such as related networks in accelerating adoption.

#### Dependent variable

Tacit knowledge (moderating variable), application of strategic leadership styles (independent variable) and storytelling/conversations, attitudes, and behavior change (mediating variable) will link together to achieve an increase in the rate of adoption of medical innovation. The rate of adoption of medical innovation is extremely dependent on the availability of knowledge and therefore the complexity created by the explosion of richness and reach of knowledge has to be recognized and managed to ensure successful adoption (dependent variable). In the context of products and services, the operational definition of adoption is the act of beginning to use something new (Rogers, 2010). Adoption rate is the percentage of new users of a feature. Considering new features and new adopters, there are four types of adopters: Internal adoption: When existing users begin using new features. For example, the percentage of existing Instagram users who adopt a new story feature within 1, 7, or 30 days of its introduction. External adoption: When new users begin using existing features. For example, the mean number of days new Instagram users create their first story from when they opened their account. Adoption flags: When new users adopt new features. A green flag is raised if they are successful, and no red flags are raised when they are not. Routine adoption: Happens when existing users adopt existing features. User adoption is an unbiased behavioral measurement and is therefore trustworthy, valid, and reliable. As a key

performance indicator, adoption rate of medical innovation therefore makes the dependent variable in this Independent Study topic (Sharon,2018). Note that confusing adoption with engagement can occur. Engagement measurements reveal how involved healthcare professionals are with the product, how much they use it. Adoption only focuses on new usage, either internal (new products used for the first time by existing users) or external (new users beginning to use existing products). Perceived value of adoption can be elicited from healthcare professionals through a qualitative research to better understand what makes new users adopt existing products, and existing users to adopt new products. Regardless, thematic use of adoption and engagement interchangeably may cause confusion. While they are related, they are not the exact same thing. Therefore, the conscious use of adoption terminology consistently and correctly increases comprehension and shared team understanding. The dependent variable is the variable of primary interest to the researcher (Field,2013). In other words, a variable thought to be affected by changes in an independent variable. The researcher's goal is to understand and describe the dependent variable, or to explain its variability, or predict it. In other words, it is the main variable that lends itself for investigation as a viable factor. Through the analysis of the dependent variable i.e., finding what variables influence it, it is possible to address questions or recommend solutions to the problem. For this purpose, the researcher will be interested in quantifying and measuring the dependent variable, as well as the other variables that influence this variable (Sekaran & Bougie, 2016).

Their personal characteristics and behavior will definitely be assessed apart from the evaluating what make doctors, nurses and other clinicians adopt or reject an innovation and predict what follows after adoption in terms of incumbent channels and new channels (Pankratz, Hallfors, & Cho, 2002; Overby, & Ransbotham, 2016). Theoretically, this study was largely informed by the classic diffusion theory of Rogers which consists a summary of five perceived attributes of innovation:

Relative Advantage: How improved an innovation is over the previous generation. Compatibility: The level of compatibility that an innovation has to be assimilated into an individual's life.

Complexity: If the innovation is too difficult to use an individual will not likely adopt it. Trialability: How easily an innovation may be experimented with as it is being adopted. If a user has a hard time using and trying an innovation this individual will be less likely to adopt it. Observability: The extent that an innovation is visible to others. An innovation that is more visible will drive communication among that person's peers and personal networks and will in turn create more positive or negative reactions.

#### Summary of research gaps

Bennis, Burke, Gery, & Juechter (2003) asserted that leadership in tacit knowledge is specifically important in adoption of innovation because one of the main roles of leaders is to drive innovation processes. Empirical insights gleaned from the literature review have primarily added value by way of the research gaps made explicit. Specifically, this review aims to examine the theoretical aspects on adoption rate of medical innovation and explicate existing theories that advance the understanding about the gaps that need to be addressed about slow or complete failure within adoption stages. This review paper demonstrated there are researchable issues of adoption gaps starting from the time a clinical trial product is approved to the time of initiation into practice and that a laissez-faire leadership might partially contribute to guideline development, and the uptake and implementation of policy and practice. Empirical studies review however, make no attempt to show that the adoption educational gap is between the perceived need for competencies on adoption rate knowledge pertaining to intangible assets and the hospitals' actual practice. In a wider sense, adoption knowledge management can be understood as the philosophy and technique of recognizing, increasing and exploiting the organization's intangible assets (Scheutze, 2001). Simply, the lack of clinical networks in closeness to healthcare professionals in hospitals especially at the start of diffusion and implementation can partially contribute to slow adoption. Proximity is still underresearched (Vissers & Dankbaar, 2013). This review paper posits that understanding the role of proximity in tacit skill is still a knowledge gap in adoption of medical innovation. This axiomatically, hospitals that receive new clinical research products for adoption are perceived to undertake an extended part of the research process known as Phase IV only now it is executed in hospitals. In this respect, hospitals are expected to add value by performing continuous pharmacovigilance. The empirical review concludes with scholarship call that few variables that have been used in extant empirical studies could be a self-constraint in themselves. A way to address this issue would be use of these variables with knowledge of the context. For instance, in one case it was discovered that leadership styles did not moderate the dependent variable as expected because other factors related to the context masked the leadership style. A strategic leader is apt to higher order dynamic capabilities e.g. sensing change, seizing opportunities, and transforming organizations.

#### Originality/added value

The idea that a new conceptual model is formulate to address the problem, is a point of originality considering existing knowledge. This work also speculate implication for managers, policy and practice.

#### Further research

This theoretical research paper was conceived from deductive and inductive insights gleaned from theoretical, conceptual, and empirical literature review. Thus, further research in future need to exploit and explore absorptive and adaptive behaviour of healthcare professional in adoption of medical innovation in a more detailed research design enhanced by understanding of the specific context, knowledge and proximity effect.

#### IV. Summary

Strategic leadership is a potentially powerful tool for coping with the conditions of change which surround firms today and increases adoption of innovation (Waziri, Ali, & Aliagha, 2015). Contextual, as well as physician's role in adoption rate of medical innovation need to be exploited and explored, for instance, knowledge and proximity. The research paper presented theoretical, conceptual and empirical reviews on the chosen topic. Information gleaned from the reviews demonstrated distinctive roles that they play in the research process, their differences, how they are constructed and where they must be presented in an Independent Study writeup. In strategic thinking terms, the reviews were a rich discursive moment, researchers and novices must tactfully incorporate theoretical, conceptual and empirical reviews in their research inquires to increase their robustness in all its aspects (Wootton & Horne, 2010). In the view of this paper, creation of a conceptual model as an outcome is evident of actionable knowledge and added value gleaned from interactions with reviewed literature.

#### V. Recommendations

In line with theoretical, conceptual and empirical reviews, the work of Gor (2013) established the extent of strategic leadership practices at Wrigley East Africa as a practical example to emulate. Following on from Gor's work this theoretical research paper make the following recommendations below;

- That strategic leadership is be a procedure that not only influence employees, but leaders as well to accomplish the goals of the organization through change.
- Exploiting and exploration of learning communication strategies is vital in implementing and action.

#### Limitations of recommendations

It is important to remember, that even with the best intentions stated in recommendations a researcher could find that under certain conditions a reactance-style backlash results not only in employees ignoring the agents' recommendations, but in intentionally contradicting them.

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