

Identifying the Need Figure Integration of Managerialism and Leaderism in Managing Health Care Organizations: Introducing a New Paradigm by a Scoping Review

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Abstract- In the new century and in the era of post-modernist, managerialism and leaderism theories have replaced the words management and leadership for driving of new public management such as healthcare organizations. each of these two theories cannot be alone successful to managing these organizations. several authors believed the integration of these two discourses can effectively drive healthcare organizations. According to these considerations, the current research was aimed to develop an integrated model of managerialism and leaderism theories among healthcare organizations. This study was a scoping review, conducted from 2000-2024. The data in this study included English articles and documents using related keywords, searched alone and in combination with Boolean operators through six international databases, and google scholar for additional documents. After doing screening and selection process through the PRISMA flow diagram, finally 30 studies as total number selected for in-depth analysis. The results of several studies showed that managerialism and leaderism discourses could not developed health care organizations alone effectively. Therefore, some authors suggested the need to develop leaderism discourses toward managerialism as an integration and combining the strengths of these two theories for managing health care organizations. The fusion of managerialism and leaderism discourses as a paradigm in health care organizations is, in fact, a new public management in the postmodernism era, arising from the converging strengths and the conversion of their own weaknesses and challenges into new opportunities.

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Introduction

In the 21st century, and the era of Postmodernism, managerialism and leaderism as two postmodern theories have been replaced by the words management and leadership for driving of organizations (1,2). Each of these theories has its own agreeable and opponents, which

believe only managerialism or leaderism Cannot be alone successful in managing today's organizations and ensuring their increased organizational performance (3,4).

As the focus of on administrative insufficiencies in public services organizations has increased, Managerialism was advocated as the answer in new

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Century (5). Managerialism is an ideological discourse optimizing outputs and increase organizational Productivity (6). It encourages greater managerial discussion in Public and private organizations to facilitate effective the roles of managers of these organizations (7) However, the application of managerialism as an independent strategy to healthcare organizations has been subject to diverse restraints and condemns (8,9). But it seems that managerialism is no longer enough by phenomena through health care organizations (10). Along with that, when managerialism practiced in healthcare organizations, has a tendency to promote values like efficiency and individualism. But it has the potential of marginalizing other ethical issues such as justice and fairness, and also limits the optimal clinical functioning of healthcare organizations (11).

To respond to these criticisms, especially those of last few years, some authors have developed leaderism discourse as an additional paradigm to managerialism (12). Leaderism Concentrates on the leaders as change agents with abilities to resolve interest conflicts motivate employees, and build values within organizations (13). Leaderism is in favor of managerialism, but not a replacement for managerialism, and enables its application in health care organizations (14). In addition, leaderism theory itself has not remained free from criticisms. Scholars have questioned the centralization of power and decision making that is Cleary found in health care organizations, including physicians and clinicians, stating that such a vision can be a bane in the profession of healthcare organizations (15). As such, both managerialism and leaderism theories are plagued by criticisms and limitation within the postmodern environment (16).

In Pursuit of this, Postmodernism is a framework that facilitate integration and convergence of managerialism and leaderism discourses. Therefore, there is potential for meaningful Construction and Synthesis of managerialism and leaderism discourses, providing novel theoretical and Practical insights (17). Recent researches have been verified that a large Percentage of healthcare organizations has been guided by, and continues to function within, the Parameters of Postmodern management practices (18). Considering the Very uncertain and Complex health care systems context of our present times, it is even more strongly suggested to manage health Care systems in a Postmodernist way (10). Postmodernism espouses new trends in managing healthcare organizations, i.e., the ineffability of conventional methods to address problems of our era (19).

Kheirgoo *et al.*, revealed that the majority of western countries focused mainly on empowerment of health care organizations managers to implement both managerialism and leaderism theories in these organizations (15). Bresnen *et al.*, believed the integration between managerialism and leaderism discourses has taken some steps towards alleviating many of tensions and particular problems inherent in national health system (20). Likewise, Jensen *et al.*, noted managerialism and leaderism discourses must emerge to transcend new set of challenges observed especially in healthcare organizations including the hospitals (21).

Tabrizi *et al.*, also described leaderism as being complimentary to managerialism. To address this idea, public and private healthcare organizations because of increasing relating to organizational performance and delivering efficient services to patients advocate shifting to integration of leaderism and managerialism discourses to faster organizational productivity (14).

Chaharbaghi *et al.*, an integral model of managerialism and leaderism as a strategic intervention in healthcare organizations in African continent (22).

Finally, Tapanila *et al.*, Goschwind and Chaharbaghi (2007) illustrated postmodernism principles and theories presented in this period including managerialism and leaderism to administer public and private organizations, when integrated and hybridized with each other can effectively drive healthcare organizations (23,24). It should be mentioned again such integration is possible in the context of postmodernism thinking, which encourage healthcare organizations to abandon old management styles and use the attributes of the postmodernism would in new era to survive and become competitive in modern turbulent world (9).

Materials and Methods

This study is a scoping review, conducted from 2000 to 2024. One of the most common reasons for conducting a scoping review is to identify the existing gaps in the literature. Therefore, the present research follows the methodological framework of Arksey and O'Malley, which consists of five steps: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) collecting, screening, and reporting the results. Also, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses-extension for Scoping Review (PRISMA-SCR) was applied as a checklist to manage the retrieval and inclusion of the related documents (25).

Identifying the research question

The present research seeks to answer the following questions:

1. What has the effect of managerialism and leaderism discourses on the management of public and private health care organizations?
2. Of the two theories- managerialism and leaderism- whose basic premise is to lead organizations in new modern age which has become to be known as the postmodern era, which theory is more suitable?
3. In light of the frailties and inadequacies of each approach in isolation, more specifically in healthcare organizations, can be reconciliation of two theories lead to better organizational governance?

The PCC framework used to define the current research questions. The PCC including N/A, concept: hybridization of managerialism and leaderism to manage health care organizations effectively, and context: health care system especially health care organizations is recommended by J & I to identify the main concepts in review questions (26).

Research strategy

The data in this study included articles and documents in English language related to managerialism and leaderism between 2000 to 2024. according to these considerations, the current research was carried out with the aim to develop an integrated model of managerialism and leaderism theories among health care organizations. Instead of using single application of managerialism and leaderism discourses that it may not enough to modify and change the different Problems and issues in these organizations. Instead, hybrid usage may be much stronger.

For this purpose, the articles investigating an integrated model of managerialism and leaderism theories, published on the English databases of PubMed, Scopus, ISI, web of Science, Embase and Emerald were used in this study using managerialism, leaderism, health care system, health care organizations, Components, Combination, Hybridization, Postmodernism, Public Service organizations, new public management, and integration keywords. Although, the keywords also Search alone, and in combination with Boolean operators AND and OR. Moreover, Google scholars were used as a

search engine for additional documents.

The inclusion criteria in this study were all relevant full text availability articles published in English containing evidence related to the application of managerialism and/or leaderism approaches in public and private organizations, particularly in health care organizations, and studies discussing the advantages and disadvantages of using each approach, especially in health care organizations examining the impact of integrating two approaches on organizational performance. Also, exclusion criteria were studies with restricted access to full text published in other than English language, lacking evidence related to both managerialism and leaderism in the fields of unrelated to the management of public organizations.

The search strategy conducted comprehensively to put all the evidence and resources published using the selected keywords across several databases. It is interesting to note that screening and selection were performed separately by two authors for assuring the qualify and precision of included studies. If there was no agreement between the two authors, a third author would be assisted to resolve the problem. All studies that were inconsistent with the research questions were eliminated.

Finally, in a few group meetings, all the extracted resources were confirmed by all authors, and there was a consensus about them. It should be noted that the case study was conducted by extracting data from at least three sources for alignment of the collected data. Also, the PRISMA-SCR was used to manage the process of inclusion of related articles and other documents and reporting.

Study selection process

After doing the initial search on the databases with identified keywords, 5240 sources were returned. Out of this ,1792 studies were removed as the were duplicates, and 204 studies were removed as they not in English. This left the remaining studies to be 3244 for screening of titles and abstracts. Out of this phases, 3025 studies were removed and 219 articles remained for full text scrutiny. After meticulous inspection of the whole texts,203 articles were removed, because they were irrelevant or entirely non-available in full text form. Finally, 14 more studies were added via references list screening, bringing the total number of studies selected for in -depth analysis to 30 (Figure 1).

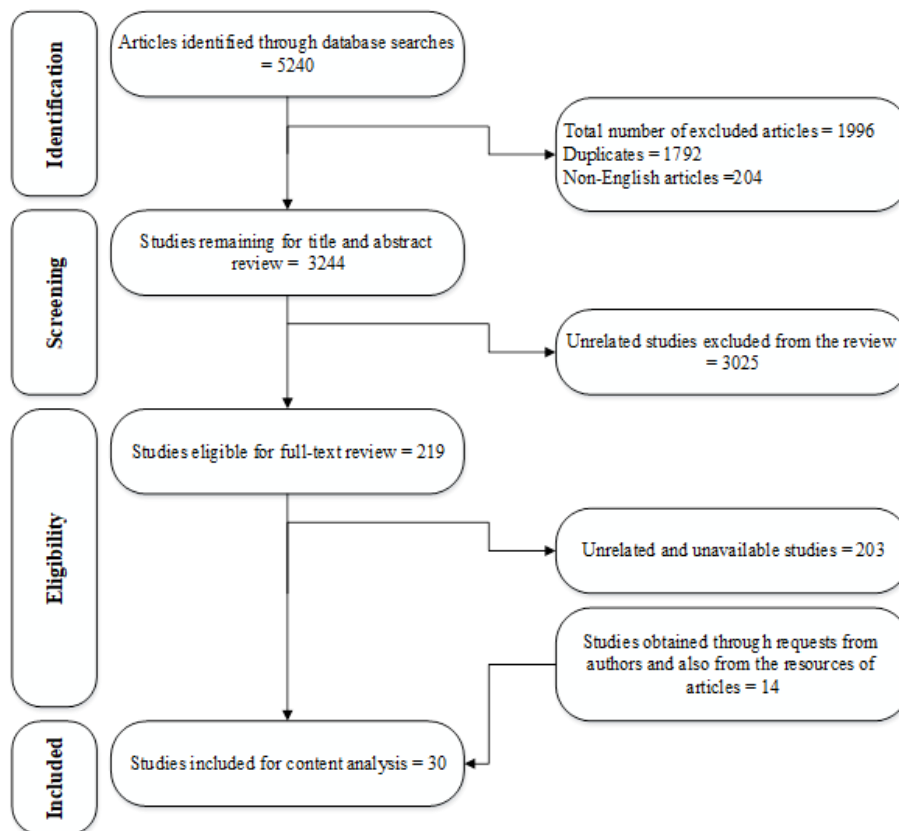


Figure 1. The PRISMA flow diagram for study selection process

Charting the data

The information related to the selected studies on managerialism and leaderism were charted in several categories such as author(s), title, publication year, findings and conclusion. Microsoft Excel 2013 was applied to extract the data.

Summarizing, collating, and reporting

Based on Arksey and O’Malley’s framework (27), tabulating the data is essential for reporting the results. Therefore, all the key information and results extracted

from the literature on managerialism and leaderism are summarized, collated, and reported.

Article quality appraisal

The quality of the selected articles was evaluated using the Mixed Methods Appraisal Tool (MMAT) , as an effective tool in the critical evaluation of various types of studies, including scoping review (28,29). Each article meeting the inclusion criteria was accordingly rated using the classification of yes/no, and can’t tell, and its quality was then confirmed.

Table 1. Summary of selected studies

S/N	Title	Author(s) (Publication Year)	Findings and Conclusion
1	The perils of privatization: bringing the business model into human services (25)	Westphan et al. (2021)	Agencies with a high commitment to managerialism had more difficulty adhering to the mission and fundamental values such as the conflict between the logic of the market and the logic of social work. The shift toward managerialism in many human services sectors has been based on the assumption that the private and public sector delivers more quality and accountability. But it is so doubtful, healthcare organizations could implement the managerialism alone.

- 2 Academics' social positioning towards the restructured management system in Finnish universities (9) Tapanila K et al. (2020) Along with NPM-driven university reforms, management systems in universities have been designed according to managerialist principles. However, the new managerial system is perceived to be problematic as it neglects leaderism ideal.
- 3 A preliminary theory of managerialism as an ideology (30) Kirkpatrick et al. (2019) An overview of managerialism is provided in light of several components including strengths; organizational ideologies; sympathy for management and business; appropriating sciences to enhance the position of management as positive elements and establishing false consciousness; misleading people; mystification; working against human wellbeing; and eliminating history as negative characteristics.
- 4 Surveillance in Hogwarts: Dumbledore's balancing act between managerialism and anarchism (31) Peters et al. (2015) The optimal degree of managerialism and anarchism; that is, neither full surveillance nor the absence of surveillance is desirable. Therefore, the leaderism must be able to balance managerialism and anarchism to succeed in health care organizations.
- 5 The changing roles of academic leaders: decision-making, power, and performance (32) Geschwind L et al. (2019) Major reforms in Nordic countries have increased the formal autonomy of higher education institutions to make decisions over both their academic core tasks and managerial/administrative activities because being the clear symptoms of leaderism replaced by managerialism. But shifting from managerialism to leaderism in these organizations may lead to various and challenges.
- 6 Searching for managerial discretion: how public managers engage managerialism as a rationalization for increased latitude of action (33) Karlsson TS (2019) Managerialism in the public sector including health care organizations seeks to grant greater managerial discretion to managers, allowing them to infuse new energy and efficiency in public organizations and have more latitude in decisions-making. Although managerialism discourses may cause problematic approach to management of healthcare organizations.
- 7 The hybrid professional: an examination of how educational leaders relate to, with and through managerialism (34) Machin D (2018) There are hybrid approaches to managerialism and leaderism in educational organizations. The managers have different approaches about managerialism and leaderism including alone for pragmatism soft powering, little effectiveness, lack of power in solving the problem, and proactively to discipline their staff. Therefore, hybrid approach to managerialism and leaderism has been adopted that is neither compliant nor transgressive, neither educational nor managerial.
- 8 Universities need leadership, academics need management: discursive tensions and voids in the deregulation of Swedish higher education legislation (35) Tsheola & Nembambula (2014) Leaderism is essential for the survival of a sector, but it not clear what problems it is supposed to solve or how it should operate. Leaderism without managerialism faces challenges in practice.
- 9 New public management (NPM) in Iran's health complex: a management framework for primary health care system (14) Tabrizi JS et al. (2018) Managerialism, is the main element of NPM for Iranian health care system. Although, NPM reforms may be helpful in solving the problems of the public sector like private sector, but it requires infrastructure for implementation to hybridize managerialism with leaderism disclosure, but it is not enough to produce the expected outcomes in healthcare organizations.
- 10 Managerialism: an ideal type (36) Davis et al. (2016) The ideological tenets of managerialism, including discrete function, value neutral, superior, applicable have potential to right manage the new public organizations (NPM) . The authors also declared establishing of managerialism alone lack of staff participation, and bureaucracy, in healthcare organizations.

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|----|--|------------------------------------|---|
| 11 | Values in managerialism and leaderism (37) | Holkrík N,
Deucher N
(2011) | <p>Managerialism and leaderism discourses are essential in health care organizations. This paper bridges the gap between managerialism and leaderism theories and practices to alter organizational structure, and corporation of clinicians and other health care professionals in healthcare organizations.</p> <p>Healthcare reforms in most Western countries have been focused on managerialism and leaderism issues in theories and practice to enable managers to perform the real their roles to positive impact on the working conditions of all employees and on quality of care.</p> |
| 12 | Healthcare managers' construction of the manager role in relation to the medical profession (38) | Von Knorring M
et al.
(2016) | <p>Healthcare reforms in most Western countries have been focused on managerialism and leaderism issues in theories and practice to enable managers to perform the real their roles to positive impact on the working conditions of all employees and on quality of care.</p> |
| 13 | Managerialism redux? (39) | Pollitt C
(2016) | <p>Managerialism is not dead, but deeply embedded in both thought and practice. Although there may be views against managerialism, that it is dead or is becoming old-fashioned can theory leaderism resuscitate managerialism in health care organizations?</p> |
| 14 | New managerialism: the impact on education (40) | Lynch K
(2014) | <p>The danger of managerialism lies alone in that it pays little attention to the diversity of staff and promote the organizations to maintain traditional skills and knowledge of management, with considering the approaches and conception of staff. The author hopes these problems will be reduced by the integration leaderism discourses to managerialism theory in healthcare organizations.</p> <p>Although leaderism can have significant benefits for physicians and other stakeholders, it will pose challenges to managers and the status of management.</p> |
| 15 | Leadership talk: from managerialism to leaderism in health care after the crash (41) | Bresnen M et al.
(2015) | <p>The shift from managerialism toward leaderism in the health system is associated with specific tensions, challenges, and problems. We suggest a new approach to prevent these challenges by combination of the two with each other.</p> <p>As a source of soft power, leaderism can facilitate innovation and experimentation. Leaderism has played a central role in the shift toward polyarchic governance in UK health care organizations. However, there is some confusion about leaderism alone and its application among clinical and non-clinical staff in healthcare organization.</p> |
| 16 | Elite discourse and institutional innovation: making the hybrid happen in English public services (42) | Reed M, Wallace
M
(2015) | <p>The emphasis on the power of personality, and disconnect between leadership responsibilities and the perceived qualification of individuals to assume managerial roles are the main challenges facing leaderism, if each is applied alone in new public management (NPM).</p> |
| 17 | Challenging leaderism (43) | Macfarlane B
(2014) | <p>Managerialism and excessive bureaucratization have acting as an obstacle to transformational leadership in South African medical schools. Leaderism and managerialism theories are both essential to administer new public organizations, because these two theories in practice have common components and elements in combination.</p> |
| 18 | Governance of the South African university under democracy and the triumphalism of managerialism over transformational leadership (44) | Edmonstone JD
(2017) | <p>The introduction of NPM has resulted in a shift from professionalism toward managerialism in health care organizations could become efficient by adopting the best management practices for operating the best practice. Although transfer of organizational power to managers, not leaders, ignore values such as fairness and justice to lead healthcare organizations.</p> |
| 19 | Complexity dynamics: managerialism and undesirable emergence in healthcare organizations (20) | Carlisle Y
(2011) | <p>The introduction of NPM has resulted in a shift from professionalism toward managerialism in health care organizations could become efficient by adopting the best management practices for operating the best practice. Although transfer of organizational power to managers, not leaders, ignore values such as fairness and justice to lead healthcare organizations.</p> |

20	Managerialism or collegialism? the evolution of these approaches and perceptions thereof in higher education in South Africa (45)	Chetty G, Louw T (2012)	<p>Unlike the managerialism approach which focuses on running medical universities based on business principles, the collegial approach focuses on leaderism approach among the faculty members. The importance of leaderism discourses in improving staff participation among healthcare organizations and medical schools in in deniable. The importance of leaders and leaderism in persuading, facilitating, and improving participation is undeniable.</p> <ul style="list-style-type: none"> ▪ Managerialism: the dominant discourse ▪ Leaderism: an emergent discourse <p>Managerialism is not sufficient in today's world and must be complemented with leaderism.</p> <p>The emergent leaderism discourse highlights three important aspects in the evolution of public sector organizations in the UK.</p> <ol style="list-style-type: none"> 1. Using the language of leadership to support and expand leaderism discourses in public service coordination. 2. Moving beyond the paradigmatic elements of NPM to embrace new conceptions of organizational practice and coordination for attaining social outcomes. 3. Renegotiations of legitimacy and the exercise of leaderism paradigm. <p>Managerialism is a problematic approach to the management of public service provision (e.g., healthcare organizations). Managerialism discourses are conducive to toxic bullying with harmful individual and organizational consequences. These criticisms highlight the need for a new and adaptable styles such as leaderism.</p> <p>Just like their private-sector counterparts, health care organizations face new pressures to adapt, learn, innovate, and compete. These pressures include ongoing change, technological changes, increased organizational complexity, and rising consumer expectations. Therefore, it is suggested that the public sector should move towards a new paradigm of running these organizations.</p> <p>In six European countries (Belgium, Finland, Germany, Netherlands, Sweden, and UK), managerialism has had a positive but modest effect on the quality of performances.</p> <p>It seems combination of managerialism and leaderism impact on overall quality of performance in new public organizations.</p> <p>New paradigm as structural changes, readiness of employees and managers, creating a climate of trust, building an organizational culture conducive to an integrated approach and benchmarking identified as the perquisite for complementing managerialism with leaderism discourse.</p> <p>The managerialistic performance that is expected of principles has resulted in the practice of molding leaders implementing leaderism discourses.</p> <p>Meanwhile, many innovative management tools have been adapted to the traditional bureaucratic paradigm and thus significantly weakened. Leaderism discourses can be a set of metaphors and practices to managerialism which is being utilized in support of the evolution of healthcare organizations in reorientation of the public services towards the customers.</p>
21	Managerialism a social order on the rise (46)	Shatil (2020)	
22	Complexity dynamics: managerialism and undesirable emergence in healthcare organizations (47)	Louw VN (2012)	
23	From genes to minds to cultures: evolutionary approach to leadership (48)	Van vugt M, Van Rueden CH (2020)	
24	Managerialism, organizational commitment, and quality of job performances among European university employees (11)	Smeenk S et al. (2009)	
25	Provision of public services in an age of managerialism: looking better but feeling worse (22)	Chaharbaghi K (2007)	
26	Reflecting on principals as managers or molded leaders in a managerialist school system (49)	Heystek J (2007)	
27	Whither managerialism in the Italian National Health Service? (50)	Anessi-Pessina E, Cantù E (2006)	

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28	Russian central government budgeting and public sector reform discourses: paradigms, hybrids, and a third way” (51)	Knodachek I, Timoshenko K (2018)	The 21st century reforms are especially important. Reform tactics have centered around the specific components of managerialism, including budgeting and accounting, performance management, contracting, customer service, and information technology. A commitment to reducing government regulations is at the core of all these reform tactics, through leaderism disclosure.
29	The interplay between managerialism and medical professionalism in hospital organizations from the doctor’s perspective: a comparison of two distinctive medical units (52)	Correia T (2013)	Managerialism has had many undesirable effects on public hospitals. must be changed, through paradigms, reforms, and hybrids with leaderism a new model (Managerialism + leaderism discourses) strongly recommended through paradigm to reform running modern hospitals in new century.
30	Leaderism talk: from managerialism bresneu in health care after the crash (53)	Dicter Meyer H (2002)	A “whole-of-organization” approach is needed to better educate staff and involve them in the organization’s shift towards better performance. Drawing upon perspectives on leadership that emphasize its constitutive nature, we examine the growing alternative emergent culture of leaderism in the NHS and how this relates to manage Merial practices and identity.

Results

Table 2 provides a summary result of 30 studies conducted in this scoping review. The results of several studies showed that managerialism discourses have been promoted in public service management, public and private health care organizations (54), to increase organizational productivity, in European health care organizations focuses on work efficiency, and rights to manage (55).

However, despite benefits and strengths of managerialism, several studies declared it has been to critics, including excessive bureaucratization, having adverse effects on public organizations just hospitals, universities, and discourages organizational participation and innovation, low job satisfaction, being problematic approach to management of public services such as health care organizations, producing toxic environment, ignoring organizational efficiency, decrease organizational productivity, mortality employees’ motivation, and performance of professionals (41).

Although, Van Knorrig *et al.*, believed health care administrators could not implement the role of managerialism in these organizations (39). Following these critiques, several authors suggested Strengthening involvement as a solution. Therefore, some authors suggested the need to develop leaderism discourses shift towards managerialism because of public sector reform in some countries such as the United Kingdom has been shaped by leaderism discourse (37).

However, some other authors noted various problems and challenges in the shift from managerialism to leaderism in health care organizations. They also believed

the application of leaderism alone in health care organizations may have different effects on relationships between different Professional/occupational groups (41).

Therefore, it seems there were some challenges against application of managerialism and leaderism, alone in New Public Management (NPM), and health care organizations (43).

Finally, Chan declared the existence of balanced and moderate leaderism discourses in the era of managerialism is desirable for the administration of health care organizations. In other words, creating a balance between these two discourses can be achieved this purpose (56).

O’Raily and reed found several special and ideal features about Managerialism and leaderism in comparison with each other as below (Table 2) (5):

Generally, with considering all studies applied in this scoping review, we declare main components of leaderism and managerialism discourses for effective management of health care organizations in the scope of combining or hybridization in the era of post- modernism (Table 3 and Figure 2).

The latest findings associated with managerialism and leaderism discourses in the given studies were utilized in determining the hybridization or combination scope of these two discourses. The core of categories and subcategories of constituent elements or components of managerialism and leaderism developed here were further confirmed and cross-linked with regard to their correctness and stability, and led to the formation of a new scope of hybridization or combination of managerialism and leaderism for health care

organizations administration in the era of postmodernism (Figure 1).

Table 2. The comparison between managerialism and leaderism discourses

Features	Managerialism	Leaderism
Ideology	Performance oriented	community oriented
Knowledge basic	concentrated hierarchy	distributed leadership
Strategic focus	Technocracy and support from customer	Technocracy with middle leadership
Essential Characteristics	Independency and authority of management	Importance and stability of leadership
Improvement of services	Better management procedure	Strategic leadership
Regulation and control system	Organizational Control and System management	scattered leadership, high participation of follower and stakeholders

Table 3. Components of managerialism and leaderism

Managerialism	Leaderism
<ul style="list-style-type: none"> ▪ Managerial discretion ▪ Management performance ▪ Result-orientation ▪ Standardization ▪ hierarchical structure ▪ Human resource management ▪ Budgeting ▪ Competition ▪ Customer focus ▪ Efficiency ▪ Information technology 	<ul style="list-style-type: none"> ▪ Emphasis on effective leadership ▪ Social commitment, responsibility, accountability, and compatibility ▪ Tendency to change and transformation ▪ Innovation and creativity ▪ Involvement or participation of staff ▪ Encouraging, motivating, and inspiring the staff ▪ Creating shared values ▪ Flexibility and adaptation ▪ Tolerance for chaos ▪ Continuous organizational learning ▪ Fairness and ethics ▪ Shared organizational power ▪ Network communication ▪ Focus on the needs of followers ▪ Employee growth and empowerment ▪ Focus on teamwork

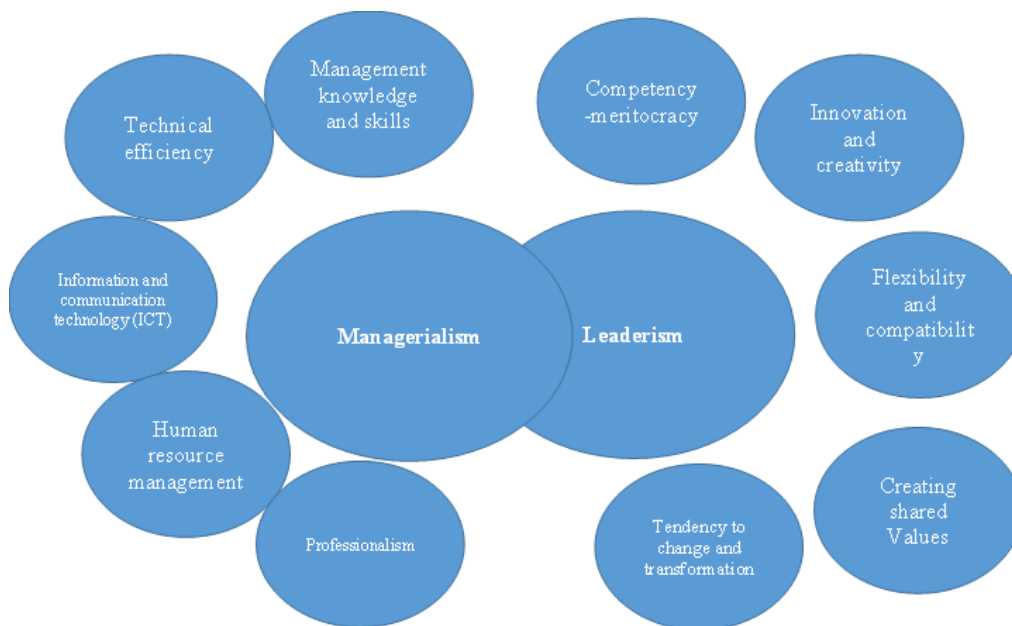


Figure 2. The scope for combination or hybridization of managerialism and leaderism in balance between two these discourses in health care organizations

Discussion

In this Section of current research, the authors begin describing the components and elements continuing the combine or hydrated model of leaderism and managerialism and why they were incorporated into the new one. Second, through consideration of other carried out studies, the situation in regard to managerialism and leaderism approaches, and the best circumstances in which to use them together is analyzed and interpreted.

A number of studies have established effective communication and information technology through networking establishment in health care organizations may enable these organizations towards the better Practice, improving productivity and health worker morality (57). In the other words, Information and Communication management maximizes efficient decision-making and implementation of Procedures, Process, and Performances (58).

Proof attests that flexibility and compatibility of organizational structure are essential demands in the nation's healthcare system for dynamic environment (59,60). Flexible organizational structure led to better implementation of processes. guidelines, orders, and effective communication between clinical and non-clinical professionals through health care system (61). Decentralization is flexibility of organizational organization as the most and core components of reform in health care system. It seems, management of healthcare system in each country has more challenges without decentralization.

In current scope presented have meritocracy has been utilized as a precondition and groundwork for application of the integration of managerialism and leaderism discourses. Dargahi *et al.*, Presented a hybrid model of competency- meritocracy that included knowledge management and managerial competencies in the operating of health care organizations (62-64).

Tendency to change and transformation is the other component of current scope; organizational changes are essential demands in healthcare system during new century (65). while staff resistance to change is inevitable, change management procedures must be to implemented in each a health care organization to inform the staff the nature and causes of changes, and head their views and ideas which can make the acceptance of the change (66).

Embracing organizational scope of managerialism and leaderism integration is compatible with the

contemporary era is inevitable and unavoidable, but first of all, is going, implementation of human resource management.

Principles among healthcare organizations especially effective training courses needed for all medical and non-medical professional staff which ensures staff's empowerment and improve organizational Productivity (67,68). of course, focus on human resources as social capital continuity and cohesion make Job enrichment and is one way making jobs inviting (69,70). All above mentioned components of current new Paradigm needs appropriate approval of macro- level healthcare policy-makers and Senior managers and legislators (58,45) with adequacy of supervision issues (71,72).

Inspiration, as a powerful process in the hearts and minds of staff, managers, leaders of healthcare organizations, inspires creative and innovative organizational activities among these health professionals (73). In addition, putting new scope into, healthcare system takes optimistic, Creative, have the potential to make organizational excellence (74). Creating share values among the staff, managers, leaders, such as coaching, creation of feelings of ownership, sharing of knowledge and skills and minimizing stress and concerns of staff among the health care organizations are very crucial and contribute to their satisfaction, and therefore any combined or hybrid of models, including managerialism and leaderism discourses will be easily adopted and executed (75). Further, due to widespread trends and focus on showing knowledge and skills among staff, managers, and leaders are able to choose and pertinent knowledge and skills only through collective thinking and apply them innovatively (76).

There are numerous pieces of evidence that point to one of the most important and critical organizational outcomes-especially for health care organizations - is higher productivity, which is a main key tool for health care system structure and resilience (77). On the other hand, the operationalism of a hybrid and integrated model with managerialism and leadership discourses-maximizing organizational productivity as well as stakeholders' orientation-is very much reliant on the development of an effective and efficient human resource management system, high quality services and care to patients, while at the same time, attending to staff needs and demands as human capital (78).

In the proposed integrated model with mutual trust established among health care providers and recipients, job description clearly defined, professionalism

responsibility and authority clearly marked, teamworking formed, and more specifically self-managed and self-controlled teams, the staff feel part of the health care organizations and make their individual goals as part of organizational purposes (79).

The current research has some characteristics, which can indicate its novelty. First of all, the integration model of managerialism and leadership discourses bridges the gap between managerialism and leadership theories to establish new organizational structure, and corporation of clinicians and other health care professionals in health care organizations. Second this model enables the managers to perform the real roles to positive impact on working condition creating a climate of trust, building an organizational culture conducive to integrate approach and overall quality of performance in health care organizations compared to managerialism and leadership theories alone.

Despite this, we believe these theories are the bedrock of scientific and professional progress. Despite this importance, the authors have noted that current research may often fail to make meaningful theoretical advancement that is longstanding challenge for the field of the health care organizations. In our research, we addressed these issues and tried to provide more substantial evidence for better understanding of the mechanisms underlying establishment of integrated mentioned theories: Kinderman *et al.*, indicated that over the past three decades, theorizing efforts have strongly favored "envisioning" and "explicating" at the expense of "relating" and "debating" with this imbalance increasing overtime (80). therefore, this thought style favors envisioning and explicating contributions and discovers relating and debating contributions.

The fusion of managerialism and leadership discourses as a paradigm in health care organizations is, in fact, a new public management in the Postmodern era arises from the converging strengths, and the conversion of their own weaknesses and challenges into new opportunities. We believe that health care organizations managers and these directors to effectively run these complicated organizations such as Chief Executive Officers (CEOs), aided by deputies or middle managers including Chief Operating Officer (COO), Chief Financial Officers (CFOs), Chief Information Officers (CIOs), Chief Nursing Officers (CNOs), and other Vice Presidents (VP), should have integrated skills, competencies and knowledge covering both managerialism and leadership discourses. Although, many hospitals accreditation agencies including The International Hospital Federation (IHF) has also further specifically defined competencies

of health care system managers in today's era, such as social, professional, economic, political, technological, and ethical, and multicultural skills for the best leading change and innovating, professional development and Community - focused care in the scope of leadership and managerialism discourses.

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