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Healthcare delivery in Sub-Saharan Africa: exploring the impact of leadership theories and styles

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ABSTRACT

Health care delivery involves the dispensation and provision of services that promote and maintain the health of the people. The World Health Organization recognizes leadership and governance as one of the major pillars of an efficient healthcare delivery system. Effective leadership is integral to organizational success. The World Bank rates the healthcare delivery systems in sub-Saharan Africa as one of the worst globally. Previous studies have demonstrated that poor leadership has a substantial contribution to the moribund state of healthcare delivery in the sub-continent. Transactional leaders incentivize workers to boost their morale but gives no room for errors which are bound to happen in sociological systems. Transformational leaders motivate and empower the subordinates who can misuse the authority given to them. Contingency leaders analyze situations before taking critical decisions but there are many unknown variables. The traits theory says that great leaders are born. This however discourages inclusivity and diversity. Additionally, leaders can be trained but they don't turn out to have the same effectiveness despite undergoing similar training. Functional leaders aim to eliminate bureaucracy and prioritize organization's goals but organizational change management is complicated in reality. For the integrated approach, everything matters but nobody knows everything.
This narrative review aims to examine how each leadership theory and style could be applied to advance healthcare delivery in sub-Saharan Africa and found different leadership styles with the associated merits and demerits but the hybrid approach that analyzes relevant variables would be the optimal approach to reinvigorate healthcare delivery in sub-Sahara Africa.

Keywords: Leadership, Theories, Styles, Healthcare delivery, Sub-Saharan Africa

INTRODUCTION

Health care delivery relates to the processes involved in administering health promotion as well as preventive, diagnostic, therapeutic or rehabilitative services. These services could be rendered at the primary, secondary, tertiary or quaternary level [1]. It is of crucial importance that these services are effectively coordinated and satisfactorily delivered to the end users. In sub-Saharan Africa, just as it is seen in other places, the elements that constitute the health sector include clinicians as well as the supporting staff, facilities for health care delivery, the patients/clients and the payers which could be private individuals, insurance companies or governments [2]. The six

pillars of healthcare delivery are shown in Figure 1 [3]. At the centre of every healthcare system is governance and leadership.

Leadership is defined as a strategic process by which an individual inspires and coordinates other people to act and behave in a way that would enable a group or an organization to fulfil its vision [4]. How leadership is viewed has evolved over time universally and has now become a crucial topic in the health sector. It is no longer about the position occupied but about the actions done towards the fulfilment of certain team goals. An effective leader possesses the ability to inspire a team to solve a specific problem [5]. The problem-solving approach to leadership requires the leader to be self-aware, visionary, organized, focused, collaborative and goal-oriented. Healthcare leadership has a tripartite dimension as shown in Figure 2 [6]. The healthcare leader behaves in such a way to add value within an interdisciplinary milieu.

In sub-Saharan Africa, the health sector's leadership structure reflects the subpar political governance approach in the continent [7]. The health system infrastructure in the continent is still far below the standard in the western world [2,8]. Table 1 shows how each sub-Sahara African country fares in terms of health expenditure compared with the gross domestic product (GDP), according to the World Bank [9]. The sub-Saharan setting is a low resource one and it takes astute and effective leadership to be able to make the best use of the available meagre resources.

The primary objective of this narrative review is to discuss the various leadership theories/styles and relate them with the healthcare delivery systems in sub-Saharan Africa. This would help the healthcare workforce to determine which leadership style is best suited for their locations. Discussing the various leadership styles may shape the direction of research on healthcare leadership and management in sub-Saharan Africa in the future. We searched electronic databases such as PubMed, Google Scholar, SCOPUS and the African Journal Online (AJOL). The grey literature was also consulted. The search terms used were 'leadership', 'styles', 'health care', 'Africa', 'burden', 'each of the 46 countries in sub-Saharan Africa such as 'Nigeria' and 'South Africa' and 'challenges'. Boolean operators such as 'and' and 'or' were used as appropriate.

The health policy triangle tool serves as the

theoretical framework for the discussion. In this regards, the context is the leadership phenomenon in the health sector of sub-Sahara African countries Figure 3.
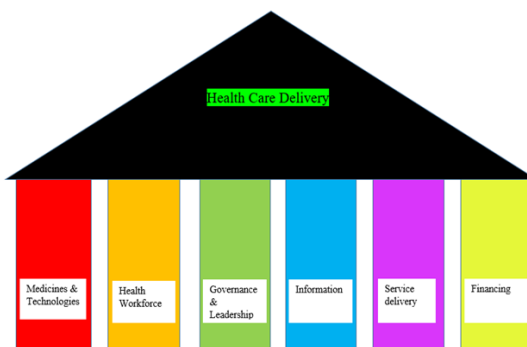

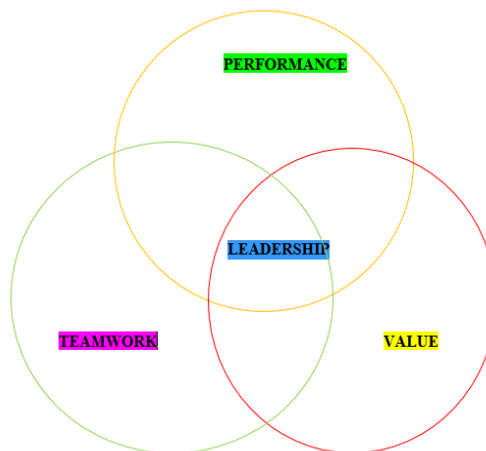**Figure 1: The pillars of healthcare delivery system**

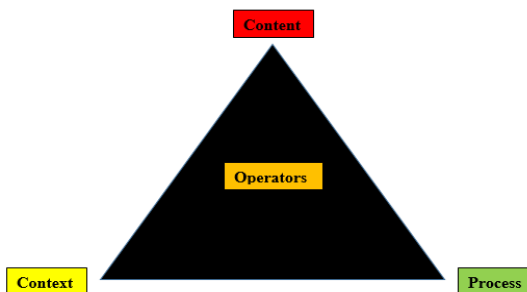**Figure 2: The tripartite dimension of healthcare leadership**

Figure 3: The tripartite dimension of healthcare leadership

The content is to examine the various leadership styles, their merits and demerits. The process entails critically examining each style and

Table 1: Health expenditure in sub-Saharan Africa per Gross Domestic Product (GDP) Percentage(Year 2021)

Country	GDP %	Country	GDP %
Congo Republic	2.08	Sao Tome and Principe	5.53
Benin	2.39	Comoros	5.57
Angola	2.53	Niger	5.67
Gabon	2.77	Togo	5.73
Nigeria	3.03	South Sudan	6.04
Ethiopia	3.24	Botswana	6.05
Cote d'Ivoire	3.3	Mauritius	6.2
Mauritania	3.3	Rwanda	6.41
Ghana	3.42	Eswatini	6.78
Democratic Republic of Congo	3.54	Malawi	7.39
Equatorial Guinea	3.54	Zimbabwe	7.7
Cameroon	3.6	Central African Republic	7.75
Madagascar	3.69	Mozambique	7.83
Gambia	3.82	Burundi	7.99
Tanzania	3.83	Guinea-Bissau	8.35
Uganda	3.83	Liberia	8.47
Mali	3.89	Namibia	8.5
Guinea	3.98	Sierra Leone	8.75
Senegal	4.13	South Africa	9.11
Chad	4.35	Lesotho	11.27
Eritrea	4.46	Seychelles	5.19
Sudan	4.57	Zambia	5.31
Kenya	4.59	Burkina Faso	5.46
Cape Verde	4.94		

GDP: Gross Domestic Product

evaluating how it applies to the ecosystem of the health sector in sub-Sahara African countries. The actors are the government, the healthcare administrators, the clinical and non-clinical staff, policy makers, insurance companies and the general populace.

Healthcare delivery in sub-Saharan Africa
In sub-Saharan Africa, the indices of health outcomes are still sub-par, when compared with other parts of the world [10]. Figure 4 shows that the life expectancy is slightly rising in the sub-continent but it is still considerably lower than in the developed world [11]. The World Bank rates sub-Saharan Africa's health care delivery system as the worst globally [7]. The World Health Organization also asserts that healthcare delivery support systems in sub-Saharan Africa are fragile [12]. As at 2019, 11% of the world population could be found in sub-Saharan Africa but its total health spending was just 1% of the global total [13]. The World Health Organization recommends a

doctor-patient ratio of 1:600 but in sub-Saharan Africa, the obtainable ratio is 1: 50 000 [14]. This is worrisome and it reflects the deplorable healthcare system in the region. Healthcare delivery in sub-Saharan Africa is bedeviled with infrastructural decay and human capital deficiency. Adoption of the state of the art technologies has been scanty in the subcontinent thereby limiting the quality of care given. There has been an increasing investment in the health sector but the continuous "ATM" (AIDS, tuberculosis and malaria) epidemic with a rising prevalence of non-communicable diseases have decimated the impact of such investment in sub-Saharan Africa [15].

Optimal operationalization of healthcare systems have been impaired by the poor socioeconomic status of the citizens of the sub-Sahara African countries. Challenges such as poor staffing, low resources, rural-urban disproportion of healthcare workers and the desire to seek greener pastures abroad have been responsible for the region's deplorable state of healthcare delivery [16,17]. All these factors are coupled with the fact that public health and preventive medicine are poorly funded. In instances where foreign aids are made available to sub-Sahara African countries, political unrest, corruption and natural disasters have weakened the effectiveness of such international relief packages [18].
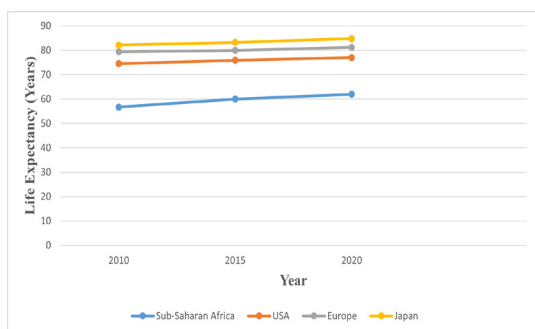

Figure 4: Life expectancy: Sub-Saharan Africa vs. the developed world

Organizational leadership
Organization leadership refers to the strategic approach to managing an organization where the vision is communicated across board and all team members are inspired and coordinated to behave and act in a way to accomplish the vision [19]. Organizational leadership is the bedrock of organizational success in all the sectors of the economy. The gap between the inputs and the outputs is largely filled by the leadership of the organization. Therefore an organizational leader must understand organizational structure and be able to harness all resources, ethically and prudently, to achieve strategic goals in a sustainable manner [20]. The organizational leader is broad-minded, visionary and innovative. Strategic mindset, good communication skills, altruism, and integrity are essential characteristics of successful organizational leaders. Organizational leaders have critical roles to play in both private and public sectors.

An organizational leader is someone that can influence others to aim at a common target. The aim of organizational leadership is to maximize the potentials of the organization and protect the interests of all the stakeholders at the same time [21]. Using their knowledge of organizational psychology, organizational change management and operational efficiency, organizational leaders are able to embolden the team members to strive for excellence. The strengths and weaknesses of the personalities as well as the opportunities and threats to the organization form the core armamentarium of a good organizational leader [22]. A true leader understands the benefits of diversity and employs empathy to create an inclusive team who are synergistic in their efforts despite their uniqueness and differences. Figure 5 shows the elements of organizational leadership.

Figure 5: Elements of organizational leadership

Leadership problems in sub-Saharan Africa
There are some fundamental leadership problems in Africa that cut across all sectors and nations [23]. Growth rates have not been translated to developmental strides and better standard

of living. Ineffective leadership has been a major impediment to sustainable and equitable development in sub-Saharan Africa [23]. The previous argument of adverse colonial influence is gradually fading away as more and more decades go by post-independence. It is becoming pretty clear that the socioeconomic disadvantage in the sub-region is due to enabling factors created by poor leadership in sub-Saharan Africa. There appears to be a leadership crisis in the sub-continent which is a fertile ground for political unrest, corruption, socioeconomic upheavals and poor healthcare delivery [24]. It has been suggested that economic backwardness in sub-Saharan Africa is more of mismanagement and lack of direction among African leaders rather than shortage of capital or unfair external influence [25].

So, the few scattered successes recorded in the sub-region is a product of government reforms designed to reposition leadership [26]. The various pan-African summits, conferences and conventions organized by African leaders have focused on the leadership disaster widespread in institutions across the continent and how to tackle the predicament [27]. The leadership gap in sub-Saharan Africa is multi-dimensional and requires a holistic approach. Another infrequently discussed facet of the leadership crisis in Africa is the failure of the citizens to hold their leaders accountable. Sub-Saharan Africans tend to choose leaders who make poor choices leading to economic woes [28]. A former Nigerian President, Goodluck Jonathan, at the World Economic Forum in 2012, stated that some poor choices of African leaders are merely premised on ego and personal interest rather than solid empirical economic models [23].

Leadership challenges in health institutions across sub-Saharan Africa

Effective healthcare systems are hinged on strategic leadership which is hardly seen in sub-Saharan Africa [29]. Despite this, a dearth of literature addresses the leadership problems in the health sector of sub-Sahara African nations. A study by Oleribe et al. estimated that about 10% of the challenges in Africa's health sector was traceable to ineffective leadership [30]. There is an insufficiency of innovative leaders who can advance the course of modern healthcare delivery using a holistic approach. The private-public partnership approach has been proven effective in ensuring an operational healthcare system [31].

This however requires individuals who are capable and keen at spearheading such a strategic concept and the commitment of political leaders. These prerequisites are not readily available in sub-Saharan Africa and where available, they are not adequately empowered [32].

In some instances, the leaders do not have enough budgetary allocation to spend. This, therefore, means that innovative changes cannot be funded despite the leader's strong desire to bring about a meaningful transformation. Due to the limited resources, healthcare budget has become shrunken in sub-Saharan Africa [33]. In spite of the growth recorded in some African countries, it would not automatically translate into enhanced health spending because of the amplified demands from other sectors and lack of political will. In April, 2001, African leaders decided, in the so called "Abuja Declaration", that 15% of the national budget would be allocated to healthcare delivery but this has been achieved in only a paltry percentage of the countries [34]. At a point, some African nations relied heavily on external aids for health financing, and the donors' decision to stem their contribution made the recipient countries struggle in their per capita heath expenditure [7].

Mentoring and leadership training are often not part of the undergraduate and postgraduate medical training curriculum in many sub-Saharan African countries [35,36]. This puts further strain in the leadership pool available for healthcare delivery in the subcontinent. The matter is worsened by an unprecedented migration of skilled workforce in the health sector to advanced nations in search of greener pastures [37]. Not everyone has leadership skills or even desires to learn the skills. So, when the highly motivated ones have emigrated, it creates a leadership gap as well as a workforce lacuna. Often, health institutions do not focus on investing in leadership training of their employees due to lack of foresight and scarcity of resources.

Theories of leadership

Theories of leadership refer to the empirical explanations on the predisposition of individuals to becoming leaders [38]. They are descriptions of how a person can adopt certain features with the aim of developing leadership potential. The theories view the essential characteristics of a successful leader from various perspectives. They are plausible rationalization on how people should

lead and what makes some leaders effective and others not. Figure 6 itemizes various leadership theories that would be discussed in the following paragraphs.

| Transactional theory |
| Theory of transformation |
| Theory of contingencies |
| The great man theory |
| Behavioral theory |
| Functional theory |
| Integrated psychological theory |

Figure 6: Theories of leadership

Transactional theory

This is sometimes called the "management theory." It views leadership from the point of controlling people through the use of incentives and reprimand [39]. Successful followers or employees are rewarded, and the poor performers are punished. The principle here is that employees work or people follow a leader with the expectation of being compensated. So, there is no commitment to a cause on the basis of goodwill alone. It is a form of positive reinforcement which could indeed make some people work harder. However, the negative consequences of not meeting targets could dampen morale and reduce productivity. Workers' outputs sometimes do not totally reflect the magnitude of the efforts and it is unfair to hinge the reward-reprimand system solely on the output.

The transactional leader sets the bar and everyone is expected not to fall below the bar. Transactional theorists believe that if there are no consequences, people would not do the right thing spontaneously [40]. In the same vein, it is assumed that people would go all the way as long as there is something in it for them. So, there is hardly any room for selfless service. Interestingly,

transactional leadership would also imply close monitoring of the employees. A lot of resources would be expended in doing this so as to ascertain what each worker deserves. Again, it is a reactive methodology because events need to happen before they are corrected. This could be costly and has the potential to antagonize innovation. Without innovation, developmental changes may not happen. Deviation from the status quo is not readily embraced by the transactional leader.

Transactional leaders allow employees to carry on as long as the set benchmarks are met. So, the benchmarks must be clearly measurable and must be articulated to the subordinates. Success in transactional leadership would be made possible by appealing to the self-interest of the personnel. The transactional theorists propose that operational efficiency is maximized when self-interest aligns with the organizational vision and this alignment is the role of the leader [41]. So, the organization being headed by a transactional leader has to be regimented. There are protocols, conventions, and modus operandi that ensure organizational structure rigidity. Transactional leaders can meet short-term goals but experts have consistently questioned the sustainability of this leadership style [42]. Nevertheless, it is built around stability and clarity of roles. Lack of sustainability is an enemy of competitiveness in the long-term.

Transactional leadership in healthcare delivery in sub-Saharan Africa

Generally, healthcare operates on a set of principles and guidelines. Healthcare delivery systems must be organized and effectively supervised to ensure optimal operations. So, a transactional leader in the health sector directs the affairs of the establishment or agency by defining the yardsticks of performance evaluation. All the staff members have to do io follow the laid down orders. Compliance results in ample remuneration, recognition, promotions, career progression and assignment of greater responsibilities. Disobedience breeds the opposite. So the transactional leadership triad includes protocols, defined roles and supervision. This is the transactional triangle and is shown in Figure 7. The health sector in sub-Saharan Africa is battling with the challenges of brain drain. Health workers are pursuing their desires to have a better life. In other words, they are largely after their legitimate self-interest. So, transactional leadership promotes self-interest as long as it agrees with the overall

goal of the organization. So, instead of watching helplessly as the best hands emigrate to the advanced world, transactional leadership can find a meeting point between the ambitions of the health workers and the objectives of the health organizations [43].

The adoption of modern technology is still in the infancy stage in sub-Saharan Africa. Therefore embracing a leadership style that is simple and practical would be an efficient stopgap. The transactional triangle depicts that transactional leadership is all about defining the goals, how the employees would play their roles in achieving the goals, and incorporating a system to ascertain if the roles are being performed. This lacks any discombobulated sophistication. Besides, simplicity is the mother of invention. A complex system of managing the health systems would do no good to sub-Saharan Africa, where healthcare delivery is still severely challenged [30]. Simplicity is the virtue of science, and technology is about simplifying things. So, transactional leadership would be an effective leadership style, in sub-Saharan Africa, based on this perspective.

A consistent problem in healthcare delivery in sub-Saharan Africa is the lack of structure [44]. There is a deficiency in the framework upon which healthcare organizations operate. So, there is a lack of direction and synergy. Transactional leadership is a guarantee for orderliness and structure. Transactional leaders always insist on structural configuration and maintenance of decorum. A haphazard system, as seen in sub-Saharan Africa, would tremendously benefit from transactional leadership, whose core principle is the establishment of organizational protocol and procedures [45].

Sub-Saharan African countries are third-world countries experiencing developmental changes in all spheres of their national existence [46]. Therefore, the health sector is also expected to be growing structurally and operationally in scientific concepts and technological attributes. These desirable changes are to be driven at the national and community level. However, transactional leadership does not really push for changes. It is a principle of leadership that is fixated on the status quo. It does not stimulate transformations, and it antagonizes revolutions. This gives the impression that transactional leaders may encounter enormous challenges in rapidly changing sub-Saharan African nations. The world itself is rapidly

evolving, and sub-Saharan Africa is tagging along. A transactional leader may therefore become a hindrance to these needed transformative changes.

The countries in sub-Saharan Africa are at a point in their histories where they need innovative ideas and ground-breaking thinking to design a pioneering pathway out of poverty and economic backwardness [47]. Transactional leaders are known for their dogmatism, which constrains progressive reasoning. They do not want to think about other ways of getting things done. This is clearly a philosophy that sub-Saharan Africa cannot afford to have in the 21st century.
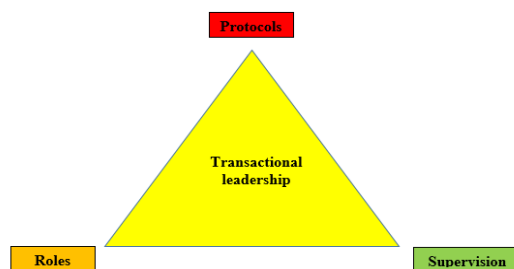

Figure 7: The transactional triangle

Transformational leadership theory

The transformational leadership theory postulates that subordinates' productivity is dependent on the relationship between the leader and the subordinates [48]. Transformational leaders have the capacity to motivate their followers to deliver maximally and make the best use of their potential. The leader is visionary and brings everyone on board to own the vision such that they behave and act in a way that leads to a collaborative accomplishment of the vision. The emphasis is on boosting the morale of the subordinate, which encourage them to execute their roles productively and efficiently. The leader is prototypical in attitude, behaviour, and action. The transformational leadership theory prescribes that an effective leader serves as the template that stimulates the enthusiasm of the subordinates, thereby driving them passionately towards the group's goal.

The transmission of zest for achievement from the leader to the employees is borne out of the continuous interactions between the leader and the employees [49]. So, effective communication is one of the most potent tools of transformational leaders. Transformational leadership advocates

for innovative ideas from the team members. The team members are eager to contribute their opinions because they know that there are listening ears in the person of the leader. So, all the team members can anticipate problems and strive to prevent, minimize or rapidly deal with the problems without helplessly depending on the leader. This proactivity beautifies the outcomes of their efforts. The group welcomes novel ideas, as enshrined in the philosophy of transformational leadership.

The leader energizes the subordinates to reach for the stars. Positivity is a core notion in transformational leadership. The integrity and inspiration of the leader engender the personal development, commitment, and self-belief of the followers. The transformational leader has such a magnetic aura and disposition, which embolden the followers to evolve positively in their perception, inclination and attitude toward work. Such a leader is trusted, esteemed, and venerated. The followers not only admire a transformational leader, but they dream to be one. So, transformational leaders produce successive generations in their mold. Followers are aroused to be more creative and result-oriented. Team members are encouraged to explore different possibilities, thereby inventing new opportunities. Individual uniqueness is recognized and the leader relates to each team member in a customized manner. Distinctive contributions are recognized and appreciated. The commitment of the followers to a transformational leader has been found to be so strong that the group turnover rate is marginal [50].

Transformational leadership in healthcare delivery in sub-Saharan Africa

Effective leadership is one of the greatest challenges in healthcare delivery in sub-Saharan Africa.[29] Quality leadership has been the bane of a thriving healthcare system in sub-Saharan Africa [51]. Leaders with visions and integrity that can serve as role models are infrequently seen in Africa. Imbibing the philosophies of transformational leadership in healthcare delivery systems in sub-Saharan Africa could be a way out of this age-long leadership conundrum. The health sector is multifaceted, and the challenges are multilayered. Therefore, a collaborative effort would be more effective in tackling the copious challenges in the sector. Transformational leadership emphasizes

the concerted approach to piloting the affairs of an organization [52]. A tree cannot make a forest. An interplay of innovative ideas would drive Africa faster and more efficiently than the frequently seen solo effort.

Healthcare is multidisciplinary and a transformational leader is able to envision the meeting point and articulate such an insight to other members of the team so as to engender productive collaboration [53]. In order to optimize healthcare in sub-Saharan Africa, transformational leaders with panoramic perspectives who can inspire a diverse team to join forces and execute organizational changes would be required. Harnessing an interdisciplinary team to maximize outputs would be the desired pathway going forwards, as far as healthcare delivery in sub-Saharan Africa is concerned [54]. Transformational leadership would promote resilient connectivity between the healthcare organization, the employees, the suppliers, the patients, the community, and the government's regulatory agencies. This has been lacking for decades. This is, however, necessary because such a strong relationship would enable the transformational leader to critically evaluate the needs of the stakeholders and strive to channel the limited resources strategically to meet the needs substantially.

The health sector in many sub-Saharan African nations comprises a warring and disunited workforce, further aggravating the existing challenges in the sector [55]. This is partly reflective of the deficiency of transformational leaders in the sub-continent. This is because transformational leadership enshrines a shared vision among dissimilar employees such that the collective purpose of the group takes precedence over the individual's aspirations. Sub-Sahara Africa is in dire need of leaders who command so much respect that they are seen as the symbol of unity and concerted advancement of purpose so as to reposition the health sector to its rightful position in the global picture, considering the enormous burden of disease in the continent [56,57]. Transformational leadership curbs restlessness among team members and refocuses their attention on the group's vision.

The ultimate aim of leadership is accountability. In many organizations, it is not unusual to encounter leaders who take praise for the team's achievement and repulse the blame on the team members

when things go southward [58]. This is the direct opposite of who a transformational leader is. Healthcare leaders in many sub-Saharan African countries have demonstrated a complete lack of accountability [59]. Whenever leaders do not take responsibility, things fall apart. This is the current description of the shambolic state of healthcare leadership in the sub-continent. This widening gap calls for the intervention of transformational leaders who take responsibility and are answerable to the people's yearnings.

Unrestrained power has an inherent capacity to corrupt people. In empowering team members to take decisive responsibilities, a transformational leader may be brewing organizational monsters unknowingly [5]. Many African leaders have demonstrated an insatiable tendency to misuse power [60]. Therefore, the strategic position of the renewed efforts at ensuring sustainable development in Africa would warrant that any system that can promote power abuse must be vehemently resisted. This calls for caution in our clarion call for transformational leadership in healthcare delivery in sub-Sahara Africa as empowered collaborators can potentially abuse such privileges.

Transformational leadership can also bring about a lack of focus as each team member thoughtlessly tries to outshine the others. In a bid to encourage innovation, the central theme of the group may be unnoticeably eroded until there has been a complete loss of the rallying point of the organization. An attempt to carelessly introduce transformation leaders into the health sector of a sub-continent where the health workers demonstrate a carefree attitude may further compound the challenges of the sector rather than ameliorating it [61]. So, transformational leadership is a two-edged sword that must be carefully thought out before sheepishly superimposed on the sub-continent.

Contingency theory of Leadership

The contingency theory of leadership stipulates that leadership is not one size fits all phenomenon [62]. According to contingency theorists, the ideal leadership style is a product of an interplay between internal and external factors that affect an organization [63]. So, the approach to leadership here is determined by the organizational culture, vision, and processes, the kind of employees available to do the work, the nature of the work itself, and the attributes of the leader.

Therefore, a leader who believes in the contingency theory would keep changing his/her style as the situation demands. How the leader adapts to the existing situation contributes to the leader's efficiency and effectiveness. So, it is not about certain fixed traits that influence the success of the leader but the capacity to strategically harness the required attributes in a particular circumstance [64]. So, a successful leader in one instance may be a failure in another situation. Flexibility is the modus operandi of a contingent leader. So each situation is analyzed critically, in its own merit, and the leader makes the decision on which style would be the best for that situation. This calls for systematic reasoning, strategic disposition, and self-awareness.

The contingency approach to leadership hypothesizes that personal skills are not enough to assess an effective leader but how the leader responds to demanding circumstances [65]. Consequently, it is either a leader who fits into an existing model or the company gets someone who could fit in. A thoughtful exploration of the variables at play helps in guiding the leader to make strategic decisions in varying situations. The proponents of the contingency theory hold a broad-based view of management rather than a dichotomous perspective of a good/bad leader [66]. In other words, there is no such thing as "a good leader" but a "favorable circumstance."

What works in Europe may not necessarily work in Africa as far as organizational leadership is concerned [67]. Environmental factors are not the same, and the approach to management should not necessarily be the same too. In other words, leadership should be customized to situational peculiarities. A contingent leader must possess an analytical mindset in order to be successful. The contingent leader must be able to rationally evaluate themselves and their surroundings. There is a need for the consciousness of confounding factors. Contingency leadership entails sound expertise in organizational change management. Invariably, effective communication skills would be an indispensable craft for a contingent leader.

Contingency Theory of Leadership in healthcare delivery in sub-Saharan Africa

African leaders are gradually coming to terms with the uniqueness of their terrains and culture [68]. In the same vein, westernization has brought an unprecedented spike in the incidence of cardiovascular disease [69]. The general populace's

thoughtless superimposition of western ideals into the sub-Sahara African structural fabric has yielded monumental failure across all sectors. Therefore, there is a need for an Africa-customized leadership approach in healthcare delivery that x-rays prevailing situations, cultural leanings and available resources before making strategic decisions. In other words, the need for contingent leaders in sub-Saharan Africa, especially in healthcare delivery, cannot be overemphasized. Domestically-applicable strategies are needed to reposition the health sector in sub-Saharan Africa to stand a chance of meeting up with the rising burden of disease in the sub-continent.

In many sub-Saharan African nations, leaders make decisions arbitrarily, emphasizing self-gain and ego [70]. Diagnostic reasoning is the hallmark of contingent leaders. They have a unique capacity to assess their strengths and weaknesses and the opportunities and threats in the environment. The health sector in sub-Saharan Africa needs contingent leaders who are tactical, analytical, and logical to propel healthcare delivery forward. Decisions must be based on a critical evaluation of the available resources and prevailing circumstances and not haphazardly. This is within the purview of contingent leaders, and it is high time they were brought on board.

Contingency leadership has been created from empirical research and the principle has been tested repeatedly and satisfactorily [42]. Adopting the contingency approach to leadership is tantamount to embracing a practicable and effective methodology. At this point in time, what is needed in the health sector of the sub-Saharan African countries is something that works, implying that contingent leaders would be a smart fit in health care delivery in sub-Saharan Africa. This is not the time to experiment with something unproven because healthcare delivery challenges in the sub-continent are escalating at an alarming rate.

Complacency in leadership has characterized the political landscape of sub-Saharan Africa in the recent past [71]. This has extended to all economic sectors, including the health sector. Similarly, for different reasons, the citizens of the various nations have not really called their leaders to order. So, the leaders are carefree and self-satisfied. It is not uncommon to encounter an ineffective policy being repeated without the stakeholders, especially the leaders, challenging the fruitless

venture. A unique feature of contingency leadership is that the leaders are always on their toes as they must evaluate every situation and adapt strategically to succeed [72]. There is a constant self-assessment and situational analysis so as to deploy an appropriate leadership style to guarantee productivity and competitiveness. This clearly shows that contingent leaders would have a role to play in the emancipation of healthcare delivery systems in sub-Saharan Africa.

Situational analysis is great, but do we really expect certain individuals to be experts in all situations? This is a tall order, to say the least. No one is a reservoir of knowledge, and expecting the leaders to be able to assess all situations excellently well before taking strategic decisions is to be unrealistic. There would be inconsistency and collateral damages. The contingent leaders are expected to be able to evaluate all situations theoretically, but this may not be totally practicable in reality [73]. This implies that putting contingent leaders in the health sector could simply mean that we are calling for a roller-coaster system. Lives cannot be entrusted in the hands of people that wouldn't be steady. There are too many cofounding factors that it is practically difficult to do a satisfactory analysis of situations at all times. Moreover, the contingency approach does not prescribe the solution to the problems. Rather, the solutions are determined from inexhaustible permutations, thereby making the approach non-objective and unreliable.

The great man Theory

The world, in general, has seen many great leaders who have left indelible marks in various human adventures. A series of careful observations have shown that these leaders have certain attributes in common. This is the empirical framework of the great man theory, which presupposes that there are peculiar qualities present in successful leaders [74]. So, in choosing a leader, all that needs to be done is to identify those who possess these traits or characteristics and put them at the helm of affairs. The great man theory is also referred to as the traits theory by certain experts. These attributes of a successful leader are believed to be inherent and not learned. In other words, the great man theorists believe that leaders are born and not made. It assumes that some individuals are naturally destined to lead while others are meant to follow.

So, in the world over, qualities such as charm,

prudence, resoluteness, assertiveness, and valiance are universally seen in effective leaders [75]. Other attributes include emotional stability, intuition, adaptability, oratorical skills, aptitude and grit. According to the proponents of the great man theory, these unique characteristics cannot be taught or learned but are rather possessed innately. In addition, these characteristics are seen across nations, continents, organizations, and political movements. These great leaders are believed to have the ability to be successful in leadership positions irrespective of times, situations, organizations or circumstances. Outside these great leaders, other people are expected to compare themselves with the great leaders,, thereby learning their strengths, weaknesses and ability to lead effectively. Great leaders are the yardsticks of leadership with which other "mere mortals" are measured. In many democracies and organizations globally, it is not unusual to appreciate that the great men theory is their default model of selecting leaders.

Frankly speaking, sub-Saharan Africa has had its own fair share of these "great leaders." Nelson Mandela undoubtedly had virtually all the attributes earlier mentioned, and it was unsurprising that he emerged as the President of South Africa. He is respected globally and considered as a great leader.[76] Haile Selassie was an Ethiopian leader believed to be the architect of modern Ethiopia [77]. His leadership reign was characterized by unprecedented socio-political reforms culminating in the abolition of slavery in Ethiopia. Kwame Nkrumah was a Ghanaian leader who was the first Ghanaian president and laid the foundation for the present developmental strides in the country [78]. In the health sector, sub-Saharan Africa has produced the likes of Tedros Ghebreyesus- the current Director-General of the World Health Organization (WHO), Osahon Enebulele- the current president of the World Medical Association, and Matshidisho Moeti, the first female WHO Regional Director for Africa.

The great man theory in healthcare delivery in sub-Saharan Africa

In sub-Saharan Africa, a common leadership occurrence is to "try out" someone who claims to possess the competence to bring a positive change [79]. Often, they are taken at their word. Ultimately, after ascending the leadership position, it is suddenly discovered that they don't just have what it takes to lead effectively. The great man theory has clearly pinpointed the attributes we should be looking for before giving a leadership position to a person. Truly, healthcare delivery in Africa has a deficiency of courageous and charismatic leaders who could use their influence in upgrading the health services rendered to their country's people [7]. The great man theory affords us the template with which individuals can be pre-assessed to determine if they are qualified for the position or not. This prevents the trial-and-error method, which is common now. It would translate to putting the round peg in a round hole.

Appointing leaders solely on the basis of the traits theory has its own demerits too. Several scientific efforts at explaining the great man theory have been inconsistent, at the very least. In other words, there are no empirical data to back up the validity of the great man theory [80]. Universally, healthcare delivery is based on robust evidence, and it would not be prudent to suggest that a struggling health sector in sub-Saharan Africa should resort to unscientific means of appointing its leaders. Moreover, it is now known that leadership skills can be taught and learned [81]. Therefore, it would be archaic and retrogressive to exclude people who have been thoroughly trained in the science and art of leadership on the premise that they were not born with certain attributes. Perhaps, this has resulted in a remarkably small percentage of women in leadership in the sub-Sahara African's health sector. It has been richly documented that empowering women to lead has a lot of proven benefits but the great man theory may consider a woman leader as being "weak and emotional" [82–84].

The behavioral theory of leadership

The behavioral theory postulates that leaders are formed and trained [42]. So, how a person would coordinate the affairs of an organization is not dependent on innate traits but on the qualities that that have been acquired over time. Therefore, any person can assume a leadership position in as much as he has been tutored and mentored in the art and science of leadership and management [85]. The subordinates imitate the actions and behaviours of the leader. So, how successful a leader would be hinged on the qualities that are brought to the table. Leadership is a product of behaviours and not innate traits. So people can emulate certain behaviors of effective leaders and

reproduce terrific results as well. The only thing special about successful leaders is the instruction and coaching they have received.

Even if a leader has some inherent attributes but does not act in a way to motivate others to collaborate in achieving the organizational goals, such a leader would not be successful regardless [86]. The different combinations and patterns of behaviors are termed "styles of leadership." So, some leadership styles, based on behaviors, include people-oriented, task-oriented, participative, opportunistic, paternalistic and authoritarian leadership styles. So, leaders are not helpless on how things would transpire but can incorporate certain actions and behaviours in order to improve productivity and operational efficiency of the organization. In addition, leaders can adapt to circumstances and need to keep on learning on the job. The behavioral theory also encourages leaders to be self-aware of their actions and behaviours. [87] Their actions and behaviours have enduring consequences and must be thoroughly weighed before strategic decisions are made.

The behavioral theory of leadership in healthcare delivery in sub-Saharan Africa

Science is built on a solid foundation of accumulated evidence. Leadership and management have scientific attributes and underpinning [88]. Decisions need to be evidence-based. In order for the health sector in sub-Saharan Africa to emancipate, there is a need to make a paradigm ship towards evidence-based leadership. The behavioral theory of leadership is a product of sound and repeated experimental studies in Psychology [89]. Therefore, behavioral theory of leadership would be a great option to consider. Moreover, the behavioral theory encourages leaders to be flexible and adopt a leadership style that would fit diverse circumstances. Leaders are self-aware and understand that their behaviors have consequences. This makes them take responsibility and even learn more.

Again, the behavioral theory of leadership has its own flaws, which must be critically evaluated before settling down for it. This is essential because healthcare delivery in sub-Saharan Africa has come to a point where effective leadership must be put in place to address the current daunting challenges. It has been emphasized that the behavioral theory is a product of scientific efforts but it must also be stated that the scientific experiments' results

were inconsistent. The behaviours that leaders would adopt at a particular point in time are still influenced by environmental factors which cannot be made uniformly constant across experimental designs [90]. Therefore, it can be safely concluded that there are still some gaps in the behavioral theory that science needs to fill and it would not be a perfect prescription for the fledgling health sector in sub-Saharan Africa.

Functional theory of leadership

The proponents of this theory emphasize the cohesion, productivity and effectiveness of the group or organization rather than what a particular person (the leader) does [91]. The supremacy of decisions belong to the group and the role of the functional leader is to ensure smooth operations of the group. The leader must behave and act in a way to ensure that all the essential requirements for the group to be effective are put in place. Functional leadership is an outgrowth of extensive research on how successful leaders govern their respective groups and organizations [92]. The concern of a functional leader is how the group does its task or how the organization accomplishes its goals and not the officially-assigned personality piloting the affairs of the group or the organization. In other words, the roles of the leader could be done by any member of the team as long as the team achieves its objectives.

Functional leaders prioritize tasks and empower all subordinates to be able to do the tasks competently [93]. In view of this, functional leadership theorists give prominence to training, mentoring, development and capacity building. So, the functional leadership approach disagrees with the great man theory. If anybody can do it, others can learn how to do it too. The functional leadership champions highlight what needs to be done rather than who is doing it. There are clear and measurable goals to be met. Alternative pathways of executing the goals must be defined and articulated so that the people can be motivated to commit to the goals in an organized and productive manner. Functional leaders challenge the status quo, empower the people and drive the group towards the attainment of the set objectives [94]. They are inspirational role models who encourage and celebrate their subordinates so that the team can progress in its cause.

The functional theory of leadership in healthcare delivery in sub-Saharan Africa

Team spirit has been greatly undermined in the health sector of many sub-Saharan nations [30,95]. Individualistic and egoistic tendencies have adversely affected healthcare delivery systems in the sub-continent. Personal interest and recognition take precedence over organizational performance. In order to change the status quo, there would be a need to consider the functional leadership approach. This is because the functional leader is more interested in the organizational vision than personal glory. Functional leadership challenges the status quo, defines tasks, empowers the people, and makes tremendous accomplishments. Organizational systems will be repositioned, and processes will be restructured so as to promote operational efficiency and improve productivity.

A major enemy of organizational success is bureaucracy. It is associated with inflexibility, impersonality and loss of focus. The health sector in sub-Saharan Africa has been infected with bureaucratic elements who have strangulated the system into coma. Functional leaders empower people to get job done without following the inefficacious and barren bureaucratic pathways. This is exactly what healthcare delivery in sub-Sahara Africa needs at this point in time- paradigm shift from fruitless officialism to visionary and participative leadership. This would bring an overhaul of the present moribund system and lead to unimaginable advancement in health care delivery across sub-Saharan Africa.

In as much as empowerment is desirable, who you are empowering also matters. People can misuse power and the health sector is not a saint in this regard [96]. The health sector in sub-Sahara Africa has a lot of semi-competent workers and empowering such individuals to take decisions independently is a recipe for disaster [7,24,97]. Functional leaders are always eager to change the status quo and they may meet stiff resistance from corrupt leaders who benefit from the present ineffective bureaucratic model. In other words, bringing functional leaders on board would not be a magic wand because the challenges are multi-dimensional.

The integrated psychological theory of leadership
This is a modern approach to leadership as it incorporates all other theories of leadership and addresses their flaws in a way that would benefit the organization [98]. The proponents of this theory have appreciated the expediency and imperfections in the other theories. This has led researchers to propose a consolidated theory that embraces other contemporary ways of thinking about leadership, such as "authentic leadership" and "servant leadership" [99]. The empirical assumptions for the previous theories of leadership are not applicable in all situations. The integrated psychological theory stresses what leaders need to do to develop themselves psychologically with the aim of meeting the demands of their roles.

Based on this theory, there are three dimensions to leadership- public leadership, private leadership, and personal leadership [100]. Public and private leadership are regarded as "outer" behavioral concepts while personal leadership deals with "inner" behavioral levels. The integrated psychological theory highlights self-mastery and self-awareness, which are frequently overlooked fundamentals of effective leadership [100]. Self-mastery entails developing one's craft, perspective, and aptitude. Self-mastery helps to build trust, and adapt to diverse environments, and adhere to one's quintessential leadership philosophy.

The core message of the advocates of the integrative psychological approach is that the potency of a leader and the fortune of the team are linked with the physical, psychological, spiritual, and relational well-being of the leader [101]. Leaders' self-care, as well as work-life balance, determine their effectiveness.

The integrated psychological theory of Leadership in healthcare delivery in sub-Saharan Africa
While the different leadership theorists advance the beauty of their approach to leadership, they rarely point to the potential defects in plying their routes. As found in most issues pertaining to humanity, the advocates of each theory believe that their respective theory is the best. However, in reality, we know that virtually every human system has its own inherent fault too. Ignoring those flaws would equate to negligence. It is not unusual in Africa to initiate a process that is promised to be the magic wand but which turns out to be the opposite. In essence, the leadership approach that would best suit the health sector in sub-Sahara Africa would be a hybrid theory that appreciates the strengths of each leadership style without ignoring the inherent disadvantages. Integrative psychological theory fulfills this criterion.

Integrative psychological theory helps to see

leadership as a consolidated system and not a dismembered giant. Everything matters. The well-being of the leaders, the followers, and the organization are all of crucial importance [102]. Sub-Sahara Africa's health sector needs leaders who are conscious of themselves and their environment. Any person who cannot lead him/herself cannot lead the team. Self-mastery is the beginning of true leadership.

Nevertheless, it is agreed that everything matters but do we actually know everything? So, how do we account for factors that are not fully understood? These potential issues would arise should sub-Saharan Africa adopt the integrated psychological theory of leadership in delivering healthcare. Interestingly, we have established that the theory that identifies other theories' faults has its drawbacks too.

CONCLUSION

Sub-Saharan Africa is presently witnessing a leadership crisis. The problem is pan-sectoral and the health sector is not an exception. Healthcare delivery in sub-Saharan Africa is at its lowest ebb historically. Unfortunately, the burden of infectious and non-communicable diseases is rising, putting a further strain on the comatose healthcare delivery systems in many sub-Saharan African countries. It is, however of interest that lack of effective leadership is a major contributor to the imbroglio in healthcare delivery in sub-Saharan Africa. Indeed, there are self-styled leaders in sub-Sahara Africa's health sector, but their approaches to leadership have been largely ineffective so far.

The various theories of leadership have been examined. Each one has its merits and drawbacks. Graciously, the theories are not mutually exclusive. The circumstances and phases of development vary across sub-Saharan African countries. Therefore, a hybrid approach would be the recommended leadership style for the sub-continent. Variables such as the available resources (including humans), culture, international relationships, history, and national integration are key factors that must be put into consideration. With the right leadership, healthcare delivery in sub-Saharan Africa can be resuscitated and re-energized. The aim is not to have perfect leaders but effective leaders, without which healthcare delivery in sub-Sahara Africa becomes irredeemably hopeless. This study can help to influence researchers to further explore how each leadership theory/style would fare in different situations on the sub-continent.

REFERENCES

1. Koce, F.; Randhawa, G.; Ochieng, B. Understanding Healthcare Self-Referral in Nigeria from the Service Users' Perspective: A Qualitative Study of Niger State. BMC Health Services Research 2019, 19, 209, doi:10.1186/s12913-019-4046-9.

2. Abubakar, I.; Dalglish, S.L.; Angell, B.; Sanuade, O.; Abimbola, S.; Adamu, A.L.; Adetifa, I.M.O.; Colbourn, T.; Ogunlesi, A.O.; Onwujekwe, O.; et al. The Lancet Nigeria Commission: Investing in Health and the Future of the Nation. The Lancet 2022, 399, 1155–1200, doi:10.1016/S0140-6736(21)02488-0.

3. Manyazewal, T. Using the World Health Organization Health System Building Blocks through Survey of Healthcare Professionals to Determine the Performance of Public Healthcare Facilities. Arch Public Health 2017, 75, 50, doi:10.1186/s13690-017-0221-9.

4. Malik, M.; Azmat, S. Leader and Leadership: Historical Development of the Terms and Critical Review of Literature. Ann. niv. Craiova J. Commun. Manag. 2019, 5, 16–32.

5. Day, D.V.; Fleenor, J.W.; Atwater, L.E.; Sturm, R.E.; McKee, R.A. Advances in Leader and Leadership Development: A Review of 25years of Research and Theory. The Leadership Quarterly 2014, 25, 63–82, doi:10.1016/j.leaqua.2013.11.004.

6. Arroliga, A.C.; Huber, C.; Myers, J.D.; Dieckert, J.P.; Wesson, D. Leadership in Health Care for the 21st Century: Challenges and Opportunities. The American Journal of Medicine 2014, 127, 246–249, doi:10.1016/j.amjmed.2013.11.004.

7. Azevedo, M.J. The State of Health System(s) in Africa: Challenges and Opportunities. Historical Perspectives on the State of Health and Health Systems in Africa, Volume II 2017, 1–73, doi:10.1007/978-3-319-32564-4_1.

8. World Bank Current Health Expenditure (% of GDP) | Data Available online: https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS (accessed on 6 October 2022).

9. World Bank Current Health Expenditure (% of GDP) - Sub-Saharan Africa | Data Available online: https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=ZG (accessed on 6 October 2022).

10. Arthur, E.; Oaikhenan, H. Health Outcomes

and Economic Growth in Sub-Saharan Africa. Afr. J. Health Sci 2020, 9, 18–31, doi:10.35202/AJHE.2020.9218-31.

11. WHO GHE: Life Expectancy and Healthy Life Expectancy Available online: https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-life-expectancy-and-healthy-life-expectancy (accessed on 20 October 2022).

12. Ayanore, M.A.; Amuna, N.; Aviisah, M.; Awolu, A.; Kipo-Sunyehzi, D.D.; Mogre, V.; Ofori-Asenso, R.; Gmanyami, J.M.; Kugbey, N.; Gyapong, M. Towards Resilient Health Systems in Sub-Saharan Africa: A Systematic Review of the English Language Literature on Health Workforce, Surveillance, and Health Governance Issues for Health Systems Strengthening. Annals of Global Health 2019, 85, 113, doi:10.5334/aogh.2514.

13. Zekeng, E. Healthcare Systems in Sub-Saharan Africa: Focusing on Community-Based Delivery (CBD) of Health Services and the Development of Local Research Institutes. United Nations Peace and Progress 3, 44–49.

14. Faruk, N.; Surajudeen-Bakinde, N.; Abdulkarim, A.; Oloyede, A.; Abiodun, O.; Bello, O.; Popoola, S.; Edoh, T. Rural Healthcare Delivery in Sub-Saharan Africa: An ICT-Driven Approach. Int. J. Healthc Inf. Syst. Inform. 2020, 15, 21, doi:10.4018/IJHISI.2020070101.

15. Ruxin, J.; Paluzzi, J.; Wilson, P.; Tozan, Y.; Kruk, M.; Teklehaimanot, A. Emerging Consensus in HIV/AIDS, Malaria, Tuberculosis, and Access to Essential Medicines. Lancet 2005, 365, 618–621, doi:10.1016/S0140-6736(05)17914-8.

16. Naicker, S.; Plange-Rhule, J.; Tutt, R.C.; Eastwood, J.B. Shortage of Healthcare Workers in Developing Countries--Africa. Ethn Dis 2009, 19, S1-60–64.

17. Jaeger, F.N.; Bechir, M.; Harouna, M.; Moto, D.D.; Utzinger, J. Challenges and Opportunities for Healthcare Workers in a Rural District of Chad. BMC Health Services Research 2018, 18, 7, doi:10.1186/s12913-017-2799-6.

18. Bräutigam, D.A.; Knack, S. Foreign Aid, Institutions, and Governance in Sub-Saharan Africa. Economic Development and Cultural Change 2004, 52, 255–285, doi:10.1086/380592.

19. Tsai, Y. Relationship between Organizational Culture, Leadership Behavior and Job Satisfaction. BMC Health Services Research 2011, 11, 98, doi:10.1186/1472-6963-11-98.

20. Zu, L. Purpose-Driven Leadership for Sustainable Business: From the Perspective of Taoism. International Journal of Corporate Social Responsibility 2019, 4, 3, doi:10.1186/s40991-019-0041-z.

21. Sonmez Cakir, F.; Adiguzel, Z. Analysis of Leader Effectiveness in Organization and Knowledge Sharing Behavior on Employees and Organization. SAGE Open 2020, 10, 2158244020914634, doi:10.1177/2158244020914634.

22. Hao, M.J.; Yazdanifard, R. How Effective Leadership Can Facilitate Change in Organizations through Improvement and Innovation. Global Journal of Management & Business Research 2015, 15, 1–5.

23. Poncian, J.; Mgaya, E. Africa's Leadership Challenges in the 21st Century: What Can Leaders Learn from Africa's Pre-Colonial Leadership and Governance? International Journal of Social Science Studies 2015, 3, 106–115, doi:10.11114/ijsss.v3i3.710.

24. Sanders, D.M.; Todd, C.; Chopra, M. Confronting Africa's Health Crisis: More of the Same Will Not Be Enough. BMJ : British Medical Journal 2005, 331, 755, doi:10.1136/bmj.331.7519.755.

25. Nwokediuko, A.P. The Impact of Foreign Aid in Sub-Saharan Africa : Problems and Prospects. Thesis, 2003.

26. Ndulu, B.J.; O'Connell, S.A. Governance and Growth in Sub-Saharan Africa. Journal of Economic Perspectives 1999, 13, 41–66, doi:10.1257/jep.13.3.41.

27. Adeniyi, O.; Opara, N.M.; Adeyemo, T.; Ekeria, A.I.; Faith-Lois, B. African Union and the Challenges of Development. Journal of African Union Studies 2016, 5, 67–89.

28. Sackey, F.G. Impact of African Leaders' Characteristics and Regime Transitions on Economic Growth in Africa: A Dynamic Model Approach. Social Sciences & Humanities Open 2021, 4, 100147, doi:10.1016/j.ssaho.2021.100147.

29. Curry, L.; Taylor, L.; Chen, P.G.-C.; Bradley, E. Experiences of Leadership in Health Care in Sub-Saharan Africa. Human Resources for Health 2012, 10, 33, doi:10.1186/1478-4491-10-33.

30. Oleribe, O.O.; Momoh, J.; Uzochukwu, B.S.; Mbofana, F.; Adebiyi, A.; Barbera, T.; Williams, R.; Taylor-Robinson, S.D. Identifying Key Challenges Facing Healthcare Systems In Africa And Potential Solutions. International Journal of General Medicine 2019, 12, 395, doi:10.2147/IJGM.S223882.

31. Roehrich, J.K.; Lewis, M.A.; George, G. Are

Public–Private Partnerships a Healthy Option? A Systematic Literature Review. Social Science & Medicine 2014, 113, 110–119, doi:10.1016/j.socscimed.2014.03.037.

32. Anyaehie, U.S.B.; Nwakoby, B. a. N.; Chikwendu, C.; Dim, C.C.; Uguru, N.; Oluka, C.P.I.; Ogugua, C. Constraints, Challenges and Prospects of Public-Private Partnership in Health-Care Delivery in a Developing Economy. Annals of Medical and Health Sciences Research 2014, 4, 61, doi:10.4103/2141-9248.126615.

33. Ashu, J.T.; Mwangi, J.; Subramani, S.; Kaseje, D.; Ashuntantang, G.; Luyckx, V.A. Challenges to the Right to Health in Sub-Saharan Africa: Reflections on Inequities in Access to Dialysis for Patients with End-Stage Kidney Failure. International Journal for Equity in Health 2022, 21, 126, doi:10.1186/s12939-022-01715-3.

34. Kango, M. Sustainable Financing to Fight HIV/AIDS, TB and Malaria: Lessons Learned from the African Union's Abuja Declaration. MalariaWorld Journal 2018, 9.

35. Talib, Z.; Narayan, L.; Harrod, T. Postgraduate Medical Education in Sub-Saharan Africa: A Scoping Review Spanning 26 Years and Lessons Learned. Journal of Graduate Medical Education 2019, 11, 34, doi:10.4300/JGME-D-19-00170.

36. Mubuuke, A.G.; Mbalinda, S.N.; Munabi, I.G.; Kateete, D.; Opoka, R.B.; Kiguli, S. Knowledge, Attitudes and Practices of Faculty on Mentorship: An Exploratory Interpretivist Study at a Sub-Saharan African Medical School. BMC Medical Education 2020, 20, 192, doi:10.1186/s12909-020-02101-9.

37. Kirigia, J.M.; Gbary, A.R.; Nyoni, J.; Seddoh, A.; Muthuri, L.K. The Cost of Health-Related Brain Drain to the WHO African Region. Afr. J. Health Sci. 13, 1–12.

38. Ahmad, Z.; Bhat, S.; Bhat, J.; Hussanie, I.; Scholar, R. Understanding Leadership Theories-A Review for Researchers. Asian Journal of Research in Social Sciences and Humanities 2017, 7, 249–264, doi:10.5958/2249-7315.2017.00313.6.

39. MacKenzie, S.; Podsakoff, P.; Rich, G. Transformational and Transactional Leadership and Salesperson Performance. Journal of The Academy of Marketing Science - J ACAD MARK SCI 2001, 29, 115–134, doi:10.1177/03079459994506.

40. Sanders, J.E.; Hopkins, W.E.; Geroy, G.D. From Transactional to Transcendental: Toward An Integrated Theory of Leadership. Journal of Leadership & Organizational Studies 2003, 9, 21–

31, doi:10.1177/107179190300900402.

41. McCleskey, J. Situational, Transformational, and Transactional Leadership and Leadership Development - ProQuest. Journal of Business Studies Quarterly 5, 117–130.

42. Ahmed Khan, Z.; Nawaz, A.; Khan, I. Leadership Theories and Styles: A Literature Review. Journal of Resources Development and Management 2016, 16, 1–7.

43. Musinguzi, C.; Namale, L.; Rutebemberwa, E.; Dahal, A.; Nahirya-Ntege, P.; Kekitiinwa, A. The Relationship between Leadership Style and Health Worker Motivation, Job Satisfaction and Teamwork in Uganda. J Healthc Leadersh 2018, 10, 21–32, doi:10.2147/JHL.S147885.

44. Tey, N.-P.; Lai, S. Correlates of and Barriers to the Utilization of Health Services for Delivery in South Asia and Sub-Saharan Africa. The Scientific World Journal 2013, 2013, e423403, doi:10.1155/2013/423403.

45. Odumeru, J.; Ifeanyi, G. Transformational vs. Transactional Leadership Theories: Evidence in Literature. International Review of Management and Business Research 2, 355–361.

46. Davis, T.J. Good Governance as a Foundation for Sustainable Human Development in Sub-Saharan Africa. Third World Quarterly 2017, 38, 636–654, doi:10.1080/01436597.2016.1191340.

47. Austin, G. African Economic Development and Colonial Legacies. International Development Policy | Revue internationale de politique de développement 2010, 11–32, doi:10.4000/poldev.78.

48. Ghasabeh, M.S.; Soosay, C.; Reaiche, C. The Emerging Role of Transformational Leadership. The Journal of Developing Areas 2015, 49, 459–467, doi:10.1353/jda.2015.0090.

49. Schriesheim, C.A.; Castro, S.L.; Zhou, X. (Tracy); DeChurch, L.A. An Investigation of Path-Goal and Transformational Leadership Theory Predictions at the Individual Level of Analysis. The Leadership Quarterly 2006, 17, 21–38, doi:10.1016/j.leaqua.2005.10.008.

50. Chen, Y.; Ning, R.; Yang, T.; Feng, S.; Yang, C. Is Transformational Leadership Always Good for Employee Task Performance? Examining Curvilinear and Moderated Relationships. Frontiers of Business Research in China 2018, 12, 22, doi:10.1186/s11782-018-0044-8.

51. Azuonwu, O.; Ama-Okachi, B.; Ahiakwo, C. Failed Healthcare System and Poor Leadership Outcome: A Huge Public Health Challenge towards

the Management of COVID-19 Pandemic in Sub-Saharan Africa. OSP Journal of Health Care and Medicine 2020, 1, 1–13.

52. Korbi, K. Leadership and Strategic Change. JOMS 2015, 2015, 1–32, doi:10.5171/2015.638847.

53. Akhtar, M.; Casha, J.; Ronder, J.; Sakel, M.; Wight, C.; Manley, K. Transforming the NHS through Transforming Ourselves. International Practice Development Journal 2016, 6, doi:10.19043/ipdj.62.005.

54. Kiguli-Malwadde, E.; Budak, J.Z.; Chilemba, E.; Semitala, F.; Von Zinkernagel, D.; Mosepele, M.; Conradie, H.; Khanyola, J.; Haruruvizhe, C.; Martin, S.; et al. Developing an Interprofessional Transition Course to Improve Team-Based HIV Care for Sub-Saharan Africa. BMC Med Educ 2020, 20, 499, doi:10.1186/s12909-020-02420-x.

55. Mashau, T.S.; Kone, L.R.; Mutshaeni, H.N. Diversity in Africa: A Cause for Disunity? Journal of Sociology and Social Anthropology 2015, 6, 235–245, doi:10.1080/09766634.2015.11885663.

56. Gouda, H.N.; Charlson, F.; Sorsdahl, K.; Ahmadzada, S.; Ferrari, A.J.; Erskine, H.; Leung, J.; Santamauro, D.; Lund, C.; Aminde, L.N.; et al. Burden of Non-Communicable Diseases in Sub-Saharan Africa, 1990–2017: Results from the Global Burden of Disease Study 2017. The Lancet Global Health 2019, 7, e1375–e1387, doi:10.1016/S2214-109X(19)30374-2.

57. Johnson, O.; Begg, K.; Kelly, A.H.; Sevdalis, N. Interventions to Strengthen the Leadership Capabilities of Health Professionals in Sub-Saharan Africa: A Scoping Review. Health Policy and Planning 2021, 36, 117–133, doi:10.1093/heapol/czaa078.

58. Ullah, I.; Hameed, R.M.; Kayani, N.Z.; Fazal, Y. CEO Ethical Leadership and Corporate Social Responsibility: Examining the Mediating Role of Organizational Ethical Culture and Intellectual Capital. Journal of Management & Organization 2022, 28, 99–119, doi:10.1017/jmo.2019.48.

59. Azevedo, M.J. Leadership and Health in Africa. Historical Perspectives on the State of Health and Health Systems in Africa, Volume II 2017, 113, doi:10.1007/978-3-319-32564-4_3.

60. Oladipupo, O.O. Literature and Leadership Crises in Africa: Current Realities and Future Prospects. Issues in Language and Literary Studies 2022, 4.

61. Zuo, L.; Harms, P.D.; Landay, K.; Wood, D. Reckless Ambition: How Implusivity Moderates the Effect of Ambition on Transformational Leadership. Personality and Individual Differences 2022, 187, 111383, doi:10.1016/j.paid.2021.111383.

62. Childs, M.; Turner, T.; Sneed, C.; Berry, A. A Contingency Theory Approach to Understanding Small Retail Business Continuity During COVID-19. Family and Consumer Sciences Research Journal 2022, 50, 216–230, doi:10.1111/fcsr.12434.

63. Chong, J.; Duan, S.X. Riding on the Waves of the COVID-19 Pandemic in Re-Thinking Organizational Design: A Contingency-Based Approach. Journal of Strategy and Management 2022, 15, 628–646, doi:10.1108/JSMA-07-2021-0142.

64. Alajmi, M. Leadership Theories: Application in the University Setting. Technium Soc. Sci. J. 2022, 30, 194.

65. Olayisade, A.; Awolusi, O.D. The Effect of Leadership Styles on Employee's Productivity in the Nigerian Oil and Gas Industry. Information Management and Business Review 2021, 13, 47–64, doi:10.22610/imbr.v13i1(I).3194.

66. Jesmin, I.; Hu, H. A Review of Literature on Contingency Theory in Managerial Accounting. Afr. J. Bus. Manage. 2012, 6, doi:10.5897/AJBM11.2764.

67. Nicolaides, A.; Duho, K.C.T. Effective Leadership in Organizations: African Ethics and Corruption. Modern Economy 2019, 10, 1713–1743, doi:10.4236/me.2019.107111.

68. Idang, G.E. African Culture and Values. Phronimon 2015, 16, 97–111.

69. Aje, T.O.; Miller, M. Cardiovascular Disease: A Global Problem Extending into the Developing World. World J Cardiol 2009, 1, 3–10, doi:10.4330/wjc.v1.i1.3.

70. Easterly, W. How the Millennium Development Goals Are Unfair to Africa. World Development 2009, 37, 26–35, doi:10.1016/j.worlddev.2008.02.009.

71. Petithomme, M. The Effects of Leadership Strategies on Underdevelopment in Sub-Saharan Africa: A Comparative Perspective. African Journal of Political Science and International Relations 4, 83–95.

72. Shala, B.; Prebreza, A.; Ramosaj, B. The Contingency Theory of Management as a Factor of Acknowledging the Leaders-Managers of Our Time Study Case: The Practice of the Contingency Theory in the Company Avrios. Open Access Library Journal 2021, 8, 1–20, doi:10.4236/oalib.1107850.

73. Houghton, J.; Yoho, S. Toward a Contingency Model of Leadership and Psychological Empowerment: When Should Self-Leadership Be Encouraged? Journal of Leadership &

Organizational Studies 2005, 11, 1–19, doi:10.1177/107179190501100406.

74. Hunt, T.; Fedynich, L. Leadership: Past, Present and Future: An Evolution of an Idea. Journal of Arts and Humanities. 2018, 8, 20–26.

75. Oko-Otu, C.N.; Chidume, C.G. Objectivity and the Great Man Theory in Historiography. Cogito: Multidisciplinary Res. J. 2021, 13, 124.

76. Oppenheim, C.E. Nelson Mandela and the Power of Ubuntu. Religions 2012, 3, 369–388, doi:10.3390/rel3020369.

77. Levin, A. Haile Selassie's Imperial Modernity: Expatriate Architects and the Shaping of Addis Ababa. Journal of the Society of Architectural Historians 2016, 75, 447–468.

78. Gallagher, J. Misrecognition in the Making of a State: Ghana's International Relations under Kwame Nkrumah. Review of International Studies 2018, 44, 882–901, doi:10.1017/S0260210518000335.

79. Igué, J.O. A New Generation of Leaders in Africa: What Issues Do They Face? International Development Policy | Revue internationale de politique de développement 2010, 115-133., doi:10.4000/poldev.139.

80. Spector, B. Carlyle, Freud, and the Great Man Theory More Fully Considered. Leadership 2015, 12, 250–260, doi:10.1177/1742715015571392.

81. Doh, J.P. Can Leadership Be Taught? Perspectives from Management Educators. Academy of Management Learning & Education 2003, 2, 54–67.

82. Eagly, A.; Carli, L. The Female Leadership Advantage: An Evaluation of the Evidence. The Leadership Quarterly 2003, 14, 807–834, doi:10.1016/j.leaqua.2003.09.004.

83. Jogulu, U.; Wood, G. The Role of Leadership Theory in Raising the Profile of Women in Management. EOI 2006, 25, 236–250, doi:10.1108/02610150610706230.

84. Pierli, G.; Murmura, F.; Palazzi, F. Women and Leadership: How Do Women Leaders Contribute to Companies' Sustainable Choices? Frontiers in Sustainability 2022, 3.

85. Boerma, M.; Coyle, E.A.; Dietrich, M.A.; Dintzner, M.R.; Drayton, S.J.; Johnnie L. Early, I.I.; Edginton, A.N.; Horlen, C.K.; Kirkwood, C.K.; Lin, A.Y.F.; et al. Point/Counterpoint: Are Outstanding Leaders Born or Made? American Journal of Pharmaceutical Education 2017, 81, doi:10.5688/ajpe81358.

86. Khoshhal, K.I.; Guraya, S.Y. Leaders Produce Leaders and Managers Produce Followers: A Systematic Review of the Desired Competencies and Standard Settings for Physicians' Leadership. Saudi Medical Journal 2016, 37, 1061, doi:10.15537/smj.2016.10.15620.

87. Asrar-ul-Haq, M.; Anwar, S. The Many Faces of Leadership: Proposing Research Agenda through a Review of Literature. Future Business Journal 2018, 4, 179–188, doi:10.1016/j.fbj.2018.06.002.

88. Fairholm, M. A New Sciences Outline for Leadership Development. Leadership & Organization Development Journal 2004, 25, 369–383, doi:10.1108/01437730410538699.

89. House, R.J.; Aditya, R.N. The Social Scientific Study of Leadership: Quo Vadis? Journal of Management 1997, 23, 409–473, doi:10.1177/014920639702300306.

90. Fu, X.; Li, C.; Fu, J. The Experimental Research on Leaders and Cooperative Behavior. Frontiers in Psychology 2022, 13, doi:10.3389/fpsyg.2022.944498.

91. Eseryel, U.Y.; Crowston, K.; Heckman, R. Functional and Visionary Leadership in Self-Managing Virtual Teams. Group & Organization Management 2021, 46, 424–460, doi:10.1177/1059601120955034.

92. Carter, D.R.; Cullen-Lester, K.L.; Jones, J.M.; Gerbasi, A.; Chrobot-Mason, D.; Nae, E.Y. Functional Leadership in Interteam Contexts: Understanding 'What' in the Context of Why? Where? When? And Who? The leadership quarterly 2020, 31, doi:10.1016/j.leaqua.2019.101378.

93. Homan, A.C.; Gündemir, S.; Buengeler, C.; van Kleef, G.A. Leading Diversity: Towards a Theory of Functional Leadership in Diverse Teams. Journal of Applied Psychology 2020, 105, 1101–1128, doi:10.1037/apl0000482.

94. Adair, J. Functional Leadership. NHRD Network Journal 2009, 2, 2–7, doi:10.1177/0974173920090502.

95. Flinkenflögel, M.; Sethlare, V.; Cubaka, V.K.; Makasa, M.; Guyse, A.; De Maeseneer, J. A Scoping Review on Family Medicine in Sub-Saharan Africa: Practice, Positioning and Impact in African Health Care Systems. Human Resources for Health 2020, 18, 27, doi:10.1186/s12960-020-0455-4.

96. Angoff, N.R.; Duncan, L.; Roxas, N.; Hansen, H. Power Day: Addressing the Use and Abuse of Power in Medical Training. Journal of bioethical inquiry 2016, 13, 203, doi:10.1007/s11673-016-9714-4.

97. Soucat, A.; Scheffler, R.; Ghebreyesus, T.A. The Labor Market for Health Workers in Africa; The

World Bank, https://openknowledge.worldbank.org/handle/10986/13824

98. Kilburg, R.R.; Donohue, M.D. Toward a "Grand Unifying Theory" of Leadership: Implications for Consulting Psychology. Consulting Psychology Journal: Practice and Research 2011, 63, 6–25, doi:10.1037/a0023053.

99. Dansereau, F.; Seitz, S.R.; Chiu, C.-Y.; Shaughnessy, B.; Yammarino, F.J. What Makes Leadership, Leadership? Using Self-Expansion Theory to Integrate Traditional and Contemporary Approaches. The Leadership Quarterly 2013, 24, 798–821, doi:10.1016/j.leaqua.2013.10.008.

100. Larsson, G.; Eid, J. An Idea Paper on Leadership Theory Integration. Management Research Review 2012, 35, 177–191, doi:10.1108/01409171211210109.

101. Kaluza, A.J.; Boer, D.; Buengeler, C.; van Dick, R. Leadership Behaviour and Leader Self-Reported Well-Being: A Review, Integration and Meta-Analytic Examination. Work & Stress 2020, 34, 34–56, doi:10.1080/02678373.2019.1617369.

102. Skakon, J.; Nielsen, K.; Borg, V.; Guzman, J. Are Leaders' Well-Being Behaviours and Style Associated with the Affective Well-Being of Employees? A Systematic Review of Three Decades of Research. Work and Stress- WORK STRESS 2010, 24, 107–139, doi:10.1080/02678373.2010.49526