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Reframing Operational Leadership in U.S. Healthcare: Empowering Mid-Level Leaders for Strategic Change

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A R T I C L E I N F O

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A B S T R A C T

Healthcare Organizational leadership in the U.S has a long history of being controlled by elite executives, leaving out mid-level leadership, who play a critical role in implementing strategy and enhancing patient care. This paper is focused on discussing the leadership problems of mid-level leaders, who lack independence, resources, and appropriate training, and, as a result, cannot utilize their potential to the fullest. In the paper, it has been highlighted that empowerment of mid-level leaders is important by enhancing resource allocation, leadership development programs, and inter-level communication in organizations. These results indicate that the investment in mid-level leadership can help healthcare organizations achieve higher operational efficiency and innovation, with the eventual patient outcome gains

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INTRODUCTION

The Leadership in the top ranks in any industry, particularly in the healthcare business, is the major driving factor. The preoccupation in the U.S. with healthcare reforms was headquartered in executive leadership of the prestigious academic medical centers and nationally recognized hospitals, as the individuals charged with such responsibilities laid out policy, strategy, and institutional direction. However, not all leaders involve those who take care of the day-to-day operational success in district and community hospitals: mid-level leaders have been the neglected part of the academic and practical literature on leadership. People such as heads of the departments, clinical coordinators, and unit administrators act as extremely important mediators between the strategic priorities of top management and the actual realities of providing care. The role of mid-level leadership in healthcare is immense. The complexity of the healthcare environment (increased regulatory burden, the pressure of technological innovation, and the demand for higher quality patient care) leaves mid-level leaders as the best positioned to transmit strategic vision into workable tasks. Nonetheless, these leaders are limited by myriad operational demands that make it difficult to make valuable contributions to the success of an organization. Da Silva and Borsato (2017) argue that these are low resources, a lack of autonomy, and leadership training, especially in resource-deprived and rural areas. In this regard, middle-level leaders are usually left without any supporting powers to work on, despite their importance in operational efficiency and care provisions.

To address these challenges, this paper argues that a paradigm shift is required in how healthcare organizations consider mid-level leadership roles. Healthcare organizations can achieve their potential through developing middle-level leaders, better resource allocation, and enhanced communication at the organizational level. The paper will discuss the dilemma of mid-level leaders and will provide some recommendations that should make them feel empowered, and as a result, improve operational results and patient care.

LITERATURE REVIEW

Literature Review Overview

The literature review explores the key premises in healthcare organizations that deserve the attention of mid-level leaders by examining obstacles faced by these leaders, theories of leadership that apply within their contextual setting, and the approaches that have been proposed on how to empower them. This review aims to synthesize findings on different fields, including management, organizational behavior, and leadership studies. It aims to develop a theoretical base that can contribute to the comprehension of how a middle-level leader can play an effective role in enhancing the organizational results within the healthcare environment. The main issues discussed are that mid-level managers have problems; they can influence the success of the operations and play the role of mediator between the highest-rated management and the frontline workers.

Scope and Methodology of Literature Review

The search was undertaken systematically on academic and professional databases such as PubMed, CINAHL, Business Source Premier, and Web of Science to obtain a vast representative body of studies. The scope of the search included the works published since 2016 up to 2025 to cover the most topical work in the sphere. Search terms such as "mid-level leadership," "healthcare management," "middle managers," "transformational leadership," "distributed leadership," and "healthcare organizational effectiveness" were used to identify relevant articles.

To secure the quality and relevance of the literature, predominance was given to peer-reviewed articles, systematic reviews, and empirical studies. The sources have helped gain a holistic view of the subject; in particular, the research that has been aimed at the studies of the healthcare leadership on the operational level, where a mid-level leader is usually expected to finalize the strategic choices and carry out the routine. The review also encompasses the works investigating the concepts and theories of leadership, including transformational leadership and distributed leadership, which seem especially applicable to the context of mid-level managers in medical settings.

Theoretical Foundations

Mid-level managers in healthcare should provide a liaison between the top management and lower-level employees. Such leaders are the heads of departments, clinical coordinators, and unit managers tasked with enforcing high-level strategies and policies and relating day-to-day activity to organizational purpose. They are important in setting the quality of patient care, operational efficiencies, and workforce management. Nevertheless, many challenges tend to emerge in the performance of the middle-level leaders, including resource constraints, role confusion, and the absence of autonomy. This

literature review presents the role of mid-level leaders in healthcare, the issues they may encounter, and the leadership theories that can help them overcome these problems. This review would combine the theory of leadership, namely transformational leadership, transactional leadership, and distributed leadership, to show how these theories can help mid-level leaders be empowered and more effective.

Role of Mid-Level Leaders in Healthcare

Mid-level leaders play an important role in making organizational goals operational. Indeed, as Schiavone and Ferretti (2021) noted, these leaders are central to the operational success of healthcare organizations. They coordinate the day-to-day operations of their departments but in a manner that ties to the overall vision of the top management. Middle-level leaders mediate between strategic thinking at the top and actual application at the ground level. They control the quality of patient care, comply with healthcare regulations, and initiate the best service delivery. Their leadership is required to regulate the work of different departments, ensuring that resources are distributed effectively and cooperation between the teams is promoted.

The middle level of leaders also helps to enhance organizational culture. They are mentors and coaches of the frontline staff and role models, inculcating the values and vision of the organization. They can impact the staff members' engagement, productivity, and job satisfaction through their interactions with them. Munch (2017) further confirms that such leaders also lead the initiative of quality improvements that directly influence patient outcomes. Nevertheless, even though they play such an important role, mid-level leaders are usually blocked so they cannot realize their potential because of the lack of resources, responsibilities, and the ability to make decisions.

Challenges Faced by Mid-Level Leaders

Numerous issues affecting mid-level leaders in healthcare organizations prevent them from executing their mandated roles. Resource constraints are one of the most serious obstacles. Staffing shortages, budget limitations, and outdated technologies are common in healthcare organizations (especially those in rural areas or small settings). All these constraints reduce the capacity of mid-level leaders to be effective heads of their teams and provide the expected quality of care. Mageroey et al. (2024) note that the resource shortage influences performance rates and contributes to burnout among employees and frustration among the managers who are required to achieve more with less.

Role ambiguity is another problem that the mid-level leaders encounter. The majority of the mid-level leaders within healthcare organizations have not received a clear definition of their role and responsibility, which may result in ambiguity and ineffectiveness. According to Munch (2017), role ambiguity causes leaders not to manage the staff efficiently, distribute resources, and

prioritize. Such ambiguity usually leads to detachment and inefficiency. Moreover, role ambiguity may pose a risk of repetition of work or keeping things at bay, which further slows the productive movements of healthcare teams.

The other major hindrance to mid-level leadership is the absence of autonomy. The power of decision-making in most healthcare organizations is at the higher levels of the diagnostic structure, leaving the average leaders with less freedom to make critical decisions. According to Radaelli and Sitton-Kent (2016), it might cause disengagement and frustration among mid-level leaders because they cannot often and easily respond to operational difficulties. Mid-level leaders are unlikely to take initiative and be entirely interested in their work when they do not have the authority to make decisions impacting their teams or departments.

Leadership Theories and Mid-Level Leadership in Healthcare

Leadership theories offer priceless information on how mid-level leaders can be equipped with the capacity to beat these challenges and enhance their performance. Transformational leadership, transactional leadership, and distributed leadership are the three suppositions that attract attention because they provide different leadership methods that have been extensively used in healthcare.

- **Transformational Leadership Theory**

Transformational leadership emphasizes followers' inspiration and motivation to go beyond expectations by challenging themselves and being prepared to work towards achieving a collective vision. Drucker (2020) describes transformational leaders as people who offer a persuasive vision, stimulate innovative efforts, and give individual attention to the followers. When used in healthcare, transformational leadership is exceptionally efficient in encouraging employees, instilling change, and making a culture of constant enhancements. The presence of mid-level leaders with transformational leadership behavior would engage with their team, motivating them to boost staff morale and enhance the level of job satisfaction.

Simas et al. (2019) note that transformational leadership is linked with better patient care outcomes, higher job satisfaction, and lower staff turnover rates within healthcare organizations. Transformational leaders achieve this by inculcating trust, professional development, and purpose that enables employees to feel appreciated and driven. This leadership style is best suited in healthcare, where emotional intelligence and motivation are of primary importance in providing quality care.

Hypothesis 1: Leaders at middle layers expressing the concept of transformational leadership will record a high degree of job satisfaction and enhanced staff performance.

- **Transactional Leadership Theory**

Transactional leadership, however, is oriented toward the structural work, expectations, and rewards after reaching a definite objective. According to Bass (1985), transactional leadership refers to leaders offering explicit instructions and promising rewards for achieving performance. Although transactional leadership is suitable for keeping operational efficiency and ensuring that the set processes are adhered to, it is less efficient when it comes to innovation and creativity. Transactional leadership style could also become inadequate when encouraging employees to participate in creative problem-solving in healthcare (Mageroy et al., 2024).

Healthcare settings mainly utilize transactional leadership in handling the daily matters needed to run the business, like scheduling, meeting compliance, and monitoring. Nevertheless, the middle managers who use transactional leadership to a large extent might be unable to motivate their staff and inspire the creativity needed to meet the changing demands of providing health services in the new age. Hypothesis 2: Mid-level leaders demonstrating transactional leadership skills will have lower scores of innovation and engagement of their staff than those portraying transformational leadership.

- **Distributed Leadership Theory**

Distributed leadership is a system in which leadership duties are posted at different rungs of an organization, not just in the hands of the top. According to Simas et al. (2019), a collaborative approach to leadership is most efficient because the leadership functions are equally shared among various people in the organization, with each person assuming leadership roles when necessary. This practice can also give mid-level leaders more power to make decisions in the healthcare field, in such a way that collaboration comes, and shared responsibility is encouraged. In the study presented by Kim et al. (2023), distributed leadership is associated with the fact that mid-level leaders have the power to make decisions independently. However, all team members remain engaged in fulfilling organizational objectives.

Decision-making via distributed leadership will be more collective and responsive, and the mid-level leaders can make quick and decisive moves to tackle various operational problems. Healthcare organizations can enhance communication, team cohesion, and establish a culture of shared accountability by empowering leaders at all levels. Hypothesis 3: The middle leaders who will be empowered based on the principle of distributed leadership will have greater operational effectiveness and job satisfaction than their counterparts whose leadership models are based on traditional and hierarchical styles.

Impact of Leadership Styles on Job Satisfaction and Innovation

Leadership styles are an important determinant of job satisfaction and innovation in healthcare organizations. Employee satisfaction plays an important role in ensuring high staff retention, morale, and performance levels. Transformational leadership behaviors increase job satisfaction and decrease turnover among staff as a result of mid-level leaders making the employees feel valued and supported (Simas et al., 2019). On the other hand, transactional leadership, relying on extrinsic motivation and completion of tasks, will not necessarily offer the same degree of intrinsic motivation, resulting in job dissatisfaction and withdrawal.

Another significant achievement that the leadership style contributes to is innovation. Distributed and transformational leadership promote problem-solving and creativity by empowering the working teams to become owners of the work and new concepts. Transactional leadership, on the other hand, is not focused on innovation or the ability of middle-level management and the people under the subordinate to adapt to new situations (Schiavone & Ferretti, 2021). An innovative culture is necessary in healthcare, where constant improvement is the top priority.

Leadership Development for Mid-Level Leaders

This is because leadership development at the middle level is crucial in empowering and making the mid-level leaders effective. As stated by Start et al. (2024), the development of leadership can and must be treated as a leadership development program, which will equip mid-level leaders with the capabilities and competencies required to lead their teams and deal with operational issues, as well as initiate the process of quality improvement. Such programs address transformational and operational leadership skills to ensure that mid-level leaders are ready and capable of going through complex healthcare environments.

Simas et al. (2019) state that most healthcare organizations do not offer specific leadership development opportunities to mid-level leaders. Most of the programs are meant to accommodate senior executives who may not follow up on issues that initiate the challenges of the mid-level leaders. Creating an environment that supports leadership development focused on the requirements of mid-level leaders in healthcare organizations enhances the capability to lead effectively and the acquisition of better job satisfaction and continuous improvement.

Table 1. Leadership Development

Author(s)	Focus Area	Key Findings/Contributions
Drucker (2020)	Leadership principles in management	Leadership is doing the right things, management is doing things right; this clarifies the distinction between leadership and management in healthcare.
Da Silva & Borsato (2017)	Organizational performance and indicators	Provides a framework for measuring organizational success using performance indicators, which can guide mid-level leadership in healthcare.
Jesus et al. (2025)	Improving patient experience in healthcare	Identifies the role of leadership in improving patient care and operational outcomes in healthcare, highlighting the mid-level leader's impact.
John's (n.d.)	Leadership development in healthcare	Focuses on creating pathways for leadership development and emphasizes the importance of challenging existing assumptions in leadership.
Magerøy et al. (2024)	Safety in nursing homes and leadership challenges	Examines how nursing home leaders manage patient and staff safety, and how mid-level leaders juggle dual responsibilities in healthcare.
Munch (2017)	Importance of middle managers in quality improvement	Argues that middle managers are key to driving quality improvement in healthcare by bridging communication between frontline staff and senior leadership.
Schiavone & Ferretti (2021)	Future of healthcare leadership	Discusses the evolving role of healthcare leadership, addressing new challenges, and exploring the future opportunities for mid-level leaders.
Start et al. (2024)	Professional governance in nursing	It presents a framework for professional governance in nursing, focusing on accountability and engagement and examining how mid-level leadership ensures these qualities.
Simas et al. (2019)	Leadership development in	Explores the impact of leadership development programs in academic healthcare settings and how these

	academic health centers	programs can empower mid-level leaders.
Tsarkos (2025)	Organizational wisdom in schools	Reviews how organizational wisdom and leadership practices in educational settings can be applied to healthcare, improving mid-level leadership.
Kim et al. (2023)	AI adoption in healthcare organizations	Investigates the role of leadership in governing AI adoption in healthcare, highlighting the importance of mid-level leaders in implementing emerging technologies.
Fronzetti Colladon et al. (2023)	Knowledge sharing in healthcare	Explores how knowledge sharing and collaboration among healthcare professionals are facilitated by leadership, especially middle managers.
Horoub & Zargar (2022)	Empowering leadership in academic institutions	Explores the role of empowering leadership and trust in leaders, emphasizing how these qualities can improve mid-level leadership in healthcare organizations.
Radaelli & Sitton-Kent (2016)	Micro-practices of middle managers in organizations	Analyzes the translation of new ideas by middle managers, focusing on how mid-level leaders implement strategies and manage their responsibilities in healthcare.

Conceptual Framework

The study's theoretical framework is that the effectiveness of mid-level leaders depends on their kind of leadership, the resources they possess, and their clear roles within the organizational structure. Mid-level leaders have to deal with a complicated cross between strategic end and operational reality, and their capability to manage it efficiently can make or break healthcare organizations.

A diagram illustrating the relationship between leadership styles, operational challenges, and mid-level leadership effectiveness in healthcare

Figure 1. Conceptual Framework

METHODOLOGY

The method of this study is mixed-methods, which involves collecting both quantitative and qualitative data. The survey was given to 150 mid-level leaders in district and community hospitals within the U.S., and contained data concerning leadership styles, organizational problems, and work satisfaction. To further increase the depth of the research, 30 in-depth interviews of healthcare executives were conducted to get their outlook on the subject of mid-level leadership and the issues of these leaders.

Survey Instrument

The survey tool implemented the questions to measure leadership behaviors (transformational, transactional, and distributed), operational obstacles (e.g., resource constraints, autonomy), and work satisfaction. Regression analysis has been used to analyze the data to find correlations between the leadership styles and job satisfaction, and the influence of the operating challenges on the effectiveness of the mid-level leaders.

Interview Protocol

The qualitative interviews aimed to obtain more ideas about the points of view of healthcare executives concerning the role of mid-level leaders. The interviews were conducted with people who had the role of mid-level leaders to understand the difficulties they encounter when doing their job, what assistance they get from the top management, and what measures can be taken to help them become more effective.

Sample

The study sample comprised mid-level healthcare leaders working in different settings: heads of departments, clinical coordinators, or safety officers. Data collection was between May and July 2025. The questionnaire was addressed to a mixed population of middle leaders to cover all the aspects of understanding people struggle with in a rural and urban environment.

RESULTS

The survey and interview information gave a more in-depth insight into the situation and problems experienced by mid-level healthcare leaders regarding their leadership style, operational challenges, and developmental issues.

Regarding leadership styles, the data showed a strong correlation between leadership behavior and job satisfaction among mid-level leaders. Executives who demonstrated transformational leadership habits, including the power to inspire and motivate staff members, build a common picture, and foster development and creativity, claimed significantly higher job satisfaction levels and a feeling of empowerment in their roles. A creative and collaborative environment that senior executives could achieve with the help of transformational leaders was likely to improve morale and face the challenge of complex issues more effectively. Meanwhile, leaders at the middle level who assumed transactional leadership, that is, sensitive to keeping things in order, establishing clear expectations, and rewarding personnel for achieving performance objectives, expressed lower reports of job satisfaction, employee engagement, and innovation. Transactional leadership is critical to ensure effective operations, but it seemed to kill innovation and affect the capacity to change, particularly in the dynamic healthcare setting.

Regarding operational challenges, middle managers cited some obstacles that acted as barriers to achieving their potential. Resource shortages were the most noticeable concern, and most leaders cited low-level staffing gaps, outmoded technology, and budget inadequacies as contributing factors that rendered it hard to address the steadily growing requirements of their jobs. The second obstacle was the issue of a lack of autonomy because mid-level leaders usually felt that their discretion was limited to top-down instruction. This sentiment of micro-management led to frustration and incapacity to change at the operational level. Additionally, they were affected by role ambiguity, which would become a determinant, particularly in a small or rural medical setting, where the mid-level management would be alienated from the top management. Such leaders did not have distinct definitions of their roles and role support, which led to the incompatibility between their day-to-day work and the general corporate strategy, inefficiencies, and ambiguities.

Regarding operational challenges, medium-level leaders named some obstacles that did not allow them to fulfill their full potential. The most prominent issue was the availability of resources, and the majority of leaders mentioned the areas of low-level staffing shortages, the use of outdated technology, and insufficiencies of the budget as the elements that made it difficult to manage the continuously rising needs of their positions. The second obstacle

was the lack of autonomy because mid-level leaders usually felt their discretion was limited to top-down instruction. This feeling of micro-management resulted in frustration and loss of capacity to change at the operational level. Also, role ambiguity became a determining factor, especially in smaller rural healthcare contexts, where mid-level leadership would feel detached from the high-level leadership. These leaders had no specific definitions of their roles and role support, and this caused the misalignment between the daily activities and the overall organizational strategy, resulting in inefficiencies and confusion.

Such results demonstrate the necessity of healthcare organizations to invest in developing specific leadership, work on better distributing resources, and grant mid-level heads sufficient autonomy and encouragement to achieve success. The challenges help healthcare institutions improve their performance and the results for patients.

DISCUSSION

The results of this study confirm that the leadership of mid-level executives is of utmost importance to the success of operations in healthcare organizations. Despite playing a decisive role in the corporate ladder, these leaders will likely have significant hindrances that counter their performance and prospects towards attaining maximum value. Issues discovered in the given study, like the limited resources, the absence of autonomy, or the insufficient organizations of the development of leadership skills are not exclusive to a particular kind of a healthcare facility but widespread across different settings in general and smaller and resource-limited hospitals in particular (Mageroy et al., 2024). Such barriers may significantly hinder the actions and choices of mid-level leaders that would be necessary to make choices, deploy strategies, and manage teams, ultimately impacting the overall organizational performance and the quality of the provided patient care (da Silva & Borsato, 2017).

Resource constraints can be considered one of the most urgent challenges of mid-level leaders. Mid-level leaders are usually unable to cope with the increasing requirements of their work due to insufficient staff, financial resources, and access to the newest technology. Such resource shortages may lead to an inefficient operation, interruption in service delivery, and frustration among staff members who become unbalanced because they do not feel supported. Consequently, they can be disengaged, thus negatively impacting their outcomes in inspiring and motivating their subordinates, resulting in reduced job satisfaction and an increased turnover rate (Munch, 2017). In addition, lacking the needed resources, middle leaders can hardly introduce new solutions or improve the old processes, thereby suppressing growth and hindering development (Berg et al., 2023).

Lack of autonomy is another important obstacle. Most middle-level managers complain of being shackled by the hierarchical nature of healthcare organizations, which forces all decision-making processes at the highest ranks. A lack of autonomy practicable by mid-level leaders may contribute to disengagement and loss of empowerment. In a situation where leaders believe that they lack the authority to make decisions or influence change within their respective areas of concern, their capacity to have an input in influencing where the organization is heading is impaired (Mageroy et al., 2024). A combination of this powerlessness to make decisions and the growing complexity of healthcare provision leaves a massive gap between operational requirements and top-level imperatives (Schiavone & Ferretti, 2021). Consequently, middle managers might find it hard to tie their work to the overall organizational plan, creating inefficiencies and poor coordination strategies across organizational units.

The third barrier, lack of leadership development opportunities, is one of the most significant barriers to empowering mid-level leaders. Leadership development programs tend to be under-funded and largely neglected, and mid-level leaders are not provided with the resources that will help them improve their leadership abilities. Jesus et al. (2025) state that healthcare professionals cannot handle the challenges of their positions and the organizational dynamics of a fast-developing healthcare system without leadership training. However, most leaders were unsatisfied with the accessibility and the relevance of leadership development courses (Radaelli & Sitton-Kent, 2016). They observed that most of these programs lacked depth or were not tailored descriptively towards the needs of the mid-level managers, and this continued to reduce their capacity to acquire leadership skills that can meet their specific issues. It was revealed that this leadership training disparity is one of the primary factors that influenced the inability of the mid-level leaders to balance their tasks and fulfill their roles effectively.

A possible way out would be to empower the mid-level leaders by following transformational and distributed leadership concepts. Transformational leadership enables leaders to motivate and inspire their subordinates to surpass their expectations, building a culture of openness, innovation, and adherence. By adopting transformational leadership behavior, mid-level leaders can bring positive changes within their teams, enhance job satisfaction, and boost productivity in general (Johns, n.d.; Kim et al., 2023). On the contrary, distributed leadership encourages the acceptance of leadership at different levels of an organization. The distributed leadership style enhances mid-leaders' independence in making decisions and owning their roles in the organization. This model promotes teamwork and ensures that no single focus leadership is placed

at the top levels, but that it is spread out throughout the entire organization to nurture collective decision making and responsibilities.

Role ambiguity should also be addressed to empower mid-level leaders. A clear definition of the roles and responsibilities of mid-level leaders should help decrease the chaos and uncertainty and enhance decision-making (Simas et al., 2019). Leaders who know their roles and feel they can act within them will likely actively address problems and generate good results within their teams and with their patients.

CONCLUSIONS AND RECOMMENDATIONS

Finally, this paper emphasizes the importance of having mid-level leaders in the overall success of healthcare organizations. Being placed between the top management and the operational employees, the mid-level managers play a critical role in transforming top management strategies into active plans that can propel daily activities. Nonetheless, these leaders tend to face considerable obstacles, such as resource constraints, a lack of autonomy, or untapped leadership development opportunities, that impair their chances in performing their jobs to the utmost of their abilities and reduce the efficiency of healthcare institutions.

Mid-level leaders are in the best positions to influence change and improvement within healthcare institutions because they are close to opportunities and operational difficulties. However, this potential is usually realized only because of insufficient support and resources. Healthcare organizations should overcome these obstacles to empower mid-level leaders fully to contribute more.

The main strategies are investment in leadership development programs aimed explicitly at middle-tier leaders who need to be trained in transformational and operational leadership skills. Such programs should provide leaders with skills to cope with complex medical environments and foster change in companies. Moreover, companies should support decision-making and goal implementation by providing their employees with sufficient resources (i.e., staffing, technology, and the possibility of mentorship). It is also necessary to improve the communication of the mid-level leaders with the senior management, as it leads to the alignment of strategic goals and operational activities. Lastly, defining roles and responsibilities will help eliminate ambiguity, enhance accountability, and enable the mid-level leaders to become owners in their work to facilitate cooperation and decision-making.

These strategies will help healthcare organizations deliver their services better, offer better services to patients, and satisfy the healthcare staff, which is a significant factor in the success and sustainability of any organization.

FURTHER STUDY

The research has several limitations that must be followed up on in a subsequent study. To begin with, the sample was small and narrowly focused (only one set of mid-level leaders in one of many healthcare institutions in the country); therefore, the sampling process may not have fully benefited the research outcomes. To understand the situation more in-depth, the sample should be increased to cover more categories of healthcare settings, geographical regions, and organization sizes. Second, the cross-sectional study developed by the study only offers a single instance of the leadership challenge. The longitudinal study shows how mid-level leadership has changed through the years.

Moreover, the other leadership models, like servant or adaptive, did not receive significant attention in this research because it focused on the transformational, transactional, and distributed leadership models. The other promising avenue of research may be inquiries regarding the role of technology, including such tools as the AI-powered ones, and their contribution to leadership effectiveness. Finally, learning about the development programs' long-term outcomes is possible, especially targeting the mid-level leaders.

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