The COVID-19 pandemic and the role of responsible leadership in health care: thinking beyond employee well-being and organisational sustainability

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Abstract

Purpose – The unprecedented crisis of the COVID-19 pandemic has posed an enormous challenge ever for health-care organisations to find strategies to deal with their survival. The health-care employees are the frontline soldiers to fight against COVID-19 pandemic. Currently, there is a lack of research regarding the conceptualisation of COVID-19 and its impact on health-care employees' well-being and their organisational sustainability. Extending the role of responsible leadership (RL), the purpose of this paper is to develop a multi-level conceptual model to overcome the crisis of COVID-19 pandemic and promote employee (e.g. workers, nurses and professionals) well-being and organisational sustainability.

Design/methodology/approach – With a comprehensive literature review, this paper presents five testable propositions and highlights the impact of COVID-19 pandemic on employee well-being and organisational sustainability.

Findings – The proposed model counsels that organisations need to go beyond the simple application of strategic climate and should enable RL to protect and maintain employee well-being and organisational sustainability.

Research limitations/implications – The proposed conceptual model is a step forward to not only explore future empirical research but also it will help the health-care policymakers to take responsible initiatives to increase employee well-being and uphold organisational sustainability.

Originality/value – There is a lack of research regarding the conceptualisation of the COVID 19 pandemic and its impact on health-care employees' well-being and organisational sustainability. The proposed conceptual model opens and guides a novel research avenue for the alignment of strategic management (as a moderator) and RL on the relationships among the COVID-19 pandemic, employee well-being and organisational sustainability.

Keywords Multi-level conceptual framework, Health services sector, Organisational sustainability, Responsible leadership, Strategic climate, The COVID-19 pandemic

Paper type Conceptual paper

Introduction

The pandemic of COVID-19 has imposed an unprecedented challenge to the health-care sector. The World Health Organisation (WHO) declared COVID-19 (also known as coronavirus) as a pandemic or global disease outbreak on 11 March 2020 (WHO, 2020). The health-care employees' (e.g. workers, nurses and professionals) well-being and health-care organisations' sustainability have become the topmost priority to overcome this pandemic situation. The unprecedented crisis of COVID-19 has posed an enormous challenge ever for health-care organisations to find strategies to deal with their survival. In the pursuit of

improving employee well-being and organisational sustainability, health-care organisations need to embrace new strategies and demand more responsibility in their leadership approach to overcome the pandemic situation of COVID-19 (Hamouche, 2020; Leite *et al.*, 2020).

Extending the role of responsible leadership (RL) (Haque *et al.*, 2019b, 2020), this paper provides a multi-level conceptual model to overcome the ongoing and the post-pandemic crisis of COVID-19 and promotes the well-being of health-care employees (e.g. workers, nurses and professionals) and organisational sustainability. The model contributes to the need for a detailed and contextualised understanding of COVID-19 in the health-care sector in several ways. First, it helps to understand the challenges of COVID-19 pandemic and the need for RL for the health-care sector. Second, this proposed model helps to clarify the interventions of RL into an organisation's strategic management to thrive COVID-19 pandemic from the health-care perspective. Third, it formulates five propositions, including COVID-19 pandemic, strategic climate aligning RL, employee well-being and organisational sustainability. Finally, health-care employees are the frontline soldiers to fight against COVID-19 pandemic. This model is a step forward to not only explore the future research avenue for the impact of COVID-19 on multi-level consequences but also it will help the health-care policymakers to take responsible initiatives to increase employee well-being and uphold organisational sustainability.

COVID-19 pandemic and health-care sector: an "unprecedented crisis"

The COVID-19 was discovered with its outbreak in Wuhan, China, in December 2019, and on 11 March 2020, The WHO declared COVID-19 as global disease outbreak or pandemic. By the 31st of March 2020, it spread over 202 countries with 693,224 confirmed cases and 33,391 deaths (Hamouche, 2020). WHO described COVID-19 as "CoV" which is:

> [...] a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans (WHO, 2020).

The health-care sector is witnessing an unprecedented challenge owing to the COVID-19 pandemic around the world. At present, health-care employees (i.e. worker and professionals) are playing a vital role not only for caring the COVID-19 infected patients also ensuring the infection prevention and control measures for their safety and well-being to keep their services on. It is also vital to reduce COVID-19 transmission within health-care organisations to manage the current and future COVID-19 patients. For example, during the early break of COVID-19 in China, about 3,000 health care employees infected and 22 died (WHO, 2020; Haque, 2020). Experts warned that COVID-19 could lead to high morbidity and mortality for the health-care employees and suggested to take full protective measures (e.g. personal protective equipment [PPP]) including strict hand hygiene, safety goggles and face protecting masks (Li *et al.*, 2019; Hamouche, 2020). Currently, in addition to symptomatic patients of COVID-19, the asymptomatic (e.g. not having any symptom) patients are also transmitting the disease among others around the world (Haque, 2020; WHO, 2020). Hence, it will be crucial to recognise the risk of health-care employee shortages and their occupational health and safety to overcome the crisis of the COVID-19 pandemic (Leite *et al.*, 2020).

Responsible leadership

The concept of RL is a novel but highly recognised leadership approach to study and practice in other disciplines such as health care (Mccullough, 2012), psychology

(Hamouche, 2020) and business management (Paraschiv *et al.*, 2012). As a value-based leadership approach, RL acknowledges and seeks to define what "responsible" means in the context of organisational leadership (Pless and Maak, 2011; Haque *et al.*, 2019a, 2019b, 2020). Scholars suggested that value-based leadership focuses on leader's value components, such as honesty, integrity, accountability, patience, trust and respect (Haque *et al.*, 2019b, 2020; Enwereuzor *et al.*, 2020). Maak and Pless (2009) noted that:

> [...] we define responsible leadership as a values-based and principle-driven relationship between leaders and stakeholders who are connected through a shared sense of meaning and purpose through which they raise to higher levels of motivation and commitment for achieving sustainable value creation and responsible change. (p. 539)

According to Waldman and Galvin (2008), RL includes two significant fields of study, such as social responsibility and leadership. Scholars have prioritised RL over other value-based leadership approaches as it captures multi-level-analysis (e.g. individuals, groups and society) from organisational, social and global perspectives (Pless and Maak, 2011; Haque *et al.*, 2019a, 2019b). As a multi-level approach of leadership, RL includes the concept of stakeholder (Margolis and Walsh, 2003), ethics (Brown and Trevino, 2006), agency theory (Aguilera *et al.*, 2008) and institutional theory of corporate social responsibility (Campbell, 2007). These theoretical bases uphold the potential of RL for the definition of what constitutes responsibility. They may explain how leaders might fit within organisations to care employee well-being and business sustainability. Therefore, RL provides a broader concern for multi-level (e.g. individual, group and society) motivations for the health-care sector and commitment for internal (e.g. employee well-being and organisational sustainability) and external (e.g. social and global challenges such as COVID-19) stakeholder achievements.

This paper claims that RL should be incorporated into an organisation's strategic climate to overcome this COVID-19 pandemic crisis because of the following three justifications. First, scholars have recommended that RL values employees as critical stakeholders make use of their unique perspectives in maintaining their motivation and well-being (Pless, 2007; Haque *et al.*, 2019a, 2019b, 2020; Enwereuzor *et al.*, 2020). Hence, this paper claims that RL into strategic climate may improve the health-care employees' well-being because of its individual (e.g. employee-focussed) perspective to overcome the crisis of COVID-19 pandemic.

Second, from the social-level or stakeholder perspective, RL can identify and respond according to the demand of the critical socio-economic challenges (e.g. COVID-19 pandemic) within business trends so that organisations can respond more effectively (Maak and Pless, 2006; Stahl *et al.*, 2013). Accordingly, the health-care organisation's strategic climate with RL can not only help organisations to be more sustainable also may help their surrounded societies to overcome the COVID-19 pandemic.

Finally, RL can go beyond the relationship of leader-follower relationships to meet the demand of the global pandemic crisis owing to COVID-19 (Miska *et al.*, 2013). Health-care organisations applying RL into their strategic climate can think beyond their employee well-being and sustainability. For example, after managing the COVID-19 spread in Wuhan, China, is sending their specialised and experienced health-care professionals to other affected countries to overcome the global challenge against the COVID-19 pandemic.

Strategic climate

The notion of strategic climate has been originated from organisational psychology and commonly referred to employee's perception about their organisation's strategic policies,

practices and procedures (Schneider *et al.*, 2000). It helps employees to be more focussed on their organisational strategies and to achieve their targeted objectives effectively for higher sustainability (Schneider *et al.*, 2000). Hence, a strategic climate of continuous improvement becomes effective by engaging employees to perform in ways that fulfil the strategic goal to overcome crisis period such as the COVID-19 pandemic (Schneider, 1975; Ostroff and Bowen, 2000; Veld *et al.*, 2010).

Organisation's strategic climate is consistently conceptualised as employees' shared perceptions of an organisation's strategic policies, practices and procedures (Patterson *et al.*, 2005). Scholars claimed that the health-care sector struggles to have a culture of continuous improvement for employee well-being and organisational sustainability (Radnor *et al.*, 2012; Hamouche, 2020). Both the concept of organisational culture and climate are closely related thoughts, as they describe employees' experiences regarding strategic management; however, the climate can be considered as the overall manifestation of culture (Schneider, 1975; Patterson *et al.*, 2005). Previous studies explored the significant associations between strategic climate and employee behaviour such as well-being, organisational commitment and job satisfaction (Schneider *et al.*, 1998; Parker *et al.*, 2003; Veld *et al.*, 2010).

Following Patterson *et al.* (2005), this paper considers the three dimensions of strategic climate such as quality (i.e. emphasis to continuous professional improvement), innovation (i.e. new ideas to improve work-life and well-being) and efficiency (i.e. importance for efficiency and productivity for higher sustainability). This paper includes strategic climate into the conceptual model for the following reasons. First, the dimension of quality will motivate the health-care employees to deliver the best quality service for COVID-19 patients. Second, the dimension of innovation in strategic climate will enhance health-care employee's life expectancy, including well-being and job satisfaction. Third, the dimension of efficiency in strategic climate will promote health-care organisation's efficiency and productivity of the higher sustainability. Accordingly, the proposed multi-level framework (Figure 1) incorporates both the employee level (e.g. well-being) and organisational level (e.g. sustainability) into strategic climate to overcome the COVID-19 pandemic.

Enabling leadership into strategic climate for employee well-being and organisational sustainability

Leadership has been significantly linked to strategic climate to influence both employee well-being and organisational sustainability (Kelloway *et al.*, 2013; Shinbrot *et al.*, 2019). The notion of employee well-being is defined as a pleasurable (i.e. positive) emotional state
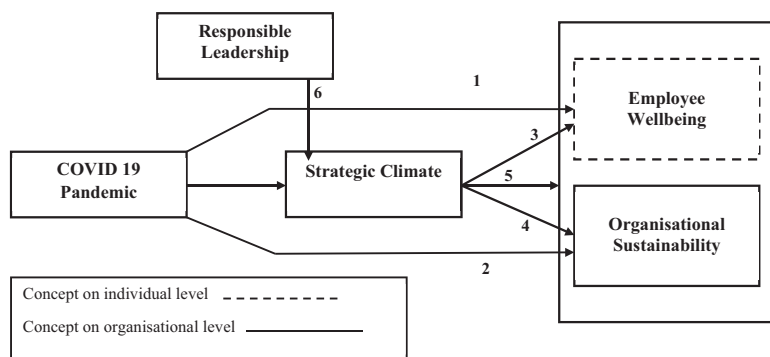

Figure 1.
Conceptual framework for examining a multi-level relationship between COVID 19 pandemic, responsible leadership, strategic climate, employee well-being and organisational sustainability

resulting from the appraisal of employee's job experiences (Locke, 1969; Rahimnia and Sharifirad, 2015). It can be classified as physical and psychological well-being and can be conceptualised from a subjective or psychological perspective (Keyes *et al.*, 2002). Here, subjective well-being refers to both affective (e.g. the difference between pleasant and unpleasant affect) and cognitive (e.g. job satisfaction) (Schimmack *et al.*, 2002). On the other hand, psychological well-being highlights employee's mental health issues, such as work stress and anxiety (Keyes *et al.*, 2002). Several studies have found empirical relationships among leadership practice and employee well-being (Kelloway *et al.*, 2013; Rahimnia and Sharifirad, 2015). Various leadership approaches such as transformational leadership (Liu *et al.*, 2010), authentic leadership (Rahimnia and Sharifirad, 2015), appreciative leadership (Stocker *et al.*, 2014) or positive leadership (Kelloway *et al.*, 2013) were found to have significant relationships with employee well-being. Scholars have suggested that leadership approaches in organisations have substantial effects on employee well-being, including job stress and life satisfaction (Fullagar and Kelloway, 2012; Rahimnia and Sharifirad, 2015).

On the other hand, organisational sustainability referred to "a concept of the holistic perspective of development integrated with organisational goals, internal incentives and evaluation systems, and organisational decision support systems" (Radomska, 2015, p. 1). Scholars suggest that leadership for organisational sustainability needs managers to observe and predict the uncertainty and complexity of an organisation and requires to engage employees in processes which promote strategic climate to overcome the business crisis (Metcalf and Benn, 2013; Kimberly *et al.*, 2016). According to Metcalf and Benn (2013), leadership in organisations offers and executes the strategic climate in which an employee needs to be operated and achieve organisational sustainability. Hence, strategic climate received more significance for the outcome of organisational sustainability not only for the short-term also for the long-term organisational success (Radomska, 2015; Kimberly *et al.*, 2016). Researchers found that lack of leadership effectiveness can be harmful to organisational performance which can also lead to negative consequences for future organisational stability (Kimberly *et al.*, 2016). Several studies examined various leadership approaches such as transformational leadership (Hamstra *et al.*, 2014) or ethical leadership (Florea *et al.*, 2013) on organisational sustainability; however, there is a lack of literature for strategic climate enabling RL (Paraschiv *et al.*, 2012). Accordingly, with the arrow 6 in Figure 1, this paper proposes RL into strategic climate as a newly evolved leadership approach to not just survive but thrive in these unprecedented challenges of COVID-19 pandemic on the health-care sector.

Conceptual framework and discussion
Impact of COVID-19 on health-care employee well-being
The concept of employee well-being referred to an individual's experience of health (e.g. physical and psychological), job satisfaction and prosperity at work (Rahimnia and Sharifirad, 2015). Scholars described employee well-being from both the subjective and psychological perspectives (Keyes *et al.*, 2002; Rahimnia and Sharifirad, 2015). The subjective view focusses on employee's affective such as hedonic (i.e. the difference between pleasing and unpleasing feeling), and cognitive perspective highlights the components related to both job and life satisfaction (Schimmack *et al.*, 2002; Keyes *et al.*, 2002; Rahimnia and Sharifirad, 2015). Employee well-being promotes advantages to health-care organisations of having a healthy workforce (Robertson and Cooper, 2010). It is essential in the understanding of the various domains (e.g. health, job satisfaction and prosperity at work) that affect the quality of life for health-care employees (Keyes *et al.*, 2002; Rahimnia and Sharifirad, 2015). The notion of employee well-being has been examined in other

disciplines such as economics (Kersley *et al.*, 2006), sociology (Peccei, 2004) and psychology (Warr, 2002) to understand employees' state of well-being or distress at work. Hence, employee well-being facilitates to stimulate motivation at work and improves overall organisational performance (Schimmack *et al.*, 2002; Rahimnia and Sharifirad, 2015).

The COVID-19 pandemic has put an enormous challenge on health-care employees, and its potential impact has consequences on their physical and psychological well-being (Hamouche, 2020). Currently, hospitals and medical service-provider organisations are running far over their capacities and working more hours to care the COVID-19 patients (Ripp *et al.*, 2020). Moreover, the health-care organisations struggling to manage medical resources such as ICU, ventilators and personal protective equipment to operate their regular duties safely (Ripp *et al.*, 2020; Hamouche, 2020). Since the COVID-19 pandemic started, the number of affected patients and the death toll is increasing every day (Ripp *et al.*, 2020; Hamouche, 2020). The health-care employees have been recognised as the frontline soldiers to fight against this ongoing COVID-19 pandemic. They are caring for the affected patients risking their safety in the setting of COVID-19 contagion. Ripp *et al.* (2020) noted that:

> "In New York City, the COVID-19 pandemic has required an 'all hands on deck' approach. Yet in meeting the social contract between health care workers and the public, the moral obligation to treat patients and save lives cannot be burdened by unacceptable risks. It is the absolute responsibility of the medical institution to minimize the risks as much as possible". (p. 1)

As a result, the moral obligation and the crisis itself have driven the health-care employees to accept the risk of their mental and physical well-being to work during this COVID-19 pandemic. For example, during the pandemic situation, health-care employees have shown unique stress-related behaviours owing to a significant crisis of antibacterial hand sanitiser, PPE, or medical masks (Shigemura *et al.*, 2020) and toilet paper (Corkery and Maheshwari, 2020). According to Dewey *et al.* (2020), COVID-19 lead to substantial mental health such as anxiety or stress in the short term; and the higher risk for employee burnout over a long time among the health-care employees. Researchers suggested that the COVID-19 is not only a physical health's risk, it also a significant threat to employees' mental health (Shigemura *et al.*, 2020; Ripp *et al.*, 2020).

Several scholars suggested that during the COVID-19 pandemic, the health-care employees are highly stressed and need organisational and social support and more significantly, the occupational health and safety (Ripp *et al.*, 2020; Hamouche, 2020). This paper reflects the significance of health-care employees' well-being when their organisations are experiencing unique disruptions for the COVID-19 pandemic. Accordingly, arrow 1 in Figure 1 indicates the direct impact of COVID-19 on health-care employee well-being at the individual level. This leads to the following proposition:

P1. COVID-19 is negatively associated to the health-care employee well-being.

Impact of COVID-19 on organisational sustainability

The concept of sustainability in an organisational context includes societal, environmental and economic systems within which a business operates (Boudreau and Ramstad, 2005; Colbert and Kurucz, 2007). As a result, the definition of organisational sustainability has been described in several ways. For example, Boudreau and Ramstad (2005) defined sustainability as "achieving success today without compromising the needs of the future", and Colbert and Kurucz (2007) referred it as "keep the business going". Form the leadership perspective; sustainability is the managerial initiatives that play an essential role in the

modern organisational strategy (Jackson *et al.*, 2011; Howieson *et al.*, 2019). According to Howieson *et al.* (2019), "the pursuit of sustainability will require leaders to expand their boundary-spanning role(s) to embrace a wide range of internal and external stakeholders" (p. 689). Hence, in addition to financial stability, organisational sustainability refers to the creation of meaningful values that shape strategic decision-making and building a culture for all the stakeholders to ensure a desirable performance and outcome for an organisation (Jackson *et al.*, 2011; Howieson *et al.*, 2019; Cornell, 2020).

COVID-19 has unleashed extraordinary challenges that threaten to limit the health-care organisations responding to the sustainability imperative. Many health-care organisations, including hospitals, now find themselves in a problematic situation for workforce and resources (e.g. financial and medical equipment). Moreover, COVID-19 has caused a tremendous financial burden for many health-care organisations, which did not have enough capital or cash flow to meet their liquidity problems to carry out their daily health-care services. For example, there is a growing health-care concern regarding the adequacy of resources to treat COVID-19 infected patients such as separate hospital beds, ventilators and ICUs (intensive care units).

The COVID-19 pandemic has imposed an enormous threat to organisational sustainability for the health-care organisations as the global trade affected by numerous trade and order cancellation. For example, in China, the Shanghai Stock Exchange recorded 7.7% drop were 3,527 (out of 3,859) stocks prices declined owing to COVID-19 closure from 24 January 2020 and reopened on 3 February 2020 (Shan and Tang, 2020). As a result, businesses, including health-care organisations, are forced to cut wages and benefits to avoid bankruptcy (Shigemura *et al.*, 2020; Ripp *et al.*, 2020). In this situation, sustainability for a health-care organisation is threatened, and medical service for COVID-19 patients seems to be at the highest risk. Hence, it is critical that health-care organisations to be sustainable so they can continue their roles for both the internal customer (e.g. health-care employees) and external customers (e.g. COVID-19 patients). They are solely dependent on job employment and lifesaving medical services. Here, executives and managers have a responsibility to lead their health-care organisations to overcome the pandemic situation and survive with their business through sustainability. In addition to professional commitment and health-care services, health-care organisations need to stay and get a hold on their sustainability. Therefore, COVID-19 creates not only the short-term crisis for vulnerability, but it also caused unique challenges to overcome the long-term sustainability for health-care organisations. Accordingly, arrow 2 in Figure 1 indicates the direct impact of COVID-19 on organisational sustainability and offers the following proposition:

P2. COVID-19 is negatively associated to organisational sustainability.

Linking strategic climate aligning responsible leadership to employee well-being
The concept of employee well-being has been recognised as one of the significant motivating factors for higher organisational performance and sustainability (Li *et al.*, 2011). It has been described as employees' satisfying emotional states that reflect from their job experiences and form the organisation's strategic climate (Locke, 1969; Li *et al.*, 2011). The state of well-being affects employees' perception regarding job environment and the circumstances such as strategic policy, practices, values and performances (Mafini, 2016). Scholars suggested that organisation's strategic climate including work relationships and leadership practices significantly affect employee's job meaningfulness (Van Bogaert *et al.*, 2014) work schedule (Mafini, 2016) and well-being (Mackoff and Triolo, 2008). A significant amount of literature indicates the positive association between organisation's strategic climate and employee

well-being (Mackoff and Triolo, 2008; Haque, 2018a, 2018b; Shan and Tang, 2020); however, need further explorations and knowledge about RL (Pless, 2007; Haque *et al.*, 2019a, 2019b, 2020).

Several researchers suggested that strategic climate directs organisation's strategic initiatives such as recruitment and selection, training and development, performance evaluation and rewarding practices (Li *et al.*, 2011; Mafini, 2016; Haque, 2018a, 2018b; Bogner *et al.*, 2020). Moreover, strategic climate enabling RL in the health-care sector can be vital for employee well-being and retention during the COVID-19 pandemic situation (Pless, 2007). Other value-based leadership practices such as transformational and ethical leadership have shown significant positive relationships with employee motivation (Haque *et al.*, 2019a, 2020; Cornell, 2020); however, RL should not be overlooked for this COVID-19 pandemic situation. Researchers suggested that by increasing strategic climate enabling RL (i.e. responsible behaviour of managers or executives in their leadership roles), organisations can improve employee performance and well-being (Li *et al.*, 2011; Mafini, 2016; Haque *et al.*, 2019a, 2019b). Several studies have highlighted the significance of health-care organisation's strategic climate for a higher level of employee well-being (Harley *et al.*, 2007; Hyde *et al.*, 2009). However, there is a lack of literature to explore the combination of strategic climate and RL (Paraschiv *et al.*, 2012; Stahl and De Luque, 2014; Haque *et al.*, 2019a, 2019b, 2020). Therefore, it will be crucial to explore the combined influence of strategic climate and RL on employee well-being to meet the challenge of COVID-19 pandemic. Arrow 3 in Figure 1 indicates the relationship between the strategic climate (aligning RL) and employee well-being and offers the following proposition:

P3. Strategic climate (aligning RL) is positively associated to employee well-being.

Linking strategic climate aligning responsible leadership to organisational sustainability
Organisational sustainability involves strategic climate to estimate risks and achieve a multi-level performance outcome (e.g. financial, social and global) both for the short and long-term benefits (Olaru *et al.*, 2011; Aarons *et al.*, 2014). Sustainability for health-care organisations can be challenging owing to the lack of fruitful strategic climate including a culture of RL, continuous improvement and systematic problem solving (Patterson *et al.*, 2005; Radnor *et al.*, 2012; Aarons et., 2014). Scholars suggested that strategic culture of organisations depends on employees' shared perceptions of leadership and organisational strategic practices and procedures (Parker *et al.*, 2003; Veld *et al.*, 2010). How organisations develop their strategic climate (aligning RL) to implement sustainability-value ensures their success in attaining competitive advantage (Quinn and Dalton, 2009; Aarons *et al.*, 2014). Enabling RL with strategic climate is essential for health-care organisations to overcome the limited medical resources, occupational health and safety at work and the effective management of COVID-19 pandemic.

At present, health-care organisations require the full integration of social and environmental aspects into their strategic climate to maintain their organisational sustainability. Adaptation of RL within strategic climate will help health-care organisations to survive in the long term as they generate ethical and economic values and will increase social contributions and build healthy communities (Paraschiv *et al.*, 2012; Aarons *et al.*, 2014; Cornell, 2020). Responsible leaders can show not only the commitment to manage the business of the health-care organisations for sustainability but also develop a strategic climate with a reward for internal customers (e.g. health-care employees' well-being) and external customers (e.g. COVID-19 patients) (Aarons *et al.*, 2014). Moreover, RL can compliantly deal with organisational change needed for the crisis of COVID-19 pandemic

and negotiate with various groups of societies such as local community or government leaders (Haque *et al.*, 2019a, 2019b, 2020). Scholars suggested that responsible leaders play a vital role in integrating strategic climate and competitive advantage for long-term organisational sustainability (Quinn and Dalton, 2009). Therefore, this paper claims that there may be a positive influence between strategic climate aligning RL and health-care organisation's sustainability. Arrow 5 in Figure 1 indicates this relationship and offers the following proposition:

P4. Strategic climate (aligning RL) is positively associated to organisational sustainability.

Moderating role of strategic climate (aligning responsible leadership)
Scholars suggest that both strategic climate and perceived leadership approach have causal effects on employee motivation and organisational performance (Paraschiv *et al.*, 2012; Peccei *et al.*, 2013; Haque *et al.*, 2019a, 2019b). According to Veld *et al.* (2010), an organisation's strategic climate in health-care organisations moderates the effect of the perceived leadership role and employee outcome. The proposed conceptual model (Figure 1) suggests that strategic climate enabling RL can influence and mitigate the impact of COVID-19 for employee well-being and organisational sustainability. The moderating role of strategic climate in this paper includes the following justifications.

First, strategic climate enabling RL may strengthen the outcomes such as employee well-being and organisational sustainability. Several behavioural theories justified the positive influence of value-based leadership (e.g. RL) on employees' higher motivation and well-being, which promote organisational performance and sustainability. The social identity theory of leadership (Hogg, 2001) suggests that employees have their way to comprehend and perceive RL within-group (e.g. within workplaces) and inter-group (e.g. health-care organisation with stakeholders) relationships. These understandings and beliefs have significant consequences on their organisational engagement and social commitment. Here, RL has the accountability and opportunity not only to ensure the well-being of the health-care employees also to make them more committed to the society to fight back against the pandemic (Haque *et al.*, 2019a, 2019b; Shan and Tang, 2020). Similarly, Following the attribution theory (Weiner, 1985), health-care employees hold the inclination to analyse the causes and effects of their other senior executive and manager's RL. These observations have a significant impact on their work attitudes and well-being (Nishii *et al.*, 2008), and may uphold the reputation and sustainability of health-care organisations. Therefore, more employee well-being and their knowledge, skill and ability can improve the performance and sustainability of health-care organisations (Poksinska, 2010; Shan and Tang, 2020). This is in line with the investigation by Jiang *et al.* (2012) that demonstrated positive links between strategic climate and organisational sustainability through increasing employee well-being. Scholars have recommended employee engagement and well-being for higher organisational sustainability to overcome the COVID-19 pandemic situation (Shan and Tang, 2020; Gerdeman, 2020).

Second, the proposed model expects that the inclusion of RL with strategic climate will reinforce the positive outcomes of employee well-being, retention and stability in organisations, particularly at the current and post-pandemic situation of COVID-19. This is because enabling RL into the organisational work-settings and work-ethic through strategic climate will help both the managers and employees to cope up the crisis of COVID-19. For example, managing office and job hours, work from home, maintaining social distance at work will facilitate the health-care organisations to overcome the pandemic period.

Following the stakeholder theory (Freeman, 1984), health-care employees serve stakeholders via their patients and reflect the role of their organisational RL to their communities. These efforts from the health-care employees can create a positive reputation through RL for health-care organisations and can increase their sustainability (Freeman *et al.*, 2004). In this pandemic situation, societies across the world expecting more responsible and caring support from the health-care employees and their organisations. According to Freeman and Auster (2011),

> [...] "most organisations have some kind of purpose or aspiration. By understanding these processes of self-understanding, connection, and aspiration, we have a chance to make adjustments to make our organisations more fit for human beings. Creating such organisations is the work of responsible leaders and responsible leadership". (p. 22)

Hence, the implication of RL into strategic climate could increase employee well-being during these second and third waves in the world (Shan and Tang, 2020). Besides, combining RL with strategic climate may increase the bonding and trust relationships among employees and their managers for higher organisational sustainability (Amui *et al.*, 2017). Therefore, this paper claims that strategic climate enabling RL may moderate both the levels of health-care organisations' employee well-being and sustainability. This leads to the following proposition:

P5. Strategic climate enabling RL moderates the relationship among COVID-19, employee well-being and organisational sustainability.

The following Figure 1 presents the proposed multi-level relationships among the COVID-19 pandemic, strategic climate enabling RL, employee well-being and organisational sustainability.

Directions for future research

This paper identifies further issues and questions linked to the COVID-19 pandemic with strategic climate and RL that needs to be examined. For example, what would be the implementation strategy of RL for an organisation's strategic climate to overcome the pandemic impact of COVID-19 (IPR, 2020)? How does the COVID-19 pandemic will impact on future employee retention, turnover and organisational financial stability (Shan and Tang, 2020; Haque *et al.*, 2019c; Gerdeman, 2020)? Moreover, researchers may examine both the biological and social hazards of COVID-19 in workplace settings and employee's mental health consequences for work-life balance (Hamouche, 2020). On the other hand, various context and cultural differences of health-care organisations may also be significant variables to answer the above questions. Hence, exploring multiple countries, culture and work settings (e.g. strategic management) regarding employee motivation, performance and organisational sustainability will help the future researchers to explain employee's perception of RL from a multi-level perspective. Also, research is needed to examine the relationships among the implementation of strategic climate including RL and employees' motivational elements such as organisational citizenship behaviour (Haque *et al.*, 2019a, 2020), organisational commitment (Haque *et al.*, 2019a, 2020) and employee happiness and productivity (Oswald *et al.*, 2015). Scholars suggested that relational coordination across the health-care sector is associated with higher levels of organisational performance, such as improved service quality and employee retention (Gittell, 2000; Gittell *et al.*, 2000). Hence, this paper suggests that future researchers should explore further consequences and impacts of strategic climate and RL to overcome the crisis of COVID-19 pandemic from various contextual, individual, organisational or social perspectives.

Measurement and analysis implication

Exploring the relationships among COVID-19, strategic climate enabling RL, employee well-being and organisational sustainability in health-care have several measurement implications. At present, there is a lack of literature and empirical evidence about the impact of COVID-19 pandemic and its effects on health-care employees and organisations. Hence, further delays in future studies may cost more for the health-care sector (Hamouche, 2020). This paper suggests that research on the impact of COVID-19 pandemic on the health-care sector should encompass earlier interventions. According to Wright and Haggerty (2005), it could take at least 19 months to observe the response of strategic climate for employee well-being and organisational performance outcome. Hence, a strategic climate enabling RL will be significant for organisations to defend the impact of COVID-19 pandemic. For example, a popular method in health-care such as Kaizen blitz or Kaizen event (i.e. rapid improvement event) can be followed for an immediate response of employee well-being and organisational sustainability (Radnor *et al.*, 2012). As a result, the damaging effect of the COVID-19 pandemic on health-care organisations and employees will be less or minimum. This paper suggests that changes in an organisation's strategic climate enabling RL will require comprehensive training and development on RL for all the executives, managers and employees. It also predicts that the process to transform the existing strategic climate to a new climate enabling RL may take a period of 6–15 months to acquire the positive outcomes of employee well-being and sustainability in health-care organisations.

According to the moderating role of strategic climate aligning RL (see proposition 5), the policymakers of the health-care sectors need to adopt the mindset and belief of value-based leadership and its further societal consequences. Health-care employers are increasingly anxious about their well-being issues by the second and third waves of the COVID-19 pandemic around the world. Some developed countries are going through second or third waves, including the UK and the USA reporting more positive cases for their health-care employees. Moreover, the demand for RL has been reflected by the 2020 presidential US election, where the ruling government has been highly criticised for their irresponsible leadership for the health-care sector to see the highest number of positive COVID cases and associated deaths. Hence, this paper suggests that more health-care strategies adopting RL in the health-care sector, focussing on frontline employees and their organisations need to be prioritised. Both the individual and organisational-level interventions can not only help the societies from this COVID-19 pandemic also will make further reference to manage future societal or global health-care crisis.

Prior studies on employee well-being and organisational sustainability have been mainly focussed on the organisational level of analysis. However, differences might exist between the intended strategic climate and the actual leadership practices (e.g. ethical or servant leadership) and employees' perceptions across different countries and culture. Hence, it is essential to include multi-level research on the individual level (e.g. workers or professionals) as well as country or cultural context. Finally, future studies should have multi-method (e.g. cross-sectional or longitudinal) designs. They may apply various timeframes such as short-time (e.g. 3–6), midterm (e.g. 6–18) or long-term (e.g. 18 and over) months of follow-up and data collection.

Conclusion

This paper does not consider any temporal frames for the proposed model (Figure 1) and looks beyond the timeframes and cultural boundaries to call strategic climate aligning RL for health-care sectors for the greater good. For example, it is expected that the world will overcome the COVID-19 pandemic with its ongoing waves and will get back to previous

normal life with the invention of the upcoming coronavirus vaccine by next year. However, this proposed model indicates future demand for RL for health-care employees and organisations as their contribution and significance remain the same for future crisis and the safety of the next generations.

Given the current situation of COVID-19 pandemic and its post-pandemic consequences, the role of the health-care sector, further theoretical development is essential in the field of strategic management and organisational leadership (Bogner *et al.*, 2020; Leite *et al.*, 2020). Focussing on the health-care sector, this paper addressed several research issues related to COVID-19 pandemic by developing a literature-based multi-level conceptual model linking strategic climate, RL, employee well-being and organisational sustainability. The proposed model (Figure 1) argues that strategic climate with RL approach has a direct impact on employee well-being and organisational sustainability in health care. All the health-care policymakers, employers and employees (e.g. workers, nurses and professionals) will benefit from the proposed RL approach for their strategic climate. This paper argues that enabling RL (into strategic climate) is vital in creating these mutual gains. The general underlying idea is that strategic climate adopting RL will foster health-care employees' well-being (e.g. occupational health and safety, happiness and service commitment) and will warrant higher organisational sustainability (e.g. improved service quality, patient satisfaction and financial performance). The challenge is to go beyond the simple application of strategic management through strategic climate and to secure a path for organisational sustainability. Considering the crisis of COVID-19 pandemic, this paper suggests that the strategic climate applying RL positively moderate the outcome of employee well-being and organisational sustainability. Therefore, to win the battle against the COVID-19 pandemic, health-care organisations should transform their strategic climate with RL to achieve a higher level of employee well-being and sustainability.

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