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Leadership Eminence: A Rising Stipulation in Allied Health Care

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“Leadership” as a critical component of organizational productivity has piqued the interest of policymakers and academic professionals. Theory, strategy, training, and development are critical themes that an organization cultivates among leaders to direct workforce performance through significant time and financial investments¹. These themes have permeated more deeply into healthcare systems and clinical practices. Effective leadership is a complex and highly valued component increasingly recognized as critical to delivering high-quality care². Because healthcare’s essence and delivery are constantly evolving, recruiting competent and effective leaders is paramount. As a result of new healthcare models emphasizing more distributed and disseminated responsibility, healthcare professionals at all levels are being called upon to assume leadership roles, necessitating leadership training. Thus, healthcare organizations must invest significantly in developing current and future leaders¹.

In allied healthcare, health professionals combine holistic management with a multi-disciplinary team to assist patients and clients in maintaining and improving their well-being. As a result, leadership ability is integral to the success and advancement of health sciences and independent practitioners from various disciplines. Thus, leadership education, transmission, and evaluation are vital in allied healthcare organizations to ensure services in aged care and disability support³. Rehabilitation is widely recognized as a critical health strategy for improving functioning and reducing disability in individuals, and it can be fostered through effective leadership and governance⁴. The United Nations Development Programme (UNDP) estimates that approximately 6.2% of Pakistan’s population is disabled⁵. Regardless of leadership traits, rehabilitation services are considered a luxury rather than a necessity for this growing vulnerable and diseased population, posing a leadership challenge in developing countries.

Although allied health professionals play an essential role in most clinical pathways, there is significant variation in how these professionals are organized and led. Leadership and board positions are infrequently given to allied health professionals, whereas nurses and doctors are often given these opportunities. Furthermore, many organizations continue to pursue gender discrimination because of underlying negative mindsets and a lack of measurable results. This

underrepresentation of allied health professionals in senior management positions may stifle growth, hinder problem-solving, and result in missed opportunities.

Even though diversity in healthcare leadership positions may improve the chances of meeting the complex challenges that health systems face, there is a shortage of effective leadership in the rehabilitation sector. As a result, opportunities for leadership that provide strategic direction, increase political support and develop a focused policy to produce qualified rehab professionals are critical to integrating rehabilitation services in the health sector and ultimately meeting the community's unmet rehabilitation needs.

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